

GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296. E.G. District., (A.P.)

Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.in

Date: 16/02/2021

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, A. Adhi. Praneeth S/o (or) D/o Sri A. Srinivasu have been admitted into 1st (or) Year B.Pharm pharma-D (Branch Name) in "**GIET School of Pharmacy**, Rajamahendravaram for the Academic Year 202 1.

I am to inform that I belong to BC-A category. As per the guide lines issued by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government on whatsoever reason, I will pay the Tuition Fee and other fees. If any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

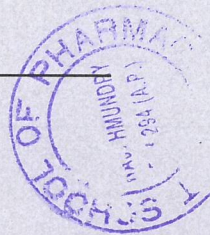

Parent / Guardian Signature

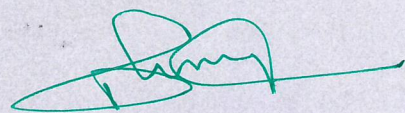
Parent / Guardian Name: A. Srinivasu

Correspondence Address:

Flat no :- 3F, 4th floor
Amruthaamsa apartment
Katheru, Rajahmundry.

A. Praneeth
Student Signature

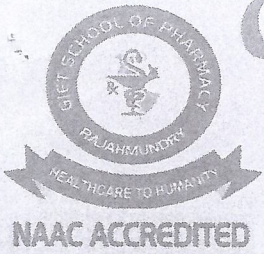



Dr. M.D. DHANA RAJU,
Principal. M.Pharm., Ph.D.
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City
RAJAMUNDRY-533 296: (A.P.)

Parent Mobile No: 9573169089

Student Mobile No: 8332911680

FEE REIMBURSEMENT DECLARATION FORM



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

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Date: 16 / 02 / 2021

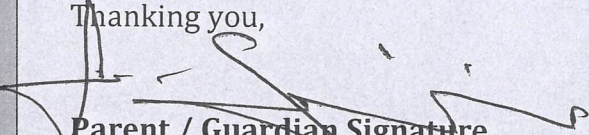
The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, A. Adi. Praneeth S/o (or) D/o Sri A. Srinivasu have been admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm pharma-D (Branch Name) in **GIET School of Pharmacy**, Rajamahendravaram for the Academic Year 202 1.

I shall complete my course in a stipulated time. If, I discontinue my study at **GIET School of Pharmacy**, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,


Parent / Guardian Signature

Name of Parent / Guardian: A. Srinivasu.

Parent Mobile No: 9573169089

Student Mobile No: 8332911680

A. Praneeth
Student Signature



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ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

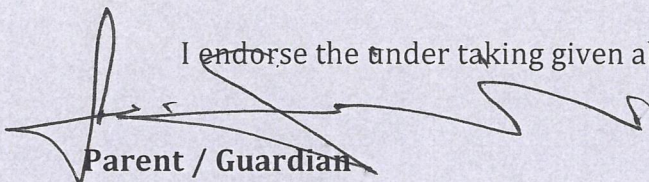
I, A. Adi. Praneeth, am studying 1st (year)
 B.Pharm Pharm.D M.Pharm. pharma-D (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of A. Srinivasu
residing at (Address) Ratheru, Rajahmundry
Ph: 9573169089

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

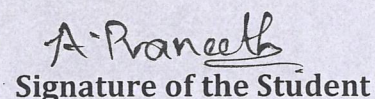
I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the undertaking given above and I abide by the same.


Parent / Guardian

Date : 16 / 02 / 2021


Signature of the Student

Date : 16 / 02 / 2021



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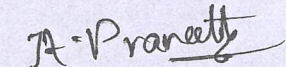
Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.in

UNDERTAKING LETTER BY STUDENT

I A. Adi Praneeth, S/o (or) D/o A. Srinivasu
studying 1st Year ___ Semester B.Pharm Pharm.D M.Pharm. _____

pharma-D (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**, hereby declare that I will follow the rules and regulations of the college. I never participate and support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.


Signature of the parent


Signature of the Student

Date: 16 / 02 / 202 1



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.ac.in | Tel: 0883-2484444

Admission No: _____

MANAGEMENT

Date: 20 / 09 / 2019

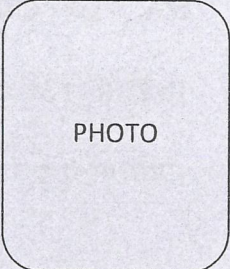
Student Name : DANTAMALA LAWRENCE JOY
(in Block Letters as per SSC records)

Name of the Father / Guardian : LAWRENCE MOODY

Name of the Mother : ESTHER RANT

Date of Birth (as per SSC records) :

D	D	M	M	Y	Y	Y	Y
0	3	0	1	1	9	9	6



ALLOTMENT DETAILS:

Branch Allotted : Pharmaceutical Analysis Category of Allotment: Convenior

Nationality : INDIAN Other (Specify) _____ Mother Tongue: Telugu

Religion : HINDU CHRISTIAN MUSLIM Others (Specify) : _____

Category : OC (GENERAL) BC Specify Sub caste: C OBC SC ST Minority (Specify) _____
If Physically Handicap (Specify): _____

Parent / Guardian Address for Correspondence

Permanent Address for Correspondence

S/D/C/o Sri Dantamala. Larns Samson

D. No: 11-97

Street: Ambedkar Street

Area : Kadiyam

Land Mark: _____

Village/Mandal: Kadiyam Mandal

District : East Godavari

State : Andhra Pradesh PIN No: 533126

Father Mobile No

6	3	0	9	6	7	1	6	8	0
---	---	---	---	---	---	---	---	---	---

Student Mobile No

9	3	4	7	7	1	9	1	2	1
---	---	---	---	---	---	---	---	---	---

S/D/C/o Sri Larens Moody

D. No: 11-97/1

Street: Christian Peta

Area : Ambedkar Street

Land Mark: _____

Village/Mandal: Kadiyam Mandal

District : East Godavari

State : Andhra Pradesh PIN No: 533126

Mother Mobile No

9	6	5	2	4	5	1	6	8	0
---	---	---	---	---	---	---	---	---	---

Student email ID: joys.rcl @gmail.com



AADHAR DETAILS:

Student Aadhar No:

4	8	5	4	1	7	9	4	3	0	6	6
---	---	---	---	---	---	---	---	---	---	---	---

Father Aadhar No :

9	7	0	2	6	9	7	1	9	4	9	6
---	---	---	---	---	---	---	---	---	---	---	---

Mother Aadhar No:

4	3	8	5	7	2	6	3	6	2	5	4
---	---	---	---	---	---	---	---	---	---	---	---

Dr. M.D. DHANA RAJU,
Principal.
M.Pharm., Ph.D
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City,
RAJAHMUNDRY 533 206 (A.P.)



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GIET Campus, Chaitanya Knowledge City, NH-16, Rajamahendry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 20 / 09 / 2019

FEE REIMBURSEMENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, D. Lawrence Joy S/o (or) D/o Sri D. Larens Moody have been admitted into B.Pharm. Pharm.D in "GIET School of Pharmacy", Rajamahendravaram for the Academic Year 201 9.

I am to inform that I belong to P.H-Analyis category. As per the guide lines prescribed by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government for whatsoever reason, I will pay the Tuition Fee and other fees. If for any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

Parent / Guardian Signature

D. L. Joy

D. L. Joy
Student Signature

Parent / Guardian Name: D. Larens Moody

Parent Mobile No: 6309671680

Student Mobile No: 9347719121



NAAC & NBA ACCREDITED

GIET SCHOOL OF PHARMACY

APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.

GIET CAMPUS, CHAITANYA KNOWLEDGE CITY, NH-16, RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.

Phone: +919440677600 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

Date: 20/09/2019

STUDENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, D. Lawrence Joy S/o (or) D/o Sri D. Larens Moody have been admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm Pharmaceutical Analysis (Branch Name) in **GIET School of Pharmacy**, Rajamahendravaram for the Academic Year 201 9.

I shall complete my course in stipulated time. If, I discontinue my study at **GIET School of Pharmacy**, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

D.L. Moody

Parent / Guardian Signature

D.L. Joy
Student Signature

Name of Parent / Guardian: D. Larens Moody

Parent Mobile No: 6309671680

Student Mobile No: 9347719121



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ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, D. Lawrence Joy studying 2019 (year)
 B.Pharm Pharm.D M.Pharm. Pharmaceutical Analysis (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of D.L. Moody
residing at (Address) 11-97/1, Christian peta, Kadiyam.
Kadiyam Mandal, East godavari dist. Ph: 9347719121

Undertake that I am aware of the meaning of 'Ragging' as defined by supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

D.L. N. Joy
Parent / Guardian
Date: 20 / 09 / 2019

D.L. Joy
Signature of the Student
Date: 20 / 09 / 2019



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GIET CAMPUS, CHAITANYA KNOWLEDGE CITY, NH-16, RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.

Phone: +919440677600 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

UNDERTAKING LETTER FROM STUDENTS

I D. Lawrence Joy, S/o (or) D/o D.L. Moody

studying ___ Year ___ Semester B.Pharm Pharm.D M.Pharm. Pharmaceutical

Analysis (Branch Name) in *GIET School of Pharmacy, Rajamahendravaram*, hereby

declare that I will follow the rules and regulations of the college. I never participate and never

support for any ragging activities involved by any one of the students in our college. This letter

is giving with full presence of mind and conscious.

D.L. Moody

Signature of the parent

D.L. Joy

Signature of the Student

Date: 20 / 9 / 2019



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Phone: +919440677600 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

Date: 4 / 9 / 2019

Admission No (PIN NO) : _____ Admission Type: Direct Lateral Entry Transfer

CONVENER MANAGEMENT SPOT

a) Eligible for Full Fee Reimbursement

b) Eligible for Part Fee Reimbursement

Student Name : DARA SHINY ROY
(in Block Letters as per SSC records)

Name of the Father / Guardian : D. Kishore Kumar

Father Occupation : Kuli

Name of the Mother : D. Kamala Kumari

Mother Occupation : House wife

Date of Birth (as per SSC records) :

D	D	M	M	Y	Y	Y	Y
0	3	0	2	2	0	0	1

Please Tick (✓)

AP ECET AP EAMCET - 2019 Hall Ticket 9283210097

AP ECET AP EAMCET - 2019 Rank Card 31294

AP PGCET / GATE - 20__ Hall Ticket AP PGCET / GATE - 20__ Rank

If Eligible for GATE: Hall Ticket Score Validity from To

ALLOTMENT DETAILS: Please Tick (✓)

Branch Allotted : pharm D Category of Allotment: SC, Girls

Nationality : INDIAN Other (Specify) _____ Mother Tongue: Telugu

Religion : HINDU CHRISTIAN MUSLIM Others (Specify) : _____

Category : OC (GENERAL) BC Specify Sub caste: _____ OBC SC ST Minority (Specify) _____

Name of the Caste: Sc (Mala) (ex. Kapu, Chowdhary etc.) If Physically Handicap (Specify): _____

Blood Group : B⁺

Identification Marks (as per SSC / Equivalent) :

- 1. A mole on the forehead
- 2. A mole on the right side of the nose

AADHAR DETAILS:

Student Aadhar No: 525002352785

Father Aadhar No: 784323137654

Mother Aadhar No: 762625477311

M.D. DHANA RAJU,
Principal,
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City,
RAJAHMUNDRY-533 296. (A.P.)

Affix here latest Color Passport size Photo



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GIET CAMPUS, CHAITANYA KNOWLEDGE CITY, NH-16, RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.

Phone: +919440677600 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

Date: 4 / 9 / 2019

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, D. Shiny Roy S/o (or) D/o Sri D. Kishore Kumay have been admitted into B.Pharm. Pharm.D in "GIET School of Pharmacy", Rajamahendravaram for the Academic Year 2019.

I am to inform that I belong to Sc category. As per the guide lines prescribed by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government for whatsoever reason, I will pay the Tuition Fee and other fees. If for any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

D. Kamala Kumari
Parent / Guardian Signature

D. Shiny Roy
Student Signature

Parent / Guardian Name: D. Kamala Kumari

Parent Mobile No: 9393954751

Student Mobile No: 9381831869



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Date: 4/9/2019

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

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Thanking you,

D. Kamala Kumari
Parent / Guardian Signature

Name of Parent / Guardian: D. Kamala Kumari

D. Shiny Roy
Student Signature

Parent Mobile No: 9393954751

Student Mobile No: 9381831869



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ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, D. Shiny Roy, am studying 2019 (year)
 B.Pharm Pharm.D M.Pharm. _____ (Branch Name) at "GIET School of Pharmacy", Rajamahendravaram ~~Son~~ / Daughter of D. Kishore Kumar residing at (Address) DYNO 21-7-24, 3rd Street, Koylamma peta, Devichauk, Rajahmundry Ph: 9393954751

I hereby Undertake that I am aware of the meaning of 'Ragging' as defined by the Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

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9. Fine up to Rs. 50,000/-
10. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

D. Komal Kumar
Parent / Guardian

Date : 4 / 9 / 2019

D. Shiny Roy
Signature of the Student

Station : Rajahmundry



NAAC & NBA ACCREDITED

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UNDERTAKING LETTER FROM STUDENT

I D-Shiny Roy, S/o (or) D/o D-Kishore Kumar, am studying 1st Year 1st Semester B.Pharm Pharm.D in "*GIET School of Pharmacy*", *Rajamahendravaram*" hereby declare that I will follow the rules and regulations of the college. I never participate and support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.

D.Kishore Kumar
Signature of the Parent

D-Shiny Roy
Signature of the Student

Date: 4 / 9 / 2019



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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 28 / 08 / 2017

FEE REIMBURSEMENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, GUBBALA Lakshmi Sree S/o (or) D/o Sri G.V.S.R.S.V. Prasad have been admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm _____
pharm.D (Branch Name) in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 201 7.

I am to inform that I belong to BC-B category. As per the guide lines issued by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government on whatsoever reason, I will pay the Tuition Fee and other fees. If any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

Parent / Guardian Signature G.V.S.R.S.V. Prasad

G. Lakshmi Sree
Student Signature

Parent / Guardian Name: G.V.S.R.S.V. Prasad

Parent Mobile No: 9249496109

Student Mobile No: _____



Dr. M.D. DHANA RAJU,
Principal.
M.Pharm., Ph.D
GIET SCHOOL OF PHARMACY,
NH. 16, Chaitanya Knowledge City
RAJAHMUNDRY. 533 296: (A.P.)



GIET SCHOOL OF PHARMACY

Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**

GIET Campus, Chaitanya Knowledge City, NH-16, Rajamahendry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 28 / 08 / 2017

STUDENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, Gubbala Lakshmi Sree S/o (or) D/o Sri G.V.S.R.S.V. Prasad have been admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm _____

(Branch Name) in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 2017."

I shall complete my course in stipulated time. If, I discontinue my study at "GIET School of Pharmacy, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

G.V.S.R.S.V. Prasad
Parent / Guardian Signature

G. Lakshmi Sree
Student Signature

Name of Parent / Guardian: G.V.S.R.S.V. Prasad

Parent Mobile No: 9248496109

Student Mobile No: _____



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, Gubbala Lakshmi Sree studying 1st (year)
 B.Pharm Pharm.D M.Pharm. _____ (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of G.V.C.R.S.V. Prasad
residing at (Address) 3-79 Sheshamma Cheruvu Street, Kothalaparru Village
penugonda mandal, west Godavari Dist Ph: 9248496109
pin: 534320

Undertake that I am aware of the meaning of 'Ragging' as defined by supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

Parent / Guardian

Date : 28 / 08 / 2017

G. Lakshmi Sree
Signature of the Student

Date : 28 / 08 / 2017



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

UNDERTAKING LETTER FROM STUDENTS

I Ciubbala Lakshmi Sree, S/o (or) D/o A.K.S.R.S.V. Prasad
studying 1st Year _____ Semester B.Pharm Pharm.D M.Tech. _____

_____ (Branch Name) in "**GIET School of Pharmacy**", **Rajamahendravaram**" bearing

with Regd. No: _____ in the department of Pharm.D hereby

declaring that I will follow the rules and regulations given by college authorities time to time. I

never participate and never support in any ragging activities commenced by any one of the

students in our college. This letter is giving with full presence of mind and conscious.

Date: 28 / 08 / 2017

C.V.S.R.S.V. Prasad
Signature of the parent

C. Lakshmi Sree
Signature of the Student



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajamahendravaram, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 13 / 10 / 2017

FEE REIMBURSEMENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, Gi Yamini s/o (or) D/o Sri Gi Chinaiah have been admitted into B.Pharm. Pharm.D M.Pharmacy in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 2017-18

I am to inform that I belong to B.C. A (Raj) category. As per the guide lines issued by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government on whatsoever reason, I will pay the Tuition Fee and other fees. If any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

Parent / Guardian Signature G. Chyaya.

Gi Yamini
Student Signature

Parent / Guardian Name: Gi Chinaiah

Parent Mobile No: 9642559371

Student Mobile No: 9885185114



Dr. M.D. DHANA RAJU,
Principal. M.Pharm., Ph.D
GIET SCHOOL OF PHARMACY,
NH 16, Chaitanya Knowledge City,
RAJAMUNDRY-533 296; (A.P)



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 13 / 10 / 2017

STUDENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, G. Yamini s/o (or) D/o Sri G. chinaiah have been admitted into B.Pharmacy. Pharm.D M.Pharmacy in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 201 7-18

I shall complete my course in stipulated time. If, I discontinue my study at "GIET School of Pharmacy, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

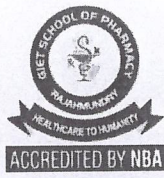
G. Chinaiah
Parent / Guardian Signature

Name of Parent / Guardian: G. chinaiah

G. Yamini
Student Signature

Parent Mobile No: 9642559371

Student Mobile No: 9885185114



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, G. Yamini studying M-Pharmacy (year)
 B.Pharm Pharm.D M.Pharm. at "GIET School of Pharmacy",
Rajamahendravaram Son / Daughter of G. Chinaiab residing at (Address)
D.No: 5-87-42/3, Opposite-NTR Stadium,
Guntur, A.P. Ph: 9642559371, 9885185114.

Undertake that I am aware of the meaning of 'Ragging' as defined by supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

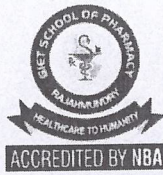
I endorse the under taking given above and I abide by the same.

G. Chryu
Parent / Guardian

Date: 13 / 10 / 2017

G. Yamini
Signature of the Student

Date: 13 / 10 / 2017



GIET SCHOOL OF PHARMACY

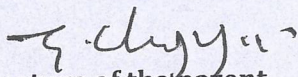
Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**

GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

UNDERTAKING LETTER FROM STUDENTS

I Gr. Yamini, S/o (or) D/o Gr. Chinaiah
studying I Year I Semester B.Pharm Pharm.D M.Tech. pharmacy (Analysis)
in "**GIET School of Pharmacy**", **Rajamahendravaram**" bearing with Regd. No: _____
in the department of _____ hereby declaring that I will follow the
rules and regulations given by college authorities time to time. I never participate and never
support in any ragging activities commenced by any one of the students in our college. This
letter is giving with full presence of mind and conscious.

Date: 12 / / 201


Signature of the parent

Gr. Yamini
Signature of the Student



GIET SCHOOL OF PHARMACY

Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**

GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 19 / 09 / 2018

FEE REIMBURSEMENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, D. Durgabhavani S/o (or) D/o Sri D. Chitra Satyanarayana have been admitted into B.Pharm. Pharm.D in "**GIET School of Pharmacy**", Rajamahendravaram for the Academic Year 2018.

I am to inform that I belong to BC-A category. As per the guide lines prescribed by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government for whatsoever reason, I will pay the Tuition Fee and other fees. If for any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

Parent / Guardian Signature D. Redha

D. Durgabhavani
Student Signature

Parent / Guardian Name: D. Redha

Parent Mobile No: 8008238166

Student Mobile No: 7989264557



D. M.D. Dhana Raju
Principal. M.Pharm., Ph.D.
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City
RAJAHMUNDRY-533 296: (AP)



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajamahendry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 19 / 09 / 2018

STUDENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, D. Durga bhavani S/o (or) D/o Sri D. chinn Satyanarayana have been admitted into B.Pharmacy Pharm.D in "**GIET School of Pharmacy**", Rajamahendravaram for the Academic Year 201 8.

I shall complete my course in stipulated time. If, I discontinue my study at "**GIET School of Pharmacy**", Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

D. Padma
Parent / Guardian Signature

D. Durgabhavani
Student Signature

Name of Parent / Guardian: D. Padma

Parent Mobile No: 8008238166.

Student Mobile No: 7989264557



GIET SCHOOL OF PHARMACY

Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**

GIET Campus, Chaitanya Knowledge City, NH-16, Rajamahendry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, D. Durgabhavani studying 2018 (year)
 B.Pharm Pharm.D M.Pharm. Pharm.D. (Branch Name) at "**GIET School of Pharmacy**", **Rajamahendravaram** Son / Daughter of D. Chinnadityanarayana residing at
(Address) Samanthakurru, Allavaram mandal,
East godavari district adhiandrapeta Ph: 8008238166

I hereby Undertake that I am aware of the meaning of 'Ragging' as defined by the Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes Withholding / withdrawing scholarship / fellowship and other benefits.
3. Debarring from appearing for any test / examination or other evaluation process.
4. Withholding results.
5. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
6. Suspension, expulsion from the hostel.
7. Rustication from the Institution for periods varying from 1 to 2 academic years.
8. Expulsion from the institution and consequent debarring from admission to any other institution.
9. Fine up to Rs. 50,000/-
10. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

D. Durgabhavani
Parent / Guardian

Date : 19 / 09 / 2018

D. Durgabhavani
Signature of the Student

Date : 19 / 09 / 2018



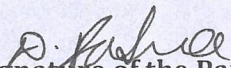
GIET SCHOOL OF PHARMACY

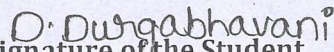
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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

UNDERTAKING LETTER FROM STUDENTS

I D. Durgabhavani, S/o (or) D/o D. chinn Satyanarayana, am studying 1st Year 1st Semester B.Pharm Pharm.D in "*GIET School of Pharmacy*", *Rajamahendravaram*" hereby declare that I will follow the rules and regulations of the college. I never participate and never support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.


Signature of the Parent


Signature of the Student

Date: 19 / 09 / 2018



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296. E.G. District., (A.P.)

Tel. : 0883 - 2484444 E-mail : gietpharmacy@gmail.com. Website : www.gietpharmacy.in

Admission No (PIN) : _____

Date: 9/04/2022

Eligible for Fee Reimbursement : Yes No

Admission Type : **Direct**

Student Name : AMBATI, SATYA SWAROOPA
(in Block Letters as per SSC records)

Name of the Father / Guardian : Ambati. Krishna rao Occupation : Private Job

Name of the Mother : Ambati. Seshavratnam Occupation : House wife

Date of Birth (as per SSC records) :

D	D	M	M	Y	Y	Y	Y
3	1	1	0	2	0	0	3

APEAPCET-202__ :

Hall Ticket No 91461010141 Rank 8834864

Affix Passport size Photo

ALLOTMENT DETAILS:

Branch Allotted : B. Pharmacy. Category of Allotment: Conveor.

Nationality : **INDIAN** Other (Specify) _____ Mother Tongue: Telugu

Religion : **HINDU** **CHRISTIAN** **MUSLIM** Others (Specify) : _____

Category : OC (GENERAL) BC Specify Sub caste: _____ OBC SC ST Minority (Specify) _____

Name of the Caste: SC (Mala) (ex. Kapu, Chowdhary etc.) If Physically Handicap (Specify): _____

Blood Group Details : B- Ex : O- / A-

Identification Marks (as per SSC / Equivalent) :

1. A mole on the chin. 2. A mole on the beside the right Eyebrow

AADHAR DETAILS: Student Aadhar 830995154647

Father Aadhar 501597722962 Mother Aadhar 571664898953

Parent / Guardian Address for Correspondence

Permanent Address for Correspondence

Ambati. Krishna rao,
17-11-4/c, Revenue colony,
5th street, Sambhamurthy nagar

District : East godavari District : _____

State : Andhra Pradesh PIN No: 533002 State : _____ PIN No: _____

Father Mobile No 8919222022 Mother Mobile No 8096911342

Student Mobile No 9000834933 Student email ID: ambati ps 44 @gmail.com

Signature of the Parent/Guardian

DR. M.D. Principal.
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533 296. (A.P.)

Signature of the Applicant



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296. E.G.District., (A.P)

Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.in

FEE REIMBURSEMENT DECLARATION FORM

Date: 9/01/2022

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, A. Satya Swaroopa S/o (or) D/o Sri A. Krishna Rao have been admitted into 1st Year B.Pharm in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 202 1-2 4.

It is to inform that I belong to SC category. As per the guide lines issued by the State Government, I am eligible to get the full Tuition Fee through Jagananna Vidya Divena (JVD) towards Tuition Fee.

I, hereby, undertake that if the Jagananna Vidya Divena (JVD) is not sanctioned / released by the State Government on whatsoever reason, I will pay the Tuition Fee and other fees. If any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

A. Krishna Rao
Parent / Guardian Signature

A. S. Swaroopa
Student Signature

Parent / Guardian Name: A. Sat Krishna Rao

Parent Mobile No: 8919222022

Student Mobile No: 9000834933



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296. E.G. District., (A.P.)

Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.ir

NAAC ACCREDITED

Date: 9 / 02 / 2022

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, A. Satya Swaroopa S/o (or) D/o Sri A. Krishna Rao have been admitted into 1st Year B.Pharm. in **GIET School of Pharmacy**, Rajamahendravaram for the Academic Year 202 1-24.

I shall complete my course in a stipulated time. If, I discontinue my study at **GIET School of Pharmacy**, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

A. Krishna Rao
Parent / Guardian Signature

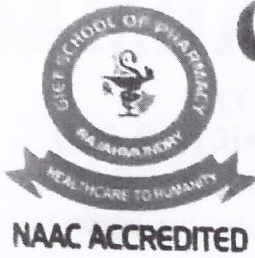
A.S. Swaroopa
Student Signature

Name of Parent / Guardian: A. Krishna Rao

Parent Mobile No: 8919222022

Student Mobile No: 9000834923

STUDENT DECLARATION FORM



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296, E.G.District., (A.P.)

Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.in

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, A. Satya Swaroopa, am studying 1st year
 B.Pharm Pharm.D M.Pharm. Bpharm (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of A. Krishna Rao
residing at (Address) 17-11-4/C Revenue Colony 5th street
Sambhanurthy nagar, Kakinada Ph: 8919122022

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

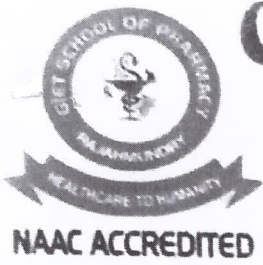
I endorse the under taking given above and I abide by the same.

A. Krishna Rao
Parent / Guardian

Date: 9 / 02 / 2022

A. S. Swaroopa
Signature of the Student

Place: Kakinada



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296, E.G. District., (A.P.)

Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.in

UNDERTAKING LETTER BY STUDENT

I A. Satya Swaroopa, S/o (or) D/o A. Krishna Rao

studying 1st Year 1st Semester B.Pharm Pharm.D M.Pharm. B-pharm

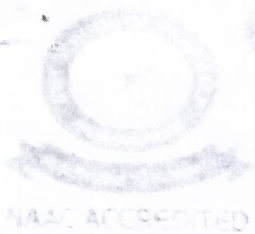
_____ (Branch Name) in *GIET School of Pharmacy, Rajamahendravaram*, hereby

declare that I will follow the rules and regulations of the college. I never participate and support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.

A. Krishna Rao
Signature of the parent

A.S. Swaroopa
Signature of the Student

Date: 09 / 02 / 2022



GIET SCHOOL OF PHARMACY

GIET School of Pharmacy
Chaitanya Knowledge City, NH-16, Rajahmundry, Andhra Pradesh - 533 296 (A.P.)
Ph: 0884-2961100, 2961101, 2961102, 2961103, 2961104, 2961105, 2961106, 2961107, 2961108, 2961109, 2961110, 2961111, 2961112, 2961113, 2961114, 2961115, 2961116, 2961117, 2961118, 2961119, 2961120, 2961121, 2961122, 2961123, 2961124, 2961125, 2961126, 2961127, 2961128, 2961129, 2961130, 2961131, 2961132, 2961133, 2961134, 2961135, 2961136, 2961137, 2961138, 2961139, 2961140, 2961141, 2961142, 2961143, 2961144, 2961145, 2961146, 2961147, 2961148, 2961149, 2961150, 2961151, 2961152, 2961153, 2961154, 2961155, 2961156, 2961157, 2961158, 2961159, 2961160, 2961161, 2961162, 2961163, 2961164, 2961165, 2961166, 2961167, 2961168, 2961169, 2961170, 2961171, 2961172, 2961173, 2961174, 2961175, 2961176, 2961177, 2961178, 2961179, 2961180, 2961181, 2961182, 2961183, 2961184, 2961185, 2961186, 2961187, 2961188, 2961189, 2961190, 2961191, 2961192, 2961193, 2961194, 2961195, 2961196, 2961197, 2961198, 2961199, 2961200

Admission No (PIN): _____ **CONVENER** **MANAGEMENT** **SPOT** Date: 10 / 2 / 2022

Eligible for Fee Reimbursement Admission Type : Direct Lateral Entry Transfer

Student Name : A. Chakravani
(In Block Letters as per SSC records)

Name of the Father / Guardian : A. Srinu Occupation : Farmer

Name of the Mother : A. Sura Kumari Occupation : Housewife

Date of Birth (as per SSC records) :

D	D	M	M	Y	Y	Y	Y
1	3	0	2	2	0	0	0

Please Tick (✓) 202__ ECET EAPCET AP PGCET / GATE

Hall Ticket Number 91261020051 Rank 21449

If Eligible for GATE: Hall Ticket Score Validity from To

ALLOTMENT DETAILS: Please Tick (✓)

Branch Allotted : B. Pharmacy Category of Allotment: O.C Girls AU category

Nationality : INDIAN Other (Specify) _____ Mother Tongue: Telugu

Religion : HINDU CHRISTIAN MUSLIM Others (Specify) _____

Category : OC (GENERAL) BC Specify Sub caste: _____ OBC SC ST Minority (Specify) _____

Name of the Caste Kapu (ex. Kapu, Chowdhary etc.) If Physically Handicap (Specify): _____

Blood Group Details : B+ Ex : O+ / A+

Identification Marks (as per SSC / Equivalent)

- 1. Mark on the right hand
- 2. Mark on the right side of collar bone

AADHAR DETAILS: Student Aadhar No: 54 2720 91 1493

Father Aadhar No : 5695 3047 1313 Mother Aadhar No : 9540 3749 3882

Parent / Guardian Address for Correspondence **Permanent Address for Correspondence**

Chillangi, Kambampudi mandal,
East Godavari

Chillangi
Kambampudi (man)

District : East Godavari district

District : East Godavari

State : Andhra Pradesh PIN No: 533431

State : A P PIN No 533431

Father Mobile No 984640332315

Mother Mobile No

Student Mobile No 8328021287

A. Srinu
Signature of the Parent/Guardian

Dr. M.D. Lakshmi Raju
Principal.
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City,
RAJAHMUNDRY-533 296 (A.P.)

A. Chakravani
Signature of the Applicant



GIET SCHOOL OF PHARMACY

(SRI KOURIDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533296

Phone: 0863-2414444, Email: gietpharmacy@gmail.com, Website: www.gietpharmacy.com

NAAC ACCREDITED

Date: 10/02/2022

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, A. Chakravarthi S/o (or) D/o Sri A. Srinu have been admitted into 1st Year B.Pharm Pharm.D _____ (Branch Name) in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 2021-22."

I am to inform that I belong to OC (Kapu) category. As per the guide lines issued by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government on whatsoever reason, I will pay the Tuition Fee and other fees. If any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

Parent / Guardian Signature A. Srinu

Student Signature

Parent / Guardian Name: A. Srinu

A. Chakravarthi

Parent Mobile No: 9640332375

Student Mobile No: 8328021289



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533296, E.G. District, (A.P.)

Telephone: 084444, Email: gietpharmac@jntu.ac.in Website: www.gietpharmacy.com

Date: 10/02/2022

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, A. Chakravarthi S/o (or) D/o Sri A. Srinu have been
admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm
_____ (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**
for the Academic Year 202 -2.

I shall complete my course in a stipulated time. If, I discontinue my study at **GIET School of Pharmacy, Rajamahendravaram**, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

Parent / Guardian Signature

Name of Parent / Guardian: A. Srinu

Student Signature

A. Chakravarthi

Parent Mobile No: 9660332375

Student Mobile No: 8325021259

STUDENT DECLARATION FORM



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NAAC Accredited Institution, RAJAMAHENDRAVARAM - 520 002

Ph: 832 802 1239, Fax: 832 802 1238, Email: rajamahendrapharma@pharmadiv.ac.in, Website: www.giet.ac.in

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, A. Chakravarthi, am studying 1st year
 B.Pharm Pharm.D M.Pharm. _____ (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of A. Srinu
residing at (Address) Chillangi, Evlarnpudi (Cmms) 533 431
Ph: 832 802 1239

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including:

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

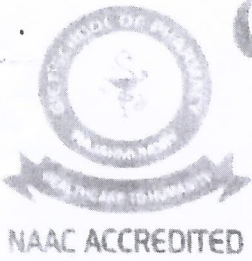
I endorse the under taking given above and I abide by the same.

A. Srinu
Parent / Guardian

Date: 10 / 02 / 2022

A. Chakravarthi
Signature of the Student

Place: Evlarnpudi



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH 16, Chaitanya Knowledge City RAJAMAHENDRAVARAM - 533 296, E.G. District., (A.P.)
Tel: 0883 - 2484444, E-mail: gietpharmacy@gmail.com, Website: www.gietpharmacy.in

UNDERTAKING LETTER BY STUDENT

I A. Chakravarthi, S/o (or) D/o A. Seenu

studying 1st Year 1st Semester B.Pharm Pharm.D M.Pharm. _____

_____ (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**, hereby

declare that I will follow the rules and regulations of the college. I never participate and support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.

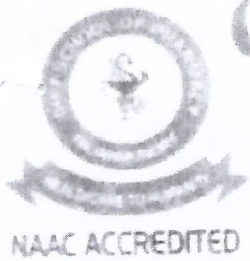
A. Seenu

Signature of the parent

A. Chakravarthi

Signature of the Student

Date: 10 / 07 / 2022



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

Plot No. 1, Satyva Knowledge City, RAJAMAHENDRAVARAM - 533 296, E.G. District, (A.P.)
Ph: 2484444, E-mail: gietpharmacy@gmail.com, Website: www.gietpharmacy.in

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, Ankam Das, am studying 1st (year)
 B.Pharm Pharm.D M.Pharm. _____ (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of Arun Das
residing at (Address) Arriyasamaj, Belonia, South Tripura,
Ward no. 12, 799155. Ph: 961280097.

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including:

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

Ankam Das
Parent / Guardian

Date: 21 / 02 / 2022

Ankam Das
Signature of the Student

Place: RAJAHMUNDRY.



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NF-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 531 296, E.G. District, (A.P.)
Ph: 0883-2484444 E-mail: gietschoolofpharmacy@gmail.com Website: www.gietpharmacy.in

UNDERTAKING LETTER BY STUDENT

I Ankan Das, S/o (or) D/o Anand Das

studying 1st Year 1st Semester B.Pharm Pharm.D M.Pharm.

(Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**, hereby

declare that I will follow the rules and regulations of the college. I never participate and support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.

Anand Das

Signature of the parent

Ankan Das

Signature of the Student

Date: 21 / 02 / 2022



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533296, E. Godavari District, A.P.
Tel: 0887-2484444 E-mail: gietpharmacy@gmail.com Website: www.gietpharmacy.com

NAAC ACCREDITED

Date: 21/01/2022

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, k. Sivayya S/o (or) D/o Sri k. Srinivasa rao have been
admitted into 1st Year M.Pharm Quality assurance (Branch Name) in
GIET School of Pharmacy, Rajamahendravaram for the Academic Year 2021-2022

I shall complete my course in a stipulated time. If, I discontinue my study at **GIET School of Pharmacy, Rajamahendravaram**, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

k. Srinivasa Rao
Parent / Guardian Signature

k. Sivayya
Student Signature

Name of Parent / Guardian: k. Srinivasa Rao

Parent Mobile No: 9166723323

Student Mobile No: 9885324670

STUDENT DECLARATION FORM



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH 16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296, E.G. District - A.P.,
Tel: 0853 2484444 E-mail: gietpharmacy@gmail.com Website: www.gietpharmacy.in

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, K. Sivayya, am studying 1st year
M.Pharm Quality Assurance (Branch Name) at "**GIET School of Pharmacy**",
Rajamahendravaram Son / Daughter of K. Srinivasan
residing at (Address) 1-58/1, Anitta, Near Venkateswara Temple,
Jodupaligudem market, west Godavari.
Ph: 9855321670

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

K. Srinivasan
Parent / Guardian

Date: 21 / 01 / 2022

K. Sivayya
Signature of the Student

Place: Rajamahendravaram



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chartanya Knowledge City, RAJAMAHENDRAVARAM - 533 296, E G District, A.P.
Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.com

UNDERTAKING LETTER BY STUDENT

I k. Sivayya, S/o (or) ~~Do~~ k. Srinivasarao

studying 1st Year 1st Semester M.Pharm Quality assurance (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**, hereby declare that I will follow the rules and regulations of the college. I never participate and support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.

k. Srinivasarao
Signature of the parent

k. Sivayya
Signature of the Student

Date: 21 / 01 / 2022



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296. E.G. District., (A.P.)

Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.in

CONVENER

MANAGEMENT

SPOT

Date: 12/04/2021

Eligible for Fee Reimbursement

Admission No (PIN NO) : _____ Admission Type: Direct Lateral Entry Transfer

Student Name : GOLLA SUSHMA
(in Block Letters as per SSC records)

Name of the Father / Guardian : GOLLA RATASEKHAR

Father Occupation : FARMER

Name of the Mother : GOLLA SUNEETHA

Mother Occupation : HOUSE WIFE

Affix here latest
Color Passport
size Photo

Date of Birth :

D	D	M	M	Y	Y	Y	Y
2	4	0	2	1	9	9	7

Please Tick (✓)

AP ECET AP EAMCET - 20__ Hall Ticket

AP ECET AP EAMCET - 20__ Rank Card

PGECET / GATE - 20__ Hall Ticket PGECET / GATE - 20__ Rank

If Eligible for GATE: Hall Ticket Score Validity from To

ALLOTMENT DETAILS: Please Tick (✓)

Branch Allotted : Pharmacology Category of Allotment: _____

Nationality : INDIAN Other (Specify) _____ Mother Tongue: TELUGU

Religion : HINDU CHRISTIAN MUSLIM Others (Specify) : _____

Category : OC (GENERAL) BC Specify Sub caste: _____ OBC SC ST Minority (Specify) _____

Name of the Caste: MAIA (ex. Kapu, Chowdhary etc.) If Physically Handicap (Specify): _____

Identification Marks (as per SSC / Equivalent)

1. A MOLE ON THE LEFT CHEEK 2. A MOLE ON THE CHIN

AADHAR DETAILS:

Student Aadhar No:


5	8	9	6	1	7	6	4	9	1	8	4
---	---	---	---	---	---	---	---	---	---	---	---

Father Aadhar No:

8	8	3	8	4	6	7	2	7	7	6	0	7
---	---	---	---	---	---	---	---	---	---	---	---	---

Mother Aadhar No:

8	0	7	9	9	6	9	9	8	0	6	6
---	---	---	---	---	---	---	---	---	---	---	---


Dr. M. D. DHANA RAJU,
Principal
M.Pharm. Ph.D.
GIET SCHOOL OF PHARMACY,
NH. 16, Chaitanya Knowledge City,
RAJAHMUNDRY - 533 296. (A.P.)

S/D/C/o Sri GOLLA SUSHMA
D/O. GOLLA RAJASEKHAR
SAKHINETPALLI
RAYNALAPETA

Village/Mandal: SAKHINETPALLI

District: EAST GODAVARI

State: _____ PIN No: 533251

Father Mobile No 9705114100

Student Mobile No 9989092430

S/D/C/o Sri _____

Village/Mandal: _____

District: _____

State: _____ PIN No: _____

Mother Mobile No

Student email ID: _____@_____

DETAILS of EDUCATIONAL QUALIFICATIONS:

SSC / 10th Class : Hall Ticket No 1210114001 Total Marks : 8.7 Obtained Marks:

INTER/12th Class: Hall Ticket No 1405223555 Total Marks : 813 Obtained Marks:

GROUP SUBJECTS: MATHEMATICS → Total Marks : Obtained Marks:

CHEMISTRY (with Practical's) → Total Marks : Obtained Marks:

PHYSICS (with Practical's) → Total Marks : Obtained Marks:

ZOOLOGY (with Practical's) → Total Marks : Obtained Marks:

BOTANY (with Practical's) → Total Marks : Obtained Marks:

DEGREE/EQUIVALENT: Hall Ticket No Total Marks : _____ Obtained Marks: _____

Education Details	Month & Year of Pass	Name of the School / College	Total Marks	Secured Marks	% of Marks / Grade	Board/University
SSC / 10 th / Equivalent	2012	SUNSHINE EM SCHOOL			8.7	SSC
Inter / 12 th Equivalent	2014	NARAYANA JUNIOR COLLEGE			813	Intermediate
Degree / Equivalent	2019.	GIET SCHOOL OF PHARMACY.			65	AU

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or distortion of any fact like educational qualification, marks, nationality, etc., I understand that my admission / degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions. I am also aware of the financial obligation of applying to and studying at this institution and I undertake to pay the tuition and other fees payable to the institution and to abide by all rules and regulations of the institution.

Signature of the Parent/Guardian

Signature of the Applicant

OFFICE USE

Application Processed by (Name) _____

Signature _____

Date: ___ / ___ / 20___

Jr. M.D. DEVIKUMAR, M.Pharm
 Principal,
 GIET SCHOOL OF PHARMACY,
 NH 16, Chaitanya Knowledge Park,
 RAJAHMUNDRY - 533 296 (A.P.)



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296. E.G.District., (A.P.)

Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.in

NAAC ACCREDITED

Date: 12/04/2021

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, GOLLA SUSHMA S/o (or) D/o Sri GOLLA RATASEKHAR have been
admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm _____

Pharmacology (Branch Name) in **GIET School of Pharmacy**, Rajamahendravaram
for the Academic Year 2020-21

I shall complete my course in a stipulated time. If, I discontinue my study at **GIET School of Pharmacy**, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

Parent / Guardian Signature

G. Sushma
Student Signature

Name of Parent / Guardian: G. Suneetha

Parent Mobile No: 9705114100

Student Mobile No: 9989092430



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296. E.G. District., (A.P.)

Tel : 0883 - 2484444, E-mail : gietpharmacy@gmail.com, Website : www.gietpharmacy.in

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, GOLLA SUSHMA, am studying 1st (year)
 B.Pharm Pharm.D M.Pharm. Pharmacology (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of G. Rajasekhar
residing at (Address) Sakhinetipalli, Ratnalapeta
Sakhinetipalli Mandal, East Godavari Dist Ph: 533251

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

G. Suneetha
Parent / Guardian

Date : 12 / 04 / 2021

G. Sushma
Signature of the Student

Date : 12 / 04 / 2021



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

RAJAMAHENDRAVARAM

East Godavari District, Andhra Pradesh, India. Website: www.gietpharmacy.com

Date: 16 / 8 / 2021

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, (CH HARSHINI) S/o (or) D/o Sri CH Surya Narayana Murthy have been admitted into 1st (or) Year B.Pharm PH.B (Branch Name) in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 2021."

I am to inform that I belong to OC category. As per the guide lines issued by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government on whatsoever reason, I will pay the Tuition Fee and other fees. If any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

CH. Suryanarayana - Murthy

Parent / Guardian Signature

CH. Harshini

Student Signature

Parent / Guardian Name: CH SURYA NARAYANA MURTHY

Correspondence Address:

Peddha veedhi, Juni

D/o: 8-9-39.



Dr. M.D. Dhana Raju

Dr. M.D. DHANA RAJU,
Principal. M.Pharm. Ph.D.
GIET SCHOOL OF PHARMACY,
NH 16, Chaitanya Knowledge City,
RAJAHMUNDRY-533 296: (A.P.)

Parent Mobile No: 9441026188

Student Mobile No: _____



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533296
Tel: 0863-2454444 Email: gietschoolofpharmacy@gmail.com Website: www.gietpharmacy.com

Date: 16 / 02 / 2021

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, CH. Harshini S/o (or) D/o Sri CH. Surya Narayana Murthy have been admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm PHB (Branch Name) in **GIET School of Pharmacy**, Rajamahendravaram for the Academic Year 202 1.

I shall complete my course in a stipulated time. If, I discontinue my study at **GIET School of Pharmacy**, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

Ch. Suryanarayana Murthy

Parent / Guardian Signature

CH. Harshini

Student Signature

Name of Parent / Guardian: CH. Surya Narayana Murthy

Parent Mobile No: 9441026788

Student Mobile No: _____

STUDENT DECLARATION FORM



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

Plot No. 15, 15th Cross Street, RAJAMAHENDRAVARAM - 531 296 E.G. District, A.P.

Ph: 94411026788 Email: gietschoolofpharmacy@gmail.com Website: www.gietpharmacy.com

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, CH. Harshini, am studying 1st (year)

B.Pharm Pharm.D M.Pharm. PHB (Branch Name) at

"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of CH. Surya Narayana Murthy
residing at (Address) Peddha Veedhi, Tuni D/O: 8-9-39.

Ph: 9441026788

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

Ch. Suryanarayana Murthy

Parent / Guardian

Date: 16 / 02 / 2021

CH Harshini

Signature of the Student

Date: 16 / 02 / 2021



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

RAJAMAHENDRAVARAM - 521 005

Phone: 0434444555 Email: gietschoolofpharmacy@gmail.com

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, CH. Harshini, am studying 1st (year)

B.Pharm Pharm.D M.Pharm. PHB (Branch Name) at

"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of CH. Susya Nalayaee Muthy

residing at (Address) Peddha Veedhi, Tuni Op. B-9-39

Ph: 9441026788

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

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2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

Ch. Sanganaya Muthy
Parent / Guardian

Date: 16 / 02 / 2021

CH Harshini
Signature of the Student

Date: 16 / 02 / 2021



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University; Approved by AICTE & PCI)

NH 16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296, E.G. District (A.P.)
Tel: 0883 484444, E-mail: gietpharmacy@gmail.com, Website: www.gietpharmacy.in

CONVENER

MANAGEMENT

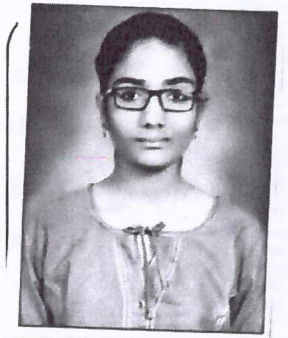
SPOT

Date: 16/02/2021

Eligible for Fee Reimbursement

Admission No (PIN NO): _____ Admission Type: Direct Lateral Entry Transfer

Student Name : BANDI NISHITHA NAIDU
(in Block Letters as per SSC records)



Name of the Father / Guardian : BANDI DAVID ANIL KUMAR

Father Occupation : PRIVATE EMPLOYEE

Name of the Mother : PALLAPU NEELA MERLIN

Mother Occupation : STAFF NURSE

Date of Birth (as per SSC records) :

D	D	M	M	Y	Y	Y	Y
1	8	0	6	2	0	0	2

Please Tick (✓)

AP ECET AP EAMCET - 20__ Hall Ticket 5570010055

AP ECET AP EAMCET - 20__ Rank Card 35816

PGE CET / GATE - 20__ Hall Ticket PGE CET / GATE - 20__ Rank

If Eligible for GATE: Hall Ticket Score Validity from To

ALLOTMENT DETAILS: Please Tick (✓)

Branch Allotted : B. PHARMACY Category of Allotment: _____

Nationality : INDIAN Other (Specify) _____ Mother Tongue: TELUGU

Religion : HINDU CHRISTIAN MUSLIM Others (Specify) : _____

Category : OC (GENERAL) BC Specify Sub caste: _____ OBC SC ST Minority (Specify) _____

Name of the Caste: _____ (ex. Kapu, Chowdhary etc.) If Physically Handicap (Specify): _____

Identification Marks (as per SSC / Equivalent)

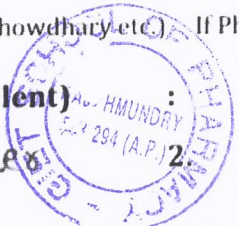
1. A mole near the right shoulder A mole on the right side of belly

AADHAR DETAILS:

Student Aadhar No: 274879300875

Father Aadhar No: 849882309305

Mother Aadhar No: 211604983018



DR. M.D. DHANA RAJ
Principal,
GIET SCHOOL OF PHARMACY,
NH 16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533 296 (A.P.)



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-16, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533296, East Godavari District

Phone: 0863-2471444 Email: gietschoolpharmacy@gmail.com Website: www.gietschoolpharmacy.com

Date: 16 / 02 / 2021

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I. BANDI. NISHITHA NAIDU S/o (or) D/o Sri BANDI. DAVID ANIL KUMAR have been admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm B. Pharmacy (Branch Name) in **GIET School of Pharmacy**, Rajamahendravaram for the Academic Year 202 0-2021

I shall complete my course in a stipulated time. If, I discontinue my study at **GIET School of Pharmacy**, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

B. Nishitha Naidu
Parent / Guardian Signature

B. Nishitha Naidu
Student Signature

Name of Parent / Guardian: BANDI. DAVID ANIL KUMAR

Parent Mobile No: 7013139360, 9014010565

Student Mobile No: 9182114100





GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

Address: Dattatraya Knowledge City, RAJAMAHENDRAVARAM - 533 295 E.G. District - K.

Phone: 0853-2484444 E-mail: gietcharmacy@gmail.com Website: www.gietpharmacy.com

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, BANDI NISHITHA NAIDU, am studying 1st (year)
 B.Pharm Pharm.D M.Pharm. B-Pharmacy (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of B. David Anil Kumar
residing at (Address) HOUSE OF PRAISE, SIVASAICOLONY, RAGOLU
SRIKAKULAM Ph: 9182114100

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

B. David Anil Kumar
Parent / Guardian

Date: 16 / 02 / 2021

B. Nishitha Naidu
Signature of the Student

Date: 16 / 02 / 2021



GIET SCHOOL OF PHARMACY

(SRI KOUNDINYA EDUCATIONAL SOCIETY)

(Affiliated to Andhra University, Approved by AICTE & PCI)

NH-15, Chaitanya Knowledge City, RAJAMAHENDRAVARAM - 533 296, E.G. District., (A.P.)

Te: 0883 - 2484444, E mail: gietcharmacy@gmail.com, Website: www.gietcharmacy.in

UNDERTAKING LETTER BY STUDENT

I BANDI, NISHITHA NAIDU, S/o (or) D/o BANDI, DAVIDANIL KUMAR

studying 1st Year 1st Semester B.Pharm Pharm.D M.Pharm. B.Pharmacy

_____ (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**, hereby

declare that I will follow the rules and regulations of the college. I never participate and support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.

B. Nishitha Naidu
Signature of the parent

B. Nishitha Naidu
Signature of the Student

Date: 16 / 02 / 2021

APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.

GIET SCHOOL OF PHARMACY, CHAITANYA KNOWLEDGE CITY, NH-16, RAJAHMUNDRY, EAST GODAVARI, A.P.
 Contact: Principal pharma@giet.ac.in | http://www.gietpharmacy.in

Date: 09/09/2019

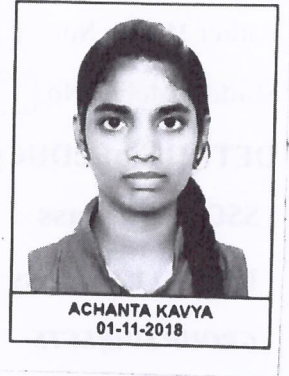
Admission No (PIN NO): _____ Admission Type: Direct Lateral Entry Transfer

CONVENER MANAGEMENT SPOT

a) Eligible for Full Fee Reimbursement

b) Eligible for Part Fee Reimbursement

Student Name : ACHANTA KAVYA
(in Block Letters as per SSC records)



Name of the Father / Guardian : ACHANTA SATYAMARAYANA

Father Occupation : PHARMAR

Name of the Mother : SRIDEVI

Mother Occupation : HOUSE WIFE

Date of Birth (as per SSC records) :

D	D	M	M	Y	Y	Y	Y
1	8	0	7	2	0	0	1

Please Tick (✓)

AP ECET AP EAMCET - 20__ Hall Ticket 9277230002

AP ECET AP EAMCET - 20__ Rank Card 430110

PGECET / GATE - 20__ Hall Ticket _____ PGECET / GATE - 20__ Rank _____

If Eligible for GATE: Hall Ticket _____ Score _____ Validity from _____ To _____

ALLOTMENT DETAILS: Please Tick (✓)

Branch Allotted : B-^{Pharmacy} Pharmacy Category of Allotment: Management

Nationality : INDIAN Other (Specify) _____ Mother Tongue: Telugu

Religion : HINDU CHRISTIAN MUSLIM Others (Specify) : _____

Category : OC (GENERAL) BC Specify Sub caste: _____ OBC SC ST Minority (Specify) _____

Name of the Caste: Kamma (ex. Kapu, Chowdhary etc.) If Physically Handicap (Specify): _____

Identification Marks (as per SSC / Equivalent)


1. A mole on the Right Thumb 2. A mole on the chin

AADHAR DETAILS:

Student Aadhar No: 751566635799

Father Aadhar No: 272658713469

Mother Aadhar No: 352421479562


Jr. M.D. DIANA RAJU
 Principal.
 M.Pharm., Ph.D.
GIET SCHOOL OF PHARMACY,
 NH-16, Chaitanya Knowledge City,
RAJAHMUNDRY-533 296: (A.P)

S. D. C/o Sri O/o Satyanarayana,
5-126, Ramalayam veedhi,
Vedullakunta, vadakuntla, West Godavari

S/D/C/o Sri

Village/Mandal: Vedullakunta

Village/Mandal:

District: West Godavari

District:

State: AP PIN No: 534316

State: PIN No:

Father Mobile No 9014899195

Mother Mobile No [] [] [] [] [] [] [] [] [] []

Student Mobile No [] [] [] [] [] [] [] [] [] []

Student email ID: @

DETAILS of EDUCATIONAL QUALIFICATIONS:

SSC / 10th Class	: Hall Ticket No	171172644	Total Marks	:	[]	Obtained Marks:	[]
INTER/12th Class	: Hall Ticket No	1905227366	Total Marks	:	[]	Obtained Marks:	[]
GROUP SUBJECTS:	MATHEMATICS	→	Total Marks	:	[]	Obtained Marks:	[]
	CHEMISTRY (with Practical's)	→	Total Marks	:	[]	Obtained Marks:	[]
	PHYSICS (with Practical's)	→	Total Marks	:	[]	Obtained Marks:	[]
	ZOOLOGY (with Practical's)	→	Total Marks	:	[]	Obtained Marks:	[]
	BOTANY (with Practical's)	→	Total Marks	:	[]	Obtained Marks:	[]

DEGREE/EQUIVALENT: Hall Ticket No [] Total Marks : Obtained Marks:

Education Details	Month & Year of Pass	Name of the School / College	Total Marks	Secured Marks	% of Marks / Grade	Board/University
SSC / 10 th / Equivalent	2017	Bhaskaran EM High School Deverapalli	10	9.0	90%	SEC
Inter / 12 th Equivalent	2019	Sri Chaitanya Junior College, Ponadi Pacher, Krishna (Dist)	10	7.60	76%	B.S.E.
Degree / Equivalent						

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or distortion of any fact like educational qualification, marks, nationality, etc. I understand that my admission / degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions. I am also aware of the financial obligation of applying to and studying at this institution and I undertake to pay the tuition and other fees payable to the institution and to abide by all rules and regulations of the institution.

Signature of the Parent/Guardian

Signature of the Applicant

OFFICE USE

Application Processed by (Name)

Signature

Date / / 20



GIET SCHOOL OF PHARMACY

APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.
AMRUTA CHAITANYA KNOWLEDGE CITY NH-16, CHAITANYA KNOWLEDGE CITY, EAST GODAVARI, A.P.
WWW.GIETPHARMACY.COM

Date: 09/09/2019

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, Achanda Kavya ~~Sto~~ (or) D/o Sri A. Sathyansarayana have been
admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm _____
B.Pharmacy (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**
for the Academic Year 201 9.

I shall complete my course in a stipulated time. If, I discontinue my study at **GIET School of Pharmacy, Rajamahendravaram**, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

Parent / Guardian Signature

Student Signature

Name of Parent / Guardian: A. Sathyansarayana

Parent Mobile No: 9948582892

Student Mobile No: _____



APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.
HEAD OFFICE: CHITLABS, KNOWLEDGE CITY, UNIT 16, CHITLABS, TIRUPATI, ANDHRA PRADESH
E-MAIL: principal@gietschoolofpharmacy.com | http://www.gietschoolofpharmacy.com

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, Aavya, am studying 3rd (year)
 B.Pharm Pharm.D M.Pharm. (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of _____
residing at (Address) S-10 26, Samalayani Veedhi, vedullakunda,
Vadlakunda, Gopalapuram, West Godavari (Dist) Ph: 9948582892

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

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2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
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8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

Parent / Guardian

Date: 09/09/2019

Signature of the Student

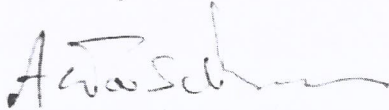
Date: / / 201

APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.
GIET CAMPUS, CHAITANYA KNOWLEDGE CITY, NH 16, RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.
Principal, Pharmacy | Email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

UNDERTAKING LETTER BY STUDENT

I ~~A. Sathya~~ A. Kavya, S/o (or) D/o A. Satyanarayana
studying 1st Year 2nd Semester B.Pharm Pharm.D M.Pharm.

_____ (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**, hereby
declare that I will follow the rules and regulations of the college. I never participate and support
for any ragging activities involved by any one of the students in our college. This letter is giving
with full presence of mind and conscious.



Signature of the parent

Signature of the Student

Date: 09/09/2019



NAAC & NBA ACCREDITED

GIET SCHOOL OF PHARMACY

APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.

CHAITANYA KNOWLEDGE CITY, NH 16, EAST GODAVARI A.P.
WWW.GIETPHARMACY.IN

Date: 03/09/2019

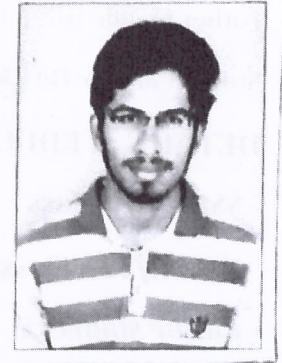
Admission No (PIN NO): _____ Admission Type: Direct Lateral Entry Transfer

CONVENER MANAGEMENT SPOT

a) Eligible for Full Fee Reimbursement

b) Eligible for Part Fee Reimbursement

Student Name : BHIMI REDDY SAI REDDY
(in Block Letters as per SSC records)



Name of the Father / Guardian : BHIMI REDDY SIVA SANKAR REDDY

Father Occupation : GLD MEN

Name of the Mother : BHIMI REDDY USMALA

Mother Occupation : HOUSE WIFE

Date of Birth :

D	D	M	M	Y	Y	Y	Y
2	8	0	9	2	0	1	9

Please Tick (✓)

AP ECET AP EAMCET - 2019 Hall Ticket 9382220016

AP ECET AP EAMCET - 2019 Rank Card 43230

PGECET / GATE - 20__ Hall Ticket - PGECET / GATE - 20__ Rank -

If Eligible for GATE Hall Ticket - Score - Validity from - To -

ALLOTMENT DETAILS: Please Tick (✓)

Branch Allotted : B-Pharmacy Category of Allotment: CONVENER

Nationality: INDIAN Other (Specify) _____ Mother Tongue: Telugu

Religion: HINDU CHRISTIAN MUSLIM Others (Specify): _____

Category: OC (GENERAL) BC Specify Sub caste: _____ OBC SC ST Minority (Specify) _____

Name of the Caste REDDY (ex. Kapu, Chowdhary etc.) If Physically Handicap (Specify): NO

Identification Marks (as per SSC / Equivalent) :

- A mole on the Right Eye
- A mole Above the Right hand & Elbow.

AADHAR DETAILS:

Student Aadhar No 493293086749

Father Aadhar No _____

Mother Aadhar No _____



Dr. M.D. DHANA RAJU,
 Principal,
 M.Pharm., Ph.D.,
 GIET SCHOOL OF PHARMACY,
 NH 16, Chaitanya Knowledge City,
 RAJAHMUNDRY - 520 004

V/D/C/Guardian B. Sai Sankar Reddy
Munnagala Vadi Street,
Rama Krishna Rao Jeta,
D.No: 15-4-21, Kakinada

V/D/C/Guardian B. Vinata
Munnagala Vadi Street,
Rama Krishna Rao Jeta,
D.No: 15-4-21, Kakinada.

Village/Mandal:

Village/Mandal:

District: E.G. Dist

District: E.G.

State: Andhra Pradesh PIN No: 533001

State: Andhra Pradesh PIN No: 533001

Father Mobile No [9][4][9][0][9][2][4][6][3][9]

Mother Mobile No [8][9][8][5][2][4][3][0][0][3]

Student Mobile No [8][4][9][8][9][4][0][0][1][5]

Student email ID B Sai Reddy bh @ gmail-com

DETAILS of EDUCATIONAL QUALIFICATIONS:

SSC / 10 th Class	Hall Ticket No	170810450	Total Marks	10	Obtained Marks	9.7
INTER/12 th Class	Hall Ticket No	1903230564	Total Marks	10	Obtained Marks	8.84
GROUP SUBJECTS:	MATHEMATICS	▶	Total Marks		Obtained Marks	
	CHEMISTRY (with Practical's)	▶	Total Marks		Obtained Marks	
	PHYSICS (with Practical's)	▶	Total Marks		Obtained Marks	
	ZOOLOGY (with Practical's)	▶	Total Marks		Obtained Marks	
	BOTANY (with Practical's)	▶	Total Marks		Obtained Marks	

DEGREE/EQUIVALENT: Hall Ticket No [] Total Marks: [] Obtained Marks: []

Education Details	Month & Year of Pass	Name of the School / College	Total Marks	Obtained Marks	% of Marks / Grade	Board/University
SSC / 10 th / Equivalent	March 2017	Narayana Concept School, Kakinada	10		9.7	S.S.C
Inter / 12 th Equivalent	March 2019	Narayana Junior College, Kakinada	10		8.84	Board of Intermediate
Degree / Equivalent						

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or distortion of any fact like educational qualification, marks, nationality, etc., I understand that my admission / degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions. I am also aware of the financial obligation of applying to and studying at this institution and I undertake to pay the tuition and other fees payable to the institution and to abide by all rules and regulations of the institution.

Signature of the Parent/Guardian *B. Vinata*

Signature of the Applicant *B. Sai Reddy*

OFFICE USE



NAAC & NBA ACCREDITED

GJET SCHOOL OF PHARMACY

APPROVED BY AICTE [REGULATED BY PCI] ACCREDITED BY NAAC & NBA [AFFILIATED TO A.U., A.P.]

GJET SCHOOL OF PHARMACY, CHANTANVA KNOWLEDGE CITY, RAJAMAHENDRAVARAM, EAST GODAVARI DISTRICT, AP

Principal, GJET School of Pharmacy, Chantanya Knowledge City, Rajamahendravaram, East Godavari District, AP. <http://www.gjetpharmacy.com>

Date: 05/09/2019

The Principal
GJET School of Pharmacy
NH-16, Chantanya Knowledge City,
RAJAMAHENDRAVARAM - 533296,
East Godavari District

Sir,

I, B. Sai Reddy S/o (or) D/o Sri B. Siva Sankar Reddy have been admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm B. Pharmacy (Branch Name) in **GJET School of Pharmacy, Rajamahendravaram** for the Academic Year 2019.

I shall complete my course in a stipulated time. If I discontinue my study at **GJET School of Pharmacy, Rajamahendravaram**, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

B. Siva Sankar Reddy
Parent / Guardian Signature

B. Sai Reddy
Student Signature

Name of Parent / Guardian: B. Siva Sankar Reddy.

Parent Mobile No: 8985243003

Student Mobile No: 8998940015



GIET SCHOOL OF PHARMACY

APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.

GIET CAMPUS, CHAITANYA KNOWLEDGE CITY, NH 16, RAJAMAHENDRAVARAM, EAST GODAVARI A.P.
Ph: 8985243003 | email: principal@giet.ac.in | http://www.gietpharmacy.in

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, B. Sai Reddy, am studying 1st (year)
 B.Pharm Pharm.D M.Pharm. B. Pharmacy (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of B. Siva Sankar Reddy
residing at (Address) Munnagala vari street, Rama Krishna Rao Peta,
15-4-21, Kakinada, E.G. Dist Ph: 8985243003

Undertake that I am aware of the meaning of 'Ragging' as defined by Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

B. Sankar
Parent / Guardian

Date: 03 / 09 / 2019

B. Sai Reddy
Signature of the Student

Date: 03 / 09 / 2019



GIET SCHOOL OF PHARMACY

Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**
GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 05/02/2016

FEE REIMBURSEMENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, K.V.V. Satyama Rayana S/o (or) D/o Sri K. Rama Krishna have been
admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm _____
_____ (Branch Name) in "GIET School of Pharmacy, Rajamahendravaram
for the Academic Year 201 6.

I am to inform that I belong to O.C category. As per the guide lines issued by the
State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition
Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State
Government on whatsoever reason, I will pay the Tuition Fee and other fees. If any reason, I
discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

K. Purva Krishna
Parent / Guardian Signature

K.V.V. Satyama Rayana
Student Signature

Parent / Guardian Name: K. Rama Krishna

Correspondence Address:

2-48.

near Ramalayam street

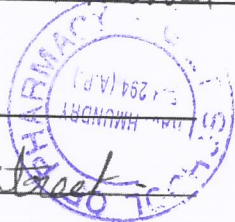
2. Rajampeta

Gandepalli mandal

E-G. Dist, AP. 533435.

Parent Mobile No: 9133192564

Student Mobile No: 7075567355



Dr. M.D. DHANA RAJU

Principal. M.Pharm., Ph.D.
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City
RAJAHMUNDRY - 533 296: (AP)



GIET SCHOOL OF PHARMACY

Approved by AICTE | Recognized by PCI | Accredited by NBA | Affiliation by Andhra University

GIET Campus, Chaitanya Knowledge City, NH 16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: ___/___/201___

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, K.V.V. Sathyamou S/o (or) D/o Sri K. Kumar Krishna have been admitted into 1st (or) 2nd (Year B.Pharm. Pharm.D M.Pharm _____
(Branch Name) in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 201 6 .

I shall complete my course in stipulated time. If, I discontinue my study at "GIET School of Pharmacy, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee that I would have paid, had I continued my course up to completion, failing which, the Institute can confiscate my Original Certificates and decline to issue Transfer Certificate.

Thanking you,

K. Prasad Krishna
Parent / Guardian Signature

K.V.V. Sathyamou
Student Signature

Name of Parent / Guardian: K. Kumar Krishna

Correspondence Address:
2-48
near old Ramakrishna
2 - Nagampeta -
Grandepalli mandal
E. Godavari - A.P. 533435

Parent Mobile No: 9133142564

Student Mobile No: 7288826079

STUDENT DECLARATION FORM



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, K.V.V. Satyanarayana studying 1st (year)
 B.Pharm Pharm.D M.Pharm. _____ (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of K. Ramakrishna
residing at (Address) 2-48, Near old Ramalayam, P. Rajampeta
Ganolepalli mandal EG Dist. A.P Ph: 7288828072

Undertake that I am aware of the meaning of 'Ragging' as defined by supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

K. Ramakrishna
Parent / Guardian

Date: 05/07/2016

K.V.V. Satyanarayana
Signature of the Student

Station: 05/07/2016



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

UNDERTAKING LETTER FROM STUDENTS

I K. V. V. Subramanyam, S/o (or) D/o K. Rama Krishna
studying 1st Year 3rd Semester B.Pharm Pharm.D M.Tech.

(Branch Name) in "**GIET School of Pharmacy, Rajamahendravaram**" bearing

with Regd. No: _____ in the department of _____ hereby

declaring that I will follow the rules and regulations given by college authorities time to time. I

never participate and never support in any ragging activities commenced by any one of the

students in our college. This letter is giving with full presence of mind and conscious.

Date: 05/07/2016

K. Rama Krishna
Signature of the parent

K. V. V. Subramanyam
Signature of the Student



GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 12 / 08 / 2017

FEE REIMBURSEMENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, P. Rama Lakshmi S/o (or) D/o Sri P. Srinivas Rao have been admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm B. Pharm (Branch Name) in "GIET School of Pharmacy, Rajamahendravaram for the Academic Year 2017 .".

I am to inform that I belong to Bc - B category . As per the guide lines issued by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government on whatsoever reason, I will pay the Tuition Fee and other fees. If any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

G. Laxmi
Parent / Guardian Signature

P. Rama Lakshmi
Student Signature

Parent / Guardian Name: G. Laxmi

Parent Mobile No: 8790633523

Student Mobile No: 8341139207



Dr. M.D. DHANA RAJU
Principal.
M.Pharm., Ph.D
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City,
RAJAHMUNDRY - 533 296 (A.P.)



GIET SCHOOL OF PHARMACY

Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**

GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacyin | Tel: 0883 2484444

Date: 12/05/2017

STUDENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, P. Rama Lakshmi S/o (or) D/o Sri P. Srinivas Rao have been admitted into 1st (or) 2nd year B.Pharm. Pharm.D M.Pharm B. Pharm (Branch Name) in "GIET School of Pharmacy, Rajamahendravaram" for the Academic Year 201 7.

I shall complete my course in stipulated time. If, I discontinue my study at "GIET School of Pharmacy, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

G. Laxmi
Parent / Guardian Signature

P. Rama Lakshmi
Student Signature

Name of Parent / Guardian: G. Laxmi

Parent Mobile No: 8790633523

Student Mobile No: 8341139207

DR. M.D. DHANA RAJU,
Principal,
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.





GIET SCHOOL OF PHARMACY

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GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

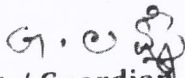
I, P. Rama Lakshmi studying 2017 (year)
 B.Pharm Pharm.D M.Pharm. B. Pharm (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of P. Srinivas Rao
residing at (Address) Narayana Puram, Vambay colony, block no:-1
Rajahmundry Ph: 8790633523

Undertake that I am aware of the meaning of 'Ragging' as defined by supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

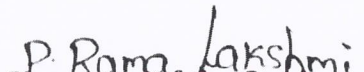
I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.


Parent / Guardian

Date: 12 / 08 / 2017


Signature of the Student

Date: 12 / 08 / 2017



GIET SCHOOL OF PHARMACY

Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**


GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

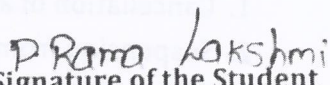
UNDERTAKING LETTER FROM STUDENTS

I P. Rama Lakshmi, S/o (or) D/o P. Srinivas Rao
studying 1 Year 2017 Semester B.Pharm Pharm.D M.Tech. B-Pharm
(Branch Name) in "**GIET School of Pharmacy, Rajamahendravaram**" bearing

with Regd. No: 203658 in the department of B-Pharm hereby
declaring that I will follow the rules and regulations given by college authorities time to time. I
never participate and never support in any ragging activities commenced by any one of the
students in our college. This letter is giving with full presence of mind and conscious.

Date: 12 / 08 / 2017


Signature of the parent


Signature of the Student



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GIET Campus, Chaitanya Knowledge City NH-16, Rajamahendravaram, A.P. | www.gietpharmacy.in | Tel: 0993-2494444

Date: 14 / 9 / 2015

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District

Sir,

I, Pallikonda Navya S/o (or) D/o Sri Rama Chandra Rao have been admitted into B.Pharm. Pharm.D in "GIET School of Pharmacy", Rajamahendravaram for the Academic Year 201 ____.

I am to inform that I belong to Sc category. As per the guide lines prescribed by the State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State Government for whatsoever reason, I will pay the Tuition Fee and other fees. If for any reason, I discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

P. Veera Mani
Parent / Guardian Signature

P. Navya
Student Signature

Parent / Guardian Name: P. Veera Mani

Parent Mobile No: 9963487388

Student Mobile No: _____



Dr. M.D. [Signature]
Principal. M.Pharm., Ph.D.
GIET SCHOOL OF PHARMACY,
NH. 16, Chaitanya Knowledge City
RAJAMUNDRY-533 296: (A.P.)



SCHOOL OF PHARMACY

Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**
GIET Campus, Chaitanya Knowledge City, NH-16, Rajamahendravaram, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

Date: 14 / 9 / 2018

STUDENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, Pallikonda Navya S/o (or) D/o Sri Rama Chandrababu have been admitted into B.Pharmacy Pharm.D in "**GIET School of Pharmacy**", Rajamahendravaram for the Academic Year 201 ____.

I shall complete my course in stipulated time. If, I discontinue my study at "**GIET School of Pharmacy**", Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

P. Veeramani
Parent / Guardian Signature

P. Navya
Student Signature

Name of Parent / Guardian: P. Veeramani

Parent Mobile No: 9963487388

Student Mobile No: _____

(Faint signature and stamp of the Principal)





Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**
GIET Campus, Chaitanya Knowledge City, NH-16, Rajamahendravaram, A.P. | www.gietpharmacyin | Tel: 0883 2484444

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, Pallikonda Navya, studying 1st (year)
 B.Pharm Pharm.D M.Pharm. (Branch Name) at "**GIET**
School of Pharmacy", Rajamahendravaram Son / Daughter of _____ residing at
(Address) Paidimella (post) Tallapudi (MDL)
West Godavari (Dist) Ph: 9963187388

I hereby Undertake that I am aware of the meaning of 'Ragging' as defined by the Supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes Withholding / withdrawing scholarship / fellowship and other benefits.
3. Debarring from appearing for any test / examination or other evaluation process.
4. Withholding results.
5. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
6. Suspension, expulsion from the hostel.
7. Rustication from the Institution for periods varying from 1 to 2 academic years.
8. Expulsion from the institution and consequent debarring from admission to any other institution.
9. Fine up to Rs. 50,000/-
10. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

Parent / Guardian

Date: 14 / 9 / 2018

P. Navya
Signature of the Student

Date: 14 / 9 / 2018



SCHOOL OF PHARMACY

Approved by **AICTE** | Recognized by **PCI** | Accredited by **NBA** | Affiliation by **Andhra University**
GIET Campus, Chaitanya Knowledge City, NH-16, Rajahmundry, A.P. | www.gietpharmacy.in | Tel: 0883-2484444

UNDERTAKING LETTER FROM STUDENTS

I Pallikonda Navya, s/o (or) D/o Rama Chandra Rao, am
studying 1st Year ___ Semester B.Pharm Ph: D in "**GIET School of Pharmacy**",

Rajamahendravaram" hereby declare that I will follow the rules and regulations of the college. I
never participate and never support for any ragging activities involved by any one of the students in
our college. This letter is giving with full presence of mind and conscious.

Signature of the Parent

P. Navya
Signature of the Student

Date: 14 / 9 / 2018



APR 2017

Approved by AICTE | Recognized by PCI | Accredited by NBA | Affiliated by Andhra University
GIEE Campus, Chaitanya Knowledge City NH 16, Rajamahendravaram, A.P. | www.gietpharmacy.edu | Tel: 0885 1624666

Date: 02/04/2017

FEE REIMBURSEMENT DECLARATION FORM

The Principal
GIEE School of Pharmacy
NH 16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District

No.

I, M. Manu Kiran S/o (or) D/o of M. Manu Kiran have been
admitted into B.Pharm. I Pharm.D in "GIEE School of Pharmacy", Rajamahendravaram
for the Academic Year 2017-18.

I am to inform that I belong to SC category. As per the guidelines prescribed by the
State Government, I am eligible to get the Fee Reimbursement / Scholarship towards Tuition
Fee.

I, hereby, undertake that if the Fee Reimbursement is not sanctioned / released by the State
Government for whatsoever reason, I will pay the Tuition Fee and other fees. If for any reason, I
discontinue my studies, I promised to pay the Tuition & Other fee for the remaining years.

Parent / Guardian Signature

Parent / Guardian Name: M. Manu Kiran

M. Manu Kiran
Student Signature

Parent Mobile No. 9822041051

Student Mobile No. 9822041051



Dr. M.D. DHANA RAJU
Principal. M.Pharm., Ph.D.
GIEE SCHOOL OF PHARMACY,
NH 16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533 296. (A.P.)



GIET SCHOOL OF PHARMACY
APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.
ADDRESS: CHAITANYA KNOWLEDGE CITY, NH-16, RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.
CONTACT: 0863 2581111 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

Date: 08/08/2018

STUDENT DECLARATION FORM

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, Manukonda Mounika S/o (or) D/o Sri Manukonda Srinu have been
admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm _____
B. Pharmacy (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**
for the Academic Year 201 8.

I shall complete my course in stipulated time. If, I discontinue my study at **GIET School of Pharmacy, Rajamahendravaram**, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

Parent / Guardian Signature

M. Mounika
Student Signature

Name of Parent / Guardian: M. Lakshmi prasanna

Parent Mobile No: 7382041037

Student Mobile No: 8185049081

DR. M. D. BHASKAR SAHU,
Principal,
GIET SCHOOL OF PHARMACY,
NH 16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.





GIET SCHOOL OF PHARMACY
 APPROVED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.
 GATEWAY TO KNOWLEDGE | CITY OF INNOVATION | ESTABLISHED IN 1983 | RAJAMAHENDRAVARAM, A.P.
 Contact: 0866-2511111 | Email: principal@pharmacy.giet.ac.in | http://www.gietpharmacy.com

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, Mamunda Manika studying 1st (year)
 B.Pharm Pharm.D M.Pharm. B. Pharmacy (Branch Name) at
 "GIET School of Pharmacy", Rajamahendravaram Son / Daughter of M. Srinu
 residing at (Address) Mamunda Srinu, D.NO-4-199, Bobbilianka
Seethanagar (M.D) East Godavari Dist. Ph: 8185049081

Undertake that I am aware of the meaning of 'Ragging' as defined by supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

I am also aware of the system of punishment in case of ragging other students and that in case I become involved in the act of ragging I am liable for any punishment including :

1. Cancellation of admission.
2. Suspension from attending classes.
3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

M. Srinu
 Parent / Guardian

Date: 08 / 08 / 2018

M. Manika
 Signature of the Student

Date: 08 / 08 / 2018



GIET SCHOOL OF PHARMACY

REGULATED BY AICTE | RECOGNIZED BY PCI | ACCREDITED BY NAAC & NBA | AFFILIATED TO A.U., A.P.
GIET CAMPUS, TATIANA KNOWLEDGE CITY, NH. 16, RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.
email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

UNDERTAKING LETTER FROM STUDENTS

I Mauskanda Mounika, S/o (or) D/o M. Vinu
studying 1st Year 1st Semester B.Pharm Pharm.D M.Pharm. B-pharmacy
(Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**, hereby

declare that I will follow the rules and regulations of the college. I never participate and never support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.

M. Vinu
Signature of the parent

M. Mounika
Signature of the Student

Date: 08 / 08 / 2018



GIET SCHOOL OF PHARMACY

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GIET CAMPUS, CHAITANYA KNOWLEDGE CITY, NH-16, RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.
Phone: +919440677600 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

Date: 1/10/2018

Admission No (PIN NO) : _____ Admission Type: Direct Lateral Entry Transfer

CONVENER MANAGEMENT SPOT

a) Eligible for Full Fee Reimbursement

b) Eligible for Part Fee Reimbursement

Student Name : PALADUGULA HARIKA
(in Block Letters as per SSC records)

Affix here latest Color Passport size Photo

Name of the Father / Guardian : P. Swash

Father Occupation : Employee

Name of the Mother : P. Jhansi Rani

Mother Occupation : House wife

Date of Birth (as per SSC records) :

D	D	M	M	Y	Y	Y	Y
1	8	0	3	1	9	9	7

Please Tick (✓)

AP ECET AP EAMCET - 20__ Hall Ticket

AP ECET AP EAMCET - 20__ Rank Card

PGE CET / GATE - 20__ Hall Ticket PGE CET / GATE - 20__ Rank

If Eligible for GATE: Hall Ticket Score Validity from To

ALLOTMENT DETAILS: Please Tick (✓)

Branch Allotted : Pharmaceutical Analysis Category of Allotment: Management

Nationality : INDIAN Other (Specify) _____ Mother Tongue: Telugu

Religion : HINDU CHRISTIAN MUSLIM Others (Specify) : _____

Category : OC (GENERAL) BC Specify Sub caste: _____ OBC SC ST Minority (Specify) _____

Name of the Caste: Chowdhary (ex. Kapu, Chowdhary etc.) If Physically Handicap (Specify): _____

Identification Marks (as per SSC / Equivalent)

1. A Mole on the right hand 2. A Mole of the Right cheek.

AADHAR DETAILS:

Student Aadhar No:

2	6	0	7	7	7	2	9	1	1	9	9
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Father Aadhar No:

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Mother Aadhar No:

--	--	--	--	--	--	--	--	--	--	--	--

DR. M.D. DHANA RAJU,
Principal. M.Pharm., Ph.D.
GIET SCHOOL OF PHARMACY,
NH-16, Chaitanya Knowledge City,
RAJAMHENDRAVARAM 533 296 (A.P.)

S/D/C/o Sri P. Suresh
13-11-10/2, Behind Annaya
theater, Rapuji Nagar, Kovvur

Village/Mandal: Kovvur

District: WUGU Dt

State: A.P PIN No: 534350

Father Mobile No 9492604041

Student Mobile No 9573814120

Student email ID: _____ @ _____

S/D/C/o Sri _____

Village/Mandal: _____

District: _____

State: _____ PIN No: _____

Mother Mobile No

DETAILS of EDUCATIONAL QUALIFICATIONS:

SSC / 10th Class : Hall Ticket No Total Marks : Obtained Marks:

INTER/12th Class: Hall Ticket No Total Marks : Obtained Marks:

GROUP SUBJECTS: MATHEMATICS → Total Marks : Obtained Marks:

CHEMISTRY (with Practical's) → Total Marks : Obtained Marks:

PHYSICS (with Practical's) → Total Marks : Obtained Marks:

ZOOLOGY (with Practical's) → Total Marks : Obtained Marks:

BOTANY (with Practical's) → Total Marks : Obtained Marks:

DEGREE/EQUIVALENT: Hall Ticket No Total Marks : _____ Obtained Marks: _____

Education Details	Month & Year of Pass	Name of the School / College	Total Marks	Obtained Marks	% of Marks / Grade	Board/University
SSC / 10 th / Equivalent						
Inter / 12 th Equivalent						
Degree / Equivalent						

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or distortion of any fact like educational qualification, marks, nationality, etc., I understand that my admission / degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligibility conditions. I am also aware of the financial obligation of applying to and studying at this institution and I undertake to pay the tuition and other fees payable to the institution and to abide by all rules and regulations of the institution.

P. Jhansi Rani
Signature of the Parent/Guardian

P. Harika
Signature of the Applicant

OFFICE USE

Application Processed by (Name) _____ Signature _____ Date: ___ / ___ / 20___



NAAC & NBA ACCREDITED

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GIET CAMPUS, CHAITANYA KNOWLEDGE CITY, NH-16, RAJAMAHENDRAVARAM, EAST GODAVARI, A.P.

Phone: +919440677600 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

Date: 1 / 10 / 2018

The Principal
GIET School of Pharmacy
NH-16, Chaitanya Knowledge City,
RAJAMAHENDRAVARAM - 533296.
East Godavari District.

Sir,

I, Paladugula. Harilka S/o (or) D/o Sri P. Suresh have been
admitted into 1st (or) 2nd Year B.Pharm. Pharm.D M.Pharm Pharmaceu-
tical Analysis (Branch Name) in **GIET School of Pharmacy**, Rajamahendravaram
for the Academic Year 201 8.

I shall complete my course in stipulated time. If, I discontinue my study at **GIET School of Pharmacy**, Rajamahendravaram, I promise to pay the full amount of Tuition Fee and Other Fee for the remaining years, failing which, the Institute is at liberty to take suitable action for recovery of the same.

Thanking you,

P. Jhansi Rani

Parent / Guardian Signature

Name of Parent / Guardian: P. Suresh

P. Harilka
Student Signature

Parent Mobile No: 9492604041

Student Mobile No: 9573814120

STUDENT DECLARATION FORM



GIET SCHOOL OF PHARMACY

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Phone: +919440677600 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

ANTI RAGGING UNDERTAKING BY THE STUDENT AND PARENT / GUARDIAN

I, Paladugula Hasika studying 1st (year)
 B.Pharm Pharm.D M.Pharm. Pharm Analysis (Branch Name) at
"GIET School of Pharmacy", Rajamahendravaram Son / Daughter of P. Guresh
residing at (Address) 13-11-10/2, Behind Ananyiya theater, Bapuji
Nagar Kovvur WU 411 Dt 534350 Ph: 9492604041

Undertake that I am aware of the meaning of 'Ragging' as defined by supreme Court, that "Ragging is any disorderly conduct, whether by words spoken or written, or by an act which has the effect of teasing, treating or handling a fresher or a junior with rudeness any student, indulging in rowdy or indiscipline activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the psyche of a fresher or a junior student".

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3. Withholding / withdrawing scholarship / fellowship and other benefits.
4. Debarring from appearing for any test / examination or other evaluation process.
5. Withholding results.
6. Debarring from representing the Institution in any National or International Meet, Tournament, Youth Festival etc.
7. Suspension, expulsion from the hostel.
8. Rustication from the Institution for periods varying from 1 to 2 academic years.
9. Expulsion from the institution and consequent debarring from admission to any other institution.
10. Fine up to Rs. 50,000/-
11. Rigorous imprisonment up to three years (by court of Law) etc.,

I endorse the under taking given above and I abide by the same.

P. Dhamsi Rani
Parent / Guardian
Date: 1 / 10 / 2018

P. Hasika
Signature of the Student
Date: 1 / 10 / 2018



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Phone: +919440677600 | email: principalpharmacy@giet.ac.in | http://www.gietpharmacy.in

UNDERTAKING LETTER FROM STUDENTS

I P. Harika, S/o (or) D/o P. Suresh
studying 1st Year I Semester B.Pharm Pharm.D M.Pharm. Pharmaceutical

Analysis (Branch Name) in **GIET School of Pharmacy, Rajamahendravaram**, hereby

declare that I will follow the rules and regulations of the college. I never participate and never support for any ragging activities involved by any one of the students in our college. This letter is giving with full presence of mind and conscious.

P. Jhansi Rani
Signature of the parent

P. Harika
Signature of the Student

Date: 1 / 10 / 2018

