

**SAMPLE STAFF WELFARE
DOCUMENT AY : 2021-2022**

STAFF WELFARE MEASURES

ACADEMIC YEAR-2021-22



NAAC ACCREDITED

GIET SCHOOL OF PHARMACY

NH-16, Chaitanya Knowledge City, Rajahmundry – 533 296.

LEAVE APPLICATION

Staff Name : T. Deepan

Designation : Asst. Prof.

Leave applied : From 5.11.21 to 6.11.21 (1 1/2 Days)
 Words (one and half day)

Nature of Leave : CL ML OD OTHERS (Specify

Reason for leave : Going to Krishna University Convocation

Tel No. or Mobile No. : 8121646937

	Course & Year	Subject	Alternate Faculty Name	Signature
Class work	1			
Adjustment	2			
	3			

	(1)	(2)	(3)	(4)	(5)	(6)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

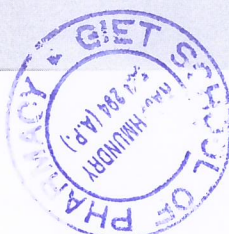
Signature of HOD

Signature of the Applicant

Date : 5/11/21

T. Deepan

PRINCIPAL



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



Shri Vishnu College of Pharmacy, Vishnupur, Bhimavaram
(AUTONOMOUS)

Permanently Affiliated to AU, Visakhapatnam

Ref: M.Pharm. Exams/2020-21

Date: 09-12-2021

To,
Dr.S.Ramachandran,
Professor
GIET School of Pharmacy,
Rajamahundry-533296,
Mob: 8886668252
E-Mail: ramsnetin@yahoo.com

Dear Sir,

In continuation of our telephonic request on conducting the **Lab / Practical examination and Theory Paper Valuation** for M Pharm.II Sem (2020-21) students in our college, I hereby wish to convey my thanks for immediately accepting our Invitation.

I hereby invite you as **External Examiner** the following Examination, as mentioned below.


Name of the Examination	
M.Pharm.I Sem (2020-21) End Practical Examinations Branch: Pharmacology (MPL)	
Subject & Code	Pharmacology Practical-III (MPL205P), Pharmacology Practical-IV (MPL206P) & Seminar (MPL207S)
Theory Paper Valution- (Total scripts-48)	1) Adv.Pharmacology-II.2) Pharmacological & Toxicological Screening Methods-II.3) Principles of Drug Discovery 4) Clinical Research & Pharmacovigilance..
Center	Shri Vishnu College of Pharmacy,Bhimavaram
Date & Day	29-12-2021 (Wed) & 30-12-2021 (Thu)

The following points may please be noted:

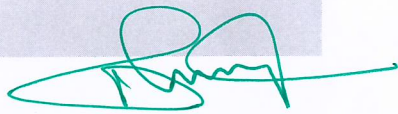
- * Please send your acceptance without fail after receipt of this letter. Your acceptance may be conveyed either by Through e-mail to exams@svcp.edu.in or Mobile:8332950863.

Thanking you,

Yours Sincerely,


Controller of Examinations




DR. MD. DHANA KHATUN
Principal, M.Pharm. Pr
GIET SCHOOL OF PHARMACY,
NH 116, Chaitanya Khatun, Rajamahundry-533296 (A.P.)



NAAC ACCREDITED

GIET SCHOOL OF PHARMACY

NH-16, Chaitanya Knowledge City, Rajahmundry - 533 296.

LEAVE APPLICATION

Staff Name : Dr. S. Ramachandran

Designation : Professor

Leave applied : From 29/12/21 to 30/12/21 (2 Days)

Words (Two days)

Nature of Leave : CL ML OD OTHERS (Specify

Reason for leave : Examiner at Vishnu College, Bhimavaram.

Tel No. or Mobile No. :

	Course & Year	Subject	Alternate Faculty Name	Signature
Class work Adjustment	1	B.pharm pharmaco edogy lab	Hanika . L	
	2	B.pharm pharmacology	V.D.Sundar	
	3			

	(1)	(2)	(3)	(4)	(5)	(6)
Monday						
Tuesday						
Wednesday		← Hanika . L	→			
Thursday						
Friday						
Saturday						

Signature of HOD

Signature of the Applicant

Date :

PRINCIPAL 29/12/21



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



NAAC ACCREDITED

GIET SCHOOL OF PHARMACY

NH-16, Chaitanya Knowledge City, Rajahmundry - 533 296.

LEAVE APPLICATION

Staff Name : G. Sai Kumari

Designation : Assistant professor

Leave applied : From 14-2-2022 to 19-2-2022 (Six(6) Days)
 Words (six days)

Nature of Leave : CL ML OD OTHERS (Specify Marriage)

Reason for leave : Marriage

Tel No. or Mobile No. : 9391992776

Class work Adjustment	Course & Year	Subject	Alternate Faculty Name	Signature
	1 <u>IInd pharma-D</u>	<u>pharmaceutical microbiology</u>	<u>A. lakshmi paritha</u>	<u>Afflu</u>
2 <u>IInd pharma-D</u>		<u>M. Madhu babu</u>	<u>H. Madhu</u>	
3 <u>IInd pharma-D</u>		<u>K. Sivaresh</u>	<u>[Signature]</u>	

	(1)	(2)	(3)	(4)	(5)	(6)
Monday						<u>Afflu</u>
Tuesday						
Wednesday	<u>←</u>	<u>Afflu</u>	<u>→</u>			
Thursday					<u>[Signature]</u>	
Friday			<u>Madhu</u>			
Saturday	<u>[Signature]</u>					

[Signature]
Signature of HOD

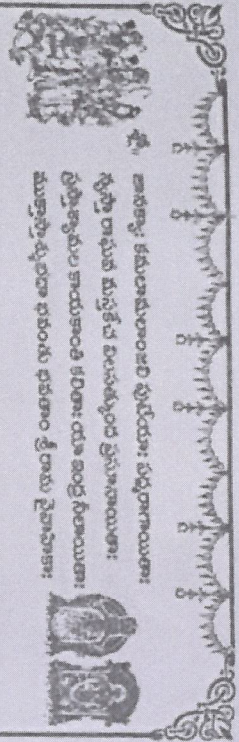
G. Sai Kumari
Signature of the Applicant

[Signature]
PRINCIPAL

Date : 9-2-2022



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



జానక్య కడులాటలంబరి పునర్య: పద్ధరాగాయణా: సర్వ రామవ మనకచ విలసత్కంద ప్రమునాలుణా: సర్వకృమల కాయకాంతి కరణా: యా వింద్ర సలాయిణా: ముక్తాస్మాశ్చుభరా భవంతు భవణం శ్రీ రామ వైభావాణా:

కళ్యాణవేదిక :

శ్రీశ్రీ సత్యనారాయణస్వామి వారి దేవస్థానం పాతపాడు గురుపు గారి ఆశ్రమం దగ్గర, ఉత్తర వాహిని కీరం, బరిఫుట్లం, నర్సపల్లం

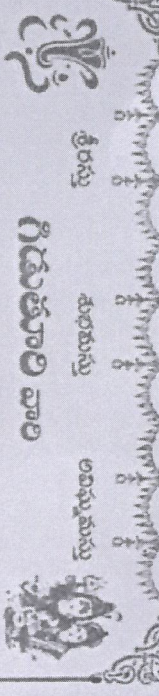
రిసెప్షన్ & విందు :

ది. 19-02-2022 సోమవారం రాత్రి 7 గం.ల నుండి ఈవ్ & షే. వై.జంక్షన్, రాజమండ్రి

సప్తపది

- 1) వివేక ఆటకసు సందన కోసం...
- 2) మొదటి ఆటకసు మొదటి ఆటకసు
- 3) చాన్సివర్యుల కోసం...
- 4) ఆన్ల పాసీయాల కోసం...
- 5) రెండవ ఆటకసు సుఖసంతోషాల కోసం...
- 6) మన ఆటకసు సామగ్రి కోసం...
- 7) మూడవ ఆటకసు ప్రకాశ కోసం...
- 8) నాలుగవ ఆటకసు సంతోష కోసం...

బంధుమిత్రుల అభినందనలతో...



వివాహ మహోత్సవ ఆహ్వాన శుభపత్రిక

కీ.శే. గిడుతూరి సత్యనారాయణ, శ్రీమతి వర్ధానతి దంపతుల ఆశీస్సులతో... గిడుతూరి నాగేశ్వరరావు (నాగు), శ్రీమతి సత్యకామేశ్వరి దంపతులు

వ్రాయి శుభలేఖార్యములు మా క్షేణ కుమార్తె

వసులు : చి.ఎ.సా. సోయికుమారి M.Pharmacy, ను

వయలు : చి. కారుణ్య భర్తీ M.A. (Political Science) కు

(నర్సపల్లం వ్యాలు శ్రీ వంకర నూకరణా శ్రీమతి మంగ దంపతుల కనిష్ట కుమారుడు) ఇచ్చి వివాహము జరిపించుటకు పిల్లలు నిర్ణయించినారు.

సుముహూర్తం :

స్వస్తి శ్రీ చాంద్రమాన శ్రీ ఫల నామ సంవత్సర మాఘ బహుళ విదియ అంకా ది. 18-02-2022 శుక్రవారం రాత్రి గం. 8-45 నుండి ఉత్తరా నక్షత్రయక్ష కన్యా లగ్న పుష్కరాంతు నందు

అభిలాష :

పిల్లని వింధి పంపిణిలో స్వల్పమైన పు చిల్లని మనస్సుతో వసుపు పిల్లని అక్షింతలతో నూతన పునాదులును ఆశీర్వాదించ కోరుచున్నాము.

గిడుతూరి నాగేశ్వరరావు (నాగు) శ్రీమతి సత్యకామేశ్వరి



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



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



NAAC ACCREDITED

GIET SCHOOL OF PHARMACY

NH-16, Chaitanya Knowledge City, Rajahmundry - 533 296.

LEAVE APPLICATION

Staff Name : Dr. V. D. Sundar

Designation : Professor & Head

Leave applied : From 06.04.22 to (..... 01 Days)

Words (..... one day))

Nature of Leave : CL ML OD OTHERS (Specify))

Reason for leave : PCI Inspection at Bangalore

Tel No. or Mobile No. : 9959212600

	Course & Year	Subject	Alternate Faculty Name	Signature
Class work	1 I.B.pharm	pharmaceutics	M V N. Kolencherry	<u>[Signature]</u>
Adjustment	2	A Sec	Red	
	3			

	(1)	(2)	(3)	(4)	(5)	(6)
Monday						
Tuesday						
Wednesday	<u>R. N. Yadav</u>					
Thursday						
Friday						
Saturday						

Signature of HOD

[Signature]
Signature of the Applicant

Date 09/04/22

[Signature]
PRINCIPAL 4/4/22



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



AAC ACCREDITED

GIET SCHOOL OF PHARMACY

NH-16, Chaitanya Knowledge City, Rajahmundry – 533 296.

LEAVE APPLICATION

Staff Name : Dr. AR. Magesh

Designation : Professor

Leave applied : From 6/4/22 to (..... Days)

Words (..... One Day))

Nature of Leave : CL ML OD OTHERS (Specify))

Reason for leave : Appointed as P.D. Inspector

Tel No. or Mobile No. : 9963059305

	Course & Year	Subject	Alternate Faculty Name	Signature
Class work Adjustment	1 <u>M. Pharm-D</u>	<u>Pharm. Anal</u>	<u>K. Pranusha</u>	<u>[Signature]</u>
	2			
	3			

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Wednesday	←	<u>PR</u>	→			
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Friday						
Saturday						

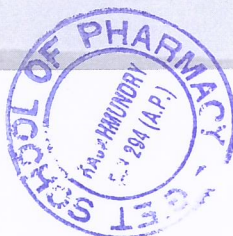
Signature of HOD

Date

: 04/04/2022

Signature of the Applicant

[Signature]
21/4/22
PRINCIPAL



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



PHARMACY COUNCIL OF INDIA
NEW DELHI

(Autonomous body constituted under the Pharmacy Act, 1948)
(Working under the Ministry of Health and Family Welfare, Government of India)

E - MAIL : registrar@pci.nic.in
WEBSITE : www.pci.nic.in
Telephone : 011-61299900 to 03

NBCC Centre, 3rd Floor
Plot No.2, Community Centre
Maa Anandamai Marg
Okhla Phase I
NEW DELHI - 110020

Ref.No. PCI-3716 / D.Pharm

Date: 24-03-2022

Name of Inspector

Name of Inspector

Y D SUNDAR - 9959212600
9959212600, GIET School of Pharmacy
NH 16 Chaitanya Knowledge City,
Rajanagaram, Rajahmundry (Urban),
EAST GODAVARI, ANDHRA PRADESH,
533294

AR MAGESH - 9963059395
J N ROAD, RAJAHMUNDRY,
RAJAHMUNDRY (URBAN), EAST
GODAVARI, ANDHRA PRADESH,
533294

Sub : Inspection for D.Pharm / Roohi College Of Pharmacy
59/1, hennur bagalur main road , kaanur , BENGALURU URBAN, 562149
KARNATAKA

Sir / Madam

1. In pursuance of section 16 of the Pharmacy Act, 1948 read with various statutory Education Regulations framed u/s 10 of the Pharmacy Act, you are hereby appointed to verify the adequacy of infrastructural facilities including teaching staff as specified under Education Regulations for various pharmacy courses
2. Please note that
 - a. Hon'ble Supreme Court of India in Parshvath case has fixed the deadline for grant of approval and the same has to be complied with in letter and spirit
 - b. in the light of said time bound directions of the Hon'ble Court, the process of grant of approval is a time bound process and any delay in inspection at your end will lead to subsequent delay in grant of approval
 - c. Hence you are required to inspect and submit inspection report immediately
3. Methodology for inspection
 - a. Please install the Mobile App and Login
 - b. Click on the institution's name allotted to you. It will re-direct you to the inspection modules of the Mobile application
 - c. You are required to verify the availability of the facilities as claimed by the institution in the Standard Inspection Form and accordingly fill each inspection module of Mobile application
 - d. Amongst the various inspection modules, one of the module relates to "Inspection Report Summary". Please note that the same is to be filled very carefully and cross verified by you for completion before submitting the report to PCI office in order to avoid back reference from PCI office to you for any clarification as this will lead to delay in the inspection and approval process.
 - e. Please ensure that before submission, the information is to be digitally signed by both the inspectors and the photograph of both inspectors (selfie with institution in the background) is to be submitted
 - f. The Inspection Report is to be submitted to the PCI immediately after completion of inspection through "Mobile App only". hard copy will be accepted



DR. M.D. DHANA RAJU
Principal,
M.Pharm., Ph.D.
GIET SCHOOL OF PHARMACY,
NH 16, Chaitanya Knowledge City,
RAJAHMUNDRY, EAST GODAVARI, ANDHRA PRADESH, 533294



NAAC ACCREDITED

GIET SCHOOL OF PHARMACY

NH-16, Chaitanya Knowledge City, Rajahmundry - 533 296.

LEAVE APPLICATION

Staff Name : Dr. S. Ramany

Designation :

Leave applied : From 05/05/22 to 06/05/22 (..... 2 Days)

Words (..... Two days

Nature of Leave : CL ML OD OTHERS (Specify

Reason for leave : OD - Extend Examiner duty to Vishnu college

Tel No. or Mobile No. : 8774219210

	Course & Year	Subject	Alternate Faculty Name	Signature
Class work	1	Therapy II lab (Pharm D IV)	D. Veerendra	
Adjustment	2			
	3			

	(1)	(2)	(3)	(4)	(5)	(6)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday	<u>Therapy II lab</u>					
Saturday						

Signature of HOD

Date

S. Ramany
Signature of the Appteeant

PRINCIPAL



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



NAAC ACCREDITED

GIET SCHOOL OF PHARMACY

NH-16, Chaitanya Knowledge City, Rajahmundry - 533 296.

LEAVE APPLICATION

Staff Name : Dr. S. Ramasubramanian

Designation : Professor

Leave applied : From 16/5/22 to 17/5/22 (2 Days)
 Words (Two days)

Nature of Leave : CL ML OD OTHERS (Specify)

Reason for leave : Examiner at C.L. Baird college, Chennai

Tel No. or Mobile No. : _____

	Course & Year	Subject	Alternate Faculty Name	Signature
1	Class work			
2	Adjustment			
3				

	(1)	(2)	(3)	(4)	(5)	(6)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Signature of HOD

Date 14/5/22

Signature of the Applicant

[Signature]
 14/5/22
 PRINCIPAL

[Signature]



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



/CONFIDENTIAL / URGENT /
THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY
69, ANNA SALAI, GUINDY, CHENNAI - 600 032.
Phone Nos.: 2235 35 76-79 Fax: (044) 2235 0902

Dr.N.KABILAN, MD(S), Ph.D.,
Deputy Controller of Examinations/c (Pharmacy)

Ph: 22353550

Lr. No. / 17564/DCOE I/c/2022

Dated:10.05.2022

To
Dr.S.Ramachandran
GIET School of Pharmacy, Rajahmundry,
Andra Pradesh. ramsnetin@yahoo.com
09949261973

Sir/Madam,

I am to inform that you have been appointed as Examiner to conduct the Practical/Oral Examinations for

COURSE : M.Pharm, Semester
CENTRE : CI Baid Metha College of Pharmacy, Chennai.
SUBJECT : Pharmacology
DATE(S) : I Semester - 16.05.2022, IV Semester - 17.05.2022 (The date(s) fixed are final)

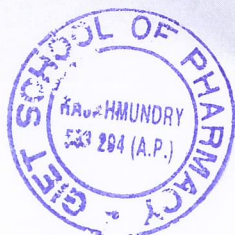
If you accept the above offer, please fill up the acceptance form enclosed and return the same by return of post to the undersigned by name. PLEASE SEND YOUR REPLY BY E-mail / FAX (i.e.) ACCEPTANCE OR OTHERWISE TO THE UNDERSIGNED BY NAME IMMEDIATELY. In case you are not in a position to accept the offer, kindly return all the enclosures. If the duly filled in acceptance is not received within seven days, alternative arrangement will be made.


- It is informed that DA will be paid at the concerned Examination centre and TA will be paid by the Second Examination Centre.
- TA/DA / Remuneration form may be collected from the Chairman of the Examination Centre and sent to the University duly stamped signed and counter-signed by the above Examination Board Chairman. Any family member of relative appearing for the Examination may please be intimated to the University. After giving acceptance, the offer should not be declined except under unusual circumstances. If the offer of acceptance once declined, the above offer will be provided only after a minimum period of three consecutive examinations.


Yours faithfully,
Sd/-


Deputy Controller of Examinations/c

Note: Examination offer form should be submitted to the Chairman of the Centre for payment




Dr. M.D. DHANA RAJU,
Principal. M.Pharm., Ph.D.
GIET SCHOOL OF PHARMACY,
NH.16, Chaitanya Knowledge City,
RAJAHMUNDRY-533 294 (A.P.)


 कर्मचारी भविष्य निधि संगठन, भारत
 Employees' Provident Fund Organisation,



यूनिवर्सल खाता संख्या
 Universal Account Number (UAN) 100911515494


नाम
 Name VEERAMANENI ALEKKHYA

पिता / पति का नाम
 Father's / Husband's Name NARASIMHARAO

के.वाई.सी.
 K.Y.C. Yes

www.epfindia.


यूनिवर्सल खाता संख्या
 Universal Account Number 100911515494




प्रतिबन्धन : इस कार्ड पर दर्शाया गया डेटा ईपीएफओ में उपलब्ध डेटाबेस के अनुसार है। विसंगति के मामले
 आप उसमें सुधार के लिए अपने क्षेत्रीय कार्यालय से संपर्क कर सकते हैं।

Disclaimer: Data appearing on the card is as per the database available in EPFO. In case
 of any discrepancy you may contact your concerned EPFO office for its rectification.

Printed from EPFO Member Portal On: 04.01.2023


 कर्मचारी भविष्य निधि संगठन, भारत
 Employees' Provident Fund Organisation,



यूनिवर्सल खाता संख्या
 Universal Account Number (UAN) 100911101549


नाम
 Name DEEPAN T

पिता / पति का नाम
 Father's / Husband's Name C THIYAGARAJAN

के.वाई.सी.
 K.Y.C. Yes

www.epfindia.

यूनिवर्सल खाता संख्या
 Universal Account Number 100911101549




प्रतिबन्धन : इस कार्ड पर दर्शाया गया डेटा ईपीएफओ में उपलब्ध डेटाबेस के अनुसार है। विसंगति के मामले
 आप उसमें सुधार के लिए अपने क्षेत्रीय कार्यालय से संपर्क कर सकते हैं।

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



GIET SCHOOL OF PHARMACY

NII-16, Chaitanya Knowledge City, Rajahmundry - 533 296.

LEAVE APPLICATION

Staff Name : P. Deepan

Designation : Assoc. Professor

Leave applied : From 5.2.21 to 6.2.21 (2 Days)

Words (two days)

Nature of Leave CI ML OD OTHERS (Specify

Reason for leave : Ph.D. Viva Voce

Tel No. or Mobile No. : 8121646937

	Course & Year	Subject	Alternate Faculty Name	Signature
Class work	1 M Pharm.D	Pharm o	Dr A.R. Nagesh	Ar. Nagesh
Adjustment	2	Analysis		
	3			

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday				← no work			

Signature of HOD

P. Deepan
Signature of the Applicant

Date : 4.2.21

PRINCIPAL 4/2/21



Dr. M.D. DHANA RAJU,
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