



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: Y. Ratna Kumari
2. Designations: ASSO professor
3. Department : pharmacognasy
4. Conference/publication/seminar/workshop/FDP certificate details Two days
State level conference on recent trends in pharmaceutical
and applied sciences for global development.
5. Date and duration of the programme: 22-3-2024-23-3-2024
6. Associating professional body/agency: vignans foundation for science, Technology & reser
deemed to be University
Gunter, A.P.
7. Financial support particulars (Rs):-
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5,195
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 21-3-2024

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 21/3/24

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: N. Praveen
2. Designations: Asso. professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Two days state level conference on trends on pharmaceutical and applied science for global development.
5. Date and duration of the programme: 22-03-2024 - 23-3-2024
6. Associating professional body/agency: vignan foundation for science, technology & research Deemed to be university
7. Financial support particulars(Rs):
 - i)Registration charges : 5195 Guntur A.P
 - ii) Travelling- daily allowances- : 5195
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 21-3-2024

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 21/3/24

[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: Two day state level conference on recent trends in pharmaceutical & applied sciences for global development
5. Date and duration of the programme: 22-3-2024 - 23-3-2024
6. Associating professional body/agency: vignans foundation for science, technology & research deemed to be university. Guntur - AP
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5195
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 21-03-2024

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 21/3/24

[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: Top-day State level conference on recent trends in pharmaceutical and applied sciences for global development
5. Date and duration of the programme: 22-3-2024 - 23-3-2024
6. Associating professional body/agency: Vignans foundation for science, technology & research deemed to be university Guntur-A
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5195
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 21-3-2024

Signature of the staff member: G

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 21/3/24

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Salma Sulthana
2. Designations: Asso. professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: International scientific conference university science: A look in the future
5. Date and duration of the programme: 8-2-2024 - 9-2-2024
6. Associating professional body/agency: Dr. MGR Educational & Research Institute of Chennai
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 5000
 - iii) Membership fees: _____
 - iv) Others (if any): _____

Date: 7-2-2024

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 7/2/24

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: C. Ravi Kumar
2. Designations: ASSO. PROFESSOR
3. Department: pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: International Scientific conference "University Science a look into Future"
5. Date and duration of the programme: 8/2/2024 - 9/2/2024
6. Associating professional body/agency: Dr. M.G.R. Educational and research institute, Chennai
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 5000
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 7/2/2024

Signature of the staff member: (R)

Recommendation of the principal with
Signature: (Signature)

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: (Signature)

Date: 2/2/24

(Signature)
PRINCIPAL
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: T. Vinod Kumar
2. Designations: Asst. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details:-----
University Science: A look into the future
5. Date and duration of the programme: 8/2/2004 - 9/02/2004
6. Associating professional body/agency: Dr. M.G.R. Educational and Research Institute, Chennai
7. Financial support particulars (Rs):-----
 - i) Registration charges :-----
 - ii) Travelling- daily allowances- : 1000/-
 - iii) Membership fees :-----
 - iv) others (if any) :-----

Date: 7/08/2004

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 2/2/24

[Signature]
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: G.V. Dileep Kumar
2. Designations: Asso. professor
3. Department : pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details International Scientific Conference "University Science a look into Future"
5. Date and duration of the programme: 08/02/2024 - 9/02/2024
6. Associating professional body/agency: Dr. MGR educational & research institute Chennai
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- :----- } 5000
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 7/2/2024

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

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Accounts Department

Accounts Officer: [Signature]

Date : 7/2/24

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Sk. Karimunnisa
2. Designations: Asst. professor
3. Department : pharmaceutics.
4. Conference/publication/seminar/workshop/FDP certificate details International Scientific conference university science look into future
5. Date and duration of the programme: 08/2/2024 - 09/2/2024.
6. Associating professional body/agency: Dr. HGR educational & research institut chennai
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5,000
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 7/2/2024.

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

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Accounts Department

Accounts Officer: [Signature]

Date : 7/2/24

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: SK. Ruk.Sana Kow Sar
2. Designations: Asst. professor
3. Department: pharmacy practice
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Advances Trends and challenges in pharmaceutical Nanotechnology - Research to Revenue
5. Date and duration of the programme: 19/09/23 - 23/09/23
6. Associating professional body/agency: Seven hills college of pharmacy, Tirupathi and Faculty development cell, JNTU Ananthapur
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 5000/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 18/09/23

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

PRINCIPAL

NARAYANA PHARMACY COLLEGE

NELLORE - 524 002

Accounts Officer: [Signature]

Date: 18/9/23



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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: V. Sujitha
2. Designations: Asst. Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Advances and Developments in Transdisciplinary Research.
5. Date and duration of the programme: 26/07/23 - 27/07/23
6. Associating professional body/agency: Sri Venkateswara University + Seven hills pharmacy, Tirupathi
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5200/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 25/07/23

Signature of the staff member: V. Sujitha

Recommendation of the principal with
Signature: _____

[Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 25/7/23

PRINCIPAL

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Sree Mahalakshmi
2. Designations: Asst. Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Research, Innovation And Capacity Building Skills For Pharmacy Educators
5. Date and duration of the programme: 31/10/2023 to 04/11/2023
6. Associating professional body/agency: Sri Padmavathi School of Pharmacy, Tirupati
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5390
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 30/10/2023

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 30/10/23

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: D. Pritchaiah
2. Designations: Asso. Professor
3. Department: Pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Advances Trends and Challenges in Pharmaceutical Nano-technology - Research Ho Revenue
5. Date and duration of the programme: 19/09/23 - 23/09/23
6. Associating professional body/agency: Seven hills college of pharmacy & Faculty development cell, JNTU Anthapur
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 5000/-
 - iii) Membership fees: _____
 - iv) others (if any): _____

Date: 18/09/23

Signature of the staff member: _____

Recommendation of the principal with
Signature: _____

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: _____

Date: 18/09/23

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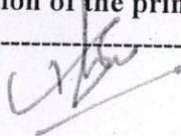
FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: B. Subbarayudu
2. Designations: Asso. Professor
3. Department: Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Recent Advances Trends and challenges in pharmaceutical Nanotechnology - Research to Revenue
5. Date and duration of the programme: 19/09/23 - 22/09/23
6. Associating professional body/agency: Seven hills college of pharmacy & faculty development cell, JNTU Ananthapur
7. Financial support particulars(Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 15000/-
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 18/09/23

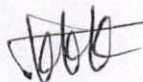
Signature of the staff member: 

Recommendation of the principal with

Signature: 

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: 

Date: 18/09/23

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Rani
2. Designations: Asso. professor
3. Department: pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Advances trends and challenges in pharmaceutical/nano technology - Research Vito Release
5. Date and duration of the programme: 19/09/23 - 23/09/23
6. Associating professional body/agency: Seven hills college of pharmacy & faculty development cell, JNTU, Anthapur
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 18/09/23

Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 18/09/23

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: P. Padmasathi Devi
2. Designations: Asst. Professor
3. Department: Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Recent Advances trends and challenges in pharmaceutical Nano technology - Research to Revenue
5. Date and duration of the programme: 19/09/23 - 23/09/23
6. Associating professional body/agency: Seven Hills College of pharmacy & faculty development cell JNTU, Anthapur
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances: 5000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 18/09/23

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 18/09/23

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Dr. A. Avinash
2. Designations: Asso. Professor
3. Department : Pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Recent Advances - trends and challenges in pharmaceutical Nanotechnology - Research to Revenue
5. Date and duration of the programme: 19/09/23 - 23/09/23
6. Associating professional body/agency: Seven hills college of pharmacy & faculty development Cell, JNTU, Ananthapur
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 7000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 18/09/23

Signature of the staff member A. Avinash

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 18/9/23

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: G. Udaya
2. Designations: Asst. Professor
3. Department: Pharmacognosy
4. Conference/publication/seminar/workshop/FDP certificate details: Research, Innovation And Capacity Building Skills For Pharmacy Educators
5. Date and duration of the programme: 31/10/2023 to 04/11/2023
6. Associating professional body/agency: Sri Padmaavathi School of Pharmacy, Tirupati
7. Financial support particulars(Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5,580
 - iii) Membership fees : _____
 - iv) others(if any) : _____

Date: 30/10/2023

Signature of the staff member: G. Udaya

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 30/10/23

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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: S. Naga Bharathi
2. Designations: ASO. Professor
3. Department : Pharmacy practice
4. Conference/publication/seminar/workshop/FDP certificate details Research innovation and capacity Building Skills for pharmacy Educators
5. Date and duration of the programme: 31/10/23 - 04/11/23
6. Associating professional body/agency: Sri padmasathi School of pharmacy, Tirupati
7. Financial support particulars(Rs):
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- :----- } 5,580/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 30/10/23

Signature of the staff member-----S. Naga Bharathi

Recommendation of the principal with

Signature:-----[Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 30/10/23

[Signature]
PRINCIPAL

NARAYANA PHARMACY COLLEGE

NELLORE - 524 002



NARAYANA PHARMACY COLLEGE

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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: V. leda lakshmi
2. Designations: Asso. professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details Two days
international workshop on recent advance & development
in Transdisciplinary research
5. Date and duration of the programme: 25-7-2023 - 27-7-2023
6. Associating professional body/agency: sri venkateswara university tirupathi
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii)Travelling- daily allowances- : _____ 5,200
 - iii) Membership fees : _____
 - iv)others(if any) : _____

Severhills college
of Pharmacy
TIRUPATHI

Date: 25-7-2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 25/7/23

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



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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: Two Days International workshop on Recent advances and Development in Transdisciplinary research
5. Date and duration of the programme: 26-7-2023 - 27-7-2023
6. Associating professional body/agency: Sri Venkateswara University
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5200
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Tirupathi college of Pharmacy Tirupathi

Date: 25/7/2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 28/7/23

PRINCIPAL

NARAYANA PHARMACY COLLEGE

NELLORE - 524 002



NARAYANA PHARMACY COLLEGE

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

FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: G. Adi Narayana
2. Designations: Asst. Professor
3. Department: pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details: Two days international workshop on recent advances and development in Transdisciplinary Research.
5. Date and duration of the programme: 25/07/2023 - 27/07/2023
6. Associating professional body/agency: Sri Venkateswara University - Tirupathi and
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 5000
 - iii) Membership fees: _____
 - iv) others (if any): _____

Date: 25/07/2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 25/7/23

PRINCIPAL
NARAYANA PHARMACY COLLEGE
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: C.L. Sindhu
2. Designations: ASSO. PROFESSOR
3. Department : pharmacy practice
4. Conference/publication/seminar/workshop/FDP certificate details: A 5 day FDP on research innovation and capacity Building skills for pharmacy educators
5. Date and duration of the programme: 31/10/2023 - 4/11/2023
6. Associating professional body/agency: Sri Padmavathi school of Pharmacy Tisuchanoor, Tisupati AP
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances : 5390
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 30/10/2023

Signature of the staff member: C.L. Sindhu

Recommendation of the principal with
Signature: _____

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 30/10/23

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



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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: AS Day FDP
on research innovation & capacity building skills for
pharmacy educators
5. Date and duration of the programme: 31-10-2023 - 04-10-2023
6. Associating professional body/agency: Sri padmavathi school of pharmacy Tiruchanur
Tirupathi - F
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5390
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 30/10/2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 30/10/23

PRINCIPAL
NARAYANA PHARMACY COLLEGE
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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 AS day FDP on research innovation & capacity building skill for pharmacy educator
5. Date and duration of the programme: 31/10/2023 - 4-10-2023
6. Associating professional body/agency: Sri Padmavathi school of pharmacy
7. Financial support particulars (Rs):
 - i) Registration charges: _____
 - ii) Travelling- daily allowances: 5390
 - iii) Membership fees: _____
 - iv) others (if any): _____

Tiruchooor Triupatt
AP

Date: 30/10/2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 30/10/23

PRINCIPAL
NARAYANA PHARMACY COLLEGE
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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: Research innovation and capacity building skills for pharmacy educators
5. Date and duration of the programme: 31/10/2023 - 04/11/2023
6. Associating professional body/agency: Sri padmasathi school of pharmacy, Tiruchanur
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii)Travelling- daily allowances- : 15390/-
 - iii) Membership fees : _____
 - iv)others(if any) : _____

Date: 30/10/2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 30/10/23

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
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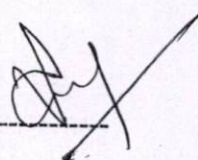
Phone & Fax No :0861-2317966; Cell No :+91- 9392901053

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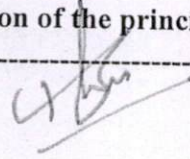
FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: V. Prathyusha
2. Designations: Asst. Professor
3. Department : pharmaceutics
4. Conference/publication/seminar/workshop/FDP certificate details-----
S.P.A. Membership
5. Date and duration of the programme: LM - 8749
6. Associating professional body/agency: T.P.A
7. Financial support particulars(Rs):-----
 - i)Registration charges :-----
 - ii)Travelling- daily allowances- : 5000/-
 - iii) Membership fees :-----
 - iv)others(if any) :-----

Date: 20-01-2024

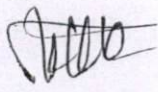
Signature of the staff member: 

Recommendation of the principal with


Signature: 

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: 

Date : 20/1/24


PRINCIPAL
NARAYANA PHARMACY COLLEGE
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Sai Saranya
2. Designations: Asso. Professor
3. Department: Pharmaceutical Analysis
4. Conference/publication/seminar/workshop/FDP certificate details: University Science: A look into the future
5. Date and duration of the programme: 8/02/2024 - 9/02/2024
6. Associating professional body/agency: Dr. M.G.R. Educational and Research Institute, Chennai
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5000/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 7/02/2024

Signature of the staff member: A. Sai

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer:

Date: 7/2/24

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: A. Ravi Kumar
2. Designations: A.S.D. professor
3. Department : pharmacology
4. Conference/publication/seminar/workshop/FDP certificate details Recent Advances and Development in Transdisciplinary Research
5. Date and duration of the programme: 26/07/23 - 27/07/23
6. Associating professional body/agency: Sri Venkateswara University & Seven hills college of pharmacy, Tirupati
7. Financial support particulars(Rs):
 - i)Registration charges : _____
 - ii)Travelling- daily allowances- : 5200/-
 - iii) Membership fees : _____
 - iv)others(if any) : _____

Date: 25/07/23
Signature of the staff member: [Signature]

Recommendation of the principal with
Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date : 25/7/23

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002



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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: M. Sushitra
2. Designations: Professor
3. Department: Pharmaceutical chemistry
4. Conference/publication/seminar/workshop/FDP certificate details: Transforming the future of healthcare by innovative technology
5. Date and duration of the programme: 14/09/2023 & 15/09/2023
6. Associating professional body/agency: Dr. M.G.R Educational and Research Institute, Chennai
7. Financial support particulars (Rs):
 - i) Registration charges : _____
 - ii) Travelling- daily allowances- : 5195/-
 - iii) Membership fees : _____
 - iv) others (if any) : _____

Date: 13/09/2023

Signature of the staff member: Sushitra

Recommendation of the principal with
Signature: _____

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 13/9/23

[Signature]
PRINCIPAL
NARAYANA PHARMACY COLLEGE
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FINANCIAL SUPPORT REQUEST FORM

1. Name of the staff member: Salma Shaik
2. Designations: Professor
3. Department: Pharmaceutical Chemistry
4. Conference/publication/seminar/workshop/FDP certificate details: transforming the future of healthcare by innovative technology
5. Date and duration of the programme: 14/09/2023 & 15/09/2023
6. Associating professional body/agency: Dr. M. G. R. Educational and Research Institute, Chennai
7. Financial support particulars (Rs):
 - i) Registration charges : 0
 - ii) Travelling- daily allowances- : 5195/-
 - iii) Membership fees : 0
 - iv) others (if any) : 0

Date: 13/09/2023

Signature of the staff member: [Signature]

Recommendation of the principal with

Signature: [Signature]

Sanctioned/Not sanctioned

Accounts Department

Accounts Officer: [Signature]

Date: 13/9/23

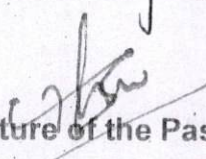
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 13/09/23

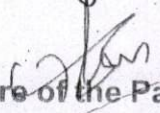
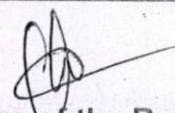
No.				
Cheque No.	Cash ✓	Pay to <u>M. Suciithra</u>		
		A/C Head _____		
Conference (14/09/23 to 15/09/23)			5195	00
Rupees <u>five thousand one hundred and ninety five rupees only</u>			TOTAL	5195 00
Signature of the Passing Authority 			Signature of the Receptient <u>Suciithra</u>	

NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 13/09/23

No.				
Cheque No.	Cash ✓	Pay to <u>CH. Lalitha</u>		
		A/C Head _____		
Conference (14/09/23 to 15/09/23)			5195	00
Rupees <u>five thousand one hundred and ninety five rupees only</u>			TOTAL	5195 00
Signature of the Passing Authority 			Signature of the Receptient 	

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NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

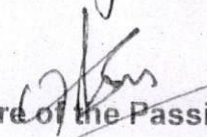

NARAYANA PHARMACY COLLEGE, NELLORE

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DEBIT / ADVANCE VOUCHER

No.

Date: 13/09/23

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>Salma Shaik</u> A/C Head _____	
Conference (14/09/23 to 15/09/23)			5195 00
Rupees <u>five thousand one hundred and ninety five rupees only</u>			TOTAL 5195 00
Signature of the Passing Authority 			Signature of the Receptient 

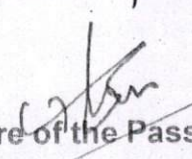
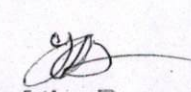
NARAYANA PHARMACY COLLEGE, NELLORE

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DEBIT / ADVANCE VOUCHER

No.

Date: 21-3-2024

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>Y. Ratna Kumari</u> A/C Head _____	
Two days conference (22-03-2024 to 23-03-2024)			5,195
Rupees <u>Five thousand one hundred and ninety five rupees only.</u>			TOTAL 5,195
Signature of the Passing Authority 			Signature of the Receptient 

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NELLORE - 524 002

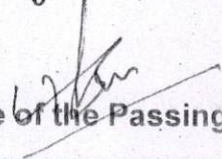
NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date : 21-3-2024

No.

Cheque No.	Cash ✓	Pay to <u>N. Praveen</u> A/C Head _____	
Two day conference (22-03-2024 to 23-03-2024)			5195
Rupees <u>Five thousand one hundred</u> <u>ninety five rupees only</u>			TOTAL 5195
Signature of the Passing Authority 			Signature of the Receptient

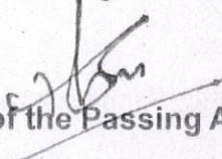
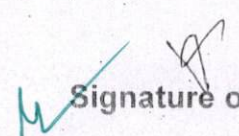
NARAYANA PHARMACY COLLGE, NELLORE

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DEBIT / ADVANCE VOUCHER

Date : 21-03-2024

No.

Cheque No.	Cash ✓	Pay to <u>S. Vijitha</u> A/C Head _____	
Two day conference (22-03-2024 to 23-03-2024)			5195
Rupees <u>five thousand one hundred</u> <u>and ninety five rupees only</u>			TOTAL 5195
Signature of the Passing Authority 			Signature of the Receptient 

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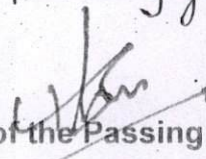
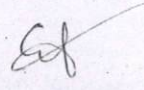
NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 21-3-2024

Cheque No.	Cash ✓	Pay to <u>G. Gayathri</u> A/C Head _____	
Two day conference (22-03-2024 to 23-03-2024)			5195
Rupees <u>Five thousand one</u> <u>hundred & ninety five rupees only</u>			TOTAL 5195
Signature of the Passing Authority 			Signature of the Receptient 

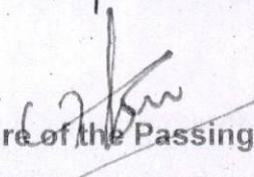
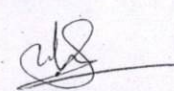
NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 7-2-2024

Cheque No.	Cash	Pay to <u>SK. salma sulthana</u> A/C Head _____	
conference (08-02-2024 to 09-02-2024)			5000/-
Rupees <u>five thousand</u> <u>rupees only</u>			TOTAL 5000/-
Signature of the Passing Authority 			Signature of the Receptient 

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

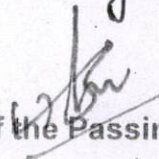

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No. _____

Date : 7/2/2024

Cheque No.	Cash	Pay to <u>C. Ravi Kumar</u>		
		A/C Head _____		
Conference (08-02-2024 to 09-02-2024)			5000	
Rupees <u>Five thousand</u>			TOTAL	5000
<u>rupees only</u>				
Signature of the Passing Authority 			Signature of the Receptient 	

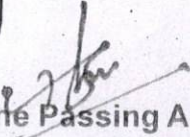
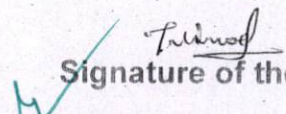
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No. _____

Date : 07/02/24

Cheque No.	Cash	Pay to <u>G. Vinod Kumar</u>		
	<input checked="" type="checkbox"/>	A/C Head _____		
Conference (08/02/24 to 09/02/24)			5000	00
Rupees <u>Five thousand rupees</u>			TOTAL	5000/- 00
<u>only</u>				
Signature of the Passing Authority 			Signature of the Receptient 	

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

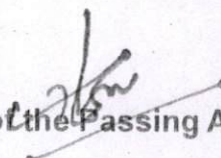
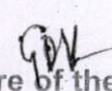
NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Sociaty)

DEBIT / ADVANCE VOUCHER

No.

Date : 07/2/2024

Cheque No.	Cash	Pay to <u>G.V.Dileep kumar</u>	
		A/C Head _____	
Conference (08/02/24 to 09/02/24)			5000
Rupees <u>Five Thousand rupees only.</u>			
TOTAL			5000
Signature of the Passing Authority 			Signature of the Receptient 

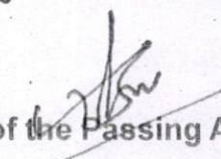

NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Sociaty)

DEBIT / ADVANCE VOUCHER

No.

Date : 7/2/2024

Cheque No.	Cash	Pay to <u>SK. Karimunnisa</u>	
		A/C Head _____	
Conference (8-02-24 to 9-02-24)			5000
Rupees <u>Five thousand rupees only.</u>			
TOTAL			5000
Signature of the Passing Authority 			Signature of the Receptient 

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

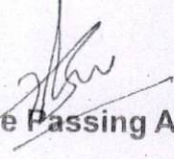
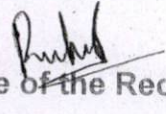
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 18/09/2023

Cheque No.	Cash ✓	Pay to <u>S.K. Rukhsana Koursar</u> A/C Head _____	
Free Days FDP (19th to 23 rd September 2023)			5000/- 00
Rupees <u>Five Thousand Rupees</u> <u>Only</u>			TOTAL 5000 00
Signature of the Passing Authority 			Signature of the Receptient 

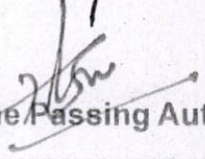
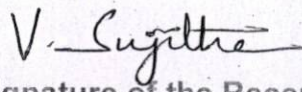
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 25/07/23

Cheque No.	Cash ✓	Pay to <u>V. Sujitha</u> A/C Head _____	
2 days workshop (26/07/23 to 27/07/23)			5200 00
Rupees <u>Five thousand two</u> <u>hundred rupees only</u>			TOTAL 5200 00
Signature of the Passing Authority 			Signature of the Receptient 

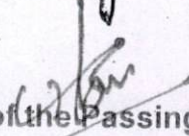
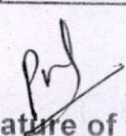
PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE
(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 30/10/23

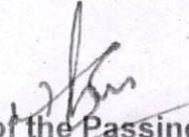
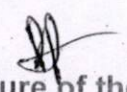
Cheque No.	Cash ✓	Pay to <u>P. Sree Mahalakshmi</u> A/C Head _____	
5 days FDP (31/10/23 to 04/11/23)			
Rupees <u>five thousand Three hundred and ninety rupees only</u>			
TOTAL			5390 00
Signature of the Passing Authority 			Signature of the Receptient 

NARAYANA PHARMACY COLLEGE, NELLORE
(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 18/09/2023

Cheque No.	Cash ✓	Pay to <u>D. Pitchaiab</u> A/C Head _____	
Five Days FDP (19-09-2023 to 23-09-2023)			
Rupees <u>five Thousand Rupees Only</u>			
TOTAL			5000 00
Signature of the Passing Authority 			Signature of the Receptient 

PRINCIPAL
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

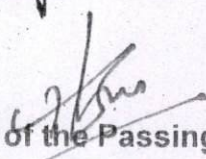

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 18/09/2023

No.

Cheque No.	Cash ✓	Pay to <u>B. Subbaraju</u> A/C Head _____	
Free Days FDP (19th to 23 rd September 2023)			5000/- 00
Rupees <u>Five Thousand Rupees</u> <u>Only</u>			TOTAL 5000 00
Signature of the Passing Authority 		Signature of the Receptient 	

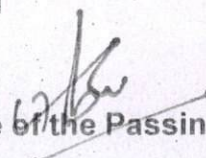

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 18/09/2023

No.

Cheque No.	Cash ✓	Pay to <u>A. Rani</u> A/C Head _____	
Free Days FDP (19th to 23 rd September 2023)			5000/- 00
Rupees <u>Five Thousand Rupees</u> <u>Only</u>			TOTAL 5000 00
Signature of the Passing Authority 		Signature of the Receptient 	

PRINCIPAL

NARAYANA PHARMACY COLLEGE

NELLORE - 524 002

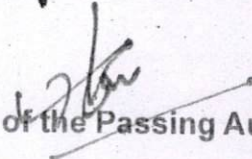
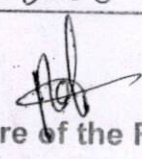
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 18/09/2023

No.

Cheque No.	Cash ✓	Pay to <u>P. Padmavathi Devi</u> A/C Head _____	
Five Days FDP (19th to 23rd September 2023)			5000/- 00
Rupees <u>Five Thousand Rupees</u> <u>Only</u>			TOTAL 5000 00
Signature of the Passing Authority 			Signature of the Receptient 

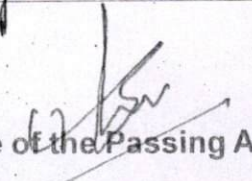
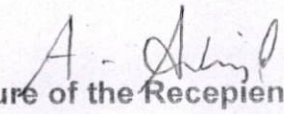
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 18/09/2023

No.

Cheque No.	Cash ✓	Pay to <u>A. Avinash</u> A/C Head _____	
Five Days FDP (19th to 23rd September 2023)			5000/- 00
Rupees <u>Five Thousand Rupees</u> <u>Only</u>			TOTAL 5000 00
Signature of the Passing Authority 			Signature of the Receptient <u>A. Avinash</u> 

PRINCIPAL

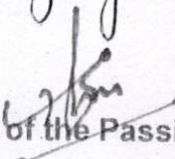
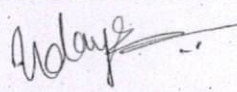
NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 30/10/23

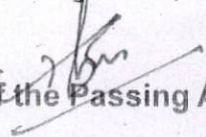

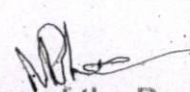
No.				
Cheque No.	Cash ✓	Pay to <u>G. Udhaya</u>		
		A/C Head		
5 day FDP (31/10/23 to 04/11/23)			5580	00
Rupees <u>five thousand five hundred</u> <u>and eighty rupees only.</u>			TOTAL	5580 00
Signature of the Passing Authority 			Signature of the Receptient 	

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 30/10/23

No.				
Cheque No.	Cash ✓	Pay to <u>S. Naga Bharathi</u>		
		A/C Head		
5 day FDP (31/10/23 to 04/11/23)			5580	00
Rupees <u>five thousand five hundred</u> <u>and eighty rupees only.</u>			TOTAL	5580 00
Signature of the Passing Authority 			PRINCIPAL 	Signature of the Receptient 

NARAYANA PHARMACY COLLEGE

NELLORE - 524 002

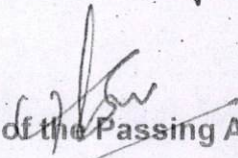
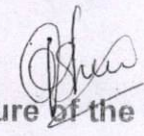
NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date : 25-7-2023

Cheque No.	Cash	Pay to <u>v. leela lakshmi</u>	
		A/C Head _____	
Two days Workshop (26-7-23 to 27-7-23)			51200
Rupees <u>five thousand two</u> <u>hundred rupees only-</u>			TOTAL 51200
Signature of the Passing Authority 			Signature of the Receptient 

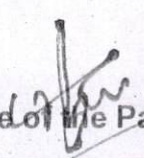
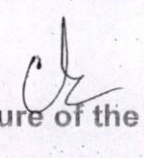
NARAYANA PHARMACY COLLGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date : 25/7/2023

Cheque No.	Cash	Pay to <u>CH. Supriya</u>	
		A/C Head _____	
Two days Workshop (26/7/2023 to 27/7/2023)			5200
Rupees <u>Five thousand two</u> <u>hundred rupees only</u>			TOTAL 5200
Signature of the Passing Authority 			Signature of the Receptient 

PRINCIPAL

NARAYANA PHARMACY COLLEGE

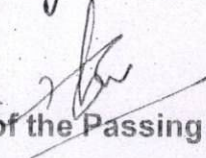

NELLORE - 524 002

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 25/07/2023

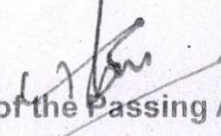

No.			Date: 25/07/2023
Cheque No.	Cash	Pay to <u>G. Adi Narayana</u> A/C Head _____	
2 days workshop (26/07/23 to 27/07/23)			5200
Rupees <u>Five Thousand Two hundred</u> <u>Rupees only.</u>			TOTAL 5200
Signature of the Passing Authority 		Signature of the Receptient 	

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

Date: 30/10/2023

No.			Date: 30/10/2023
Cheque No.	Cash	Pay to <u>C.L. Sindhu</u> A/C Head _____	
Five day FDP (31-10-23 to 4-11-23)			5390
Rupees <u>Five thousand three</u> <u>hundred ninety rupees only</u>			TOTAL 5390
Signature of the Passing Authority 		Signature of the Receptient <u>C.L. Sindhu</u> 	

PRINCIPAL

NARAYANA PHARMACY COLLEGE

NELLORE - 524 002

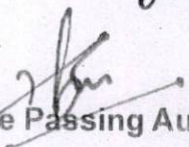

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 30/10/2023

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>D. Mahidex reddy</u>	
		A/C Head _____	
FIVE Day FDP (31-10-23 to 4-11-23)			5,390
Rupees <u>FIVE THOUSAND THREE</u>			
<u>hundred and ninety rupees only</u> - TOTAL			5,390/-
Signature of the Passing Authority 			Signature of the Receptient 

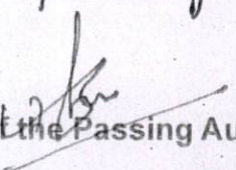

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 30/10/2023

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>Dr. S. Sujatha</u>	
		A/C Head _____	
5 day FDP (31/10/23 to 04/11/23)			5390
Rupees <u>Five Thousand Three hundred</u>			
<u>Ninety rupees only</u> - TOTAL			5390
Signature of the Passing Authority 			Signature of the Receptient 

PRINCIPAL

NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

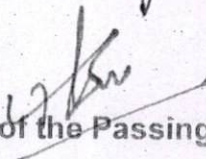
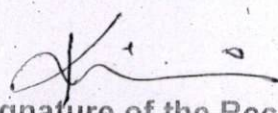
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date : 30/10/2023

Cheque No.	Cash ✓	Pay to <u>K. Kiranmai</u> A/C Head _____	
Five day FDP (31-10-23 to 4-11-23)			51390
Rupees <u>Five Thousand Three</u> <u>hundred ninety only</u>			TOTAL 51390.
Signature of the Passing Authority 			Signature of the Receptient 

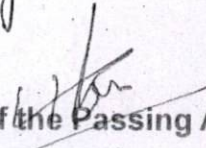

NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date : 20/01/24

Cheque No.	Cash ✓	Pay to <u>V. Prathyusha</u> A/C Head _____	
IPA Membership (20/01/2024)			5000 00
Rupees <u>Five thousand rupees</u> <u>only</u>			TOTAL 5000 00
Signature of the Passing Authority 			Signature of the Receptient 

PRINCIPAL

**NARAYANA PHARMACY COLLEGE
NELLORE - 524 002**

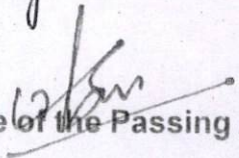
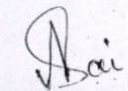
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 07/02/24

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>A. Sai Saranya</u> A/C Head _____		
Conference (08/02/24 to 09/02/24)			5000	00
			TOTAL	
Rupees <u>five thousand rupees only.</u>				
Signature of the Passing Authority 			Signature of the Receptient 	

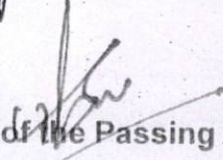
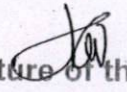
NARAYANA PHARMACY COLLEGE, NELLORE

(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 25/07/2023

Cheque No.	Cash <input checked="" type="checkbox"/>	Pay to <u>M. K. R. Srinaveni</u> A/C Head _____		
Two Days International Workshop (26 th & 27 th July 2023)			2000/-	00
			TOTAL	
Rupees <u>Two Thousand Rupees Only</u>				
Signature of the Passing Authority 			Signature of the Receptient 	

PRINCIPAL

NARAYANA PHARMACY COLLEGE
NELLORE - 524 002

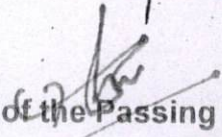
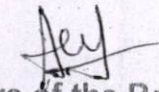
NARAYANA PHARMACY COLLEGE, NELLORE


(A unit of Narayana Educational Society)

DEBIT / ADVANCE VOUCHER

No.

Date: 25/07/23

Cheque No.	Cash ✓	Pay to <u>A. Ravi Kumar</u> A/C Head _____	
2 days workshop (26/07/23 to 27/07/23)			
Rupees <u>five thousand Two</u> <u>hundred rupees only</u>			5200 .00
TOTAL			5200 .00
Signature of the Passing Authority 			Signature of the Receptient 


PRINCIPAL

NARAYANA PHARMACY COLLEGE
NELLORE - 524 002