



NRI COLLEGE OF PHARMACY

(Run by Sri Durga Malleswari Educational Society)

(Approved by AICTE & PCI - New Delhi : : Affiliated to JNTUK, Kakinada)

Pothavarappadu (V), (Via) Nunna, Agiripalli (M), Krishna District, A.P., Pin : 521 212, Cell : 9394686868

5.2.1(1) List OF Students Placed Along With The Placement Details and List Of Students Progressed To Higher Education For theA.Y:2021-2022

S.No	Year	Name of student who has been placed	Program graduated from	Year of graduation	Name of the employer with contact details	Pay package at appointment (In INR per annum)
1.	2021-22	GANTA NAGA SAI SWETHA	M.PHARMACY	2019-20	GENGIS PHARMA 9032224744	2,04,000
2.	2021-22	GUDIPATI RESHMA RAJYA LAKSHMI	M.PHARMACY	2019-20	GENGIS PHARMA 9032224744	2,04,000
3.	2021-22	GUMMADI PAVAN SAI KUMAR	M.PHARMACY	2019-20	GENGIS PHARMA 9032224744	2,04,000
4.	2021-22	MURALA JAYA LAKSHMI	M.PHARMACY	2019-20	GENGIS PHARMA 9032224744	2,04,000
5.	2021-22	PINAPOTHU LAAVANYA PRIYA	M.PHARMACY	2019-20	THE HEALTH	2,04,000

					CARE 7799112044	
6.	2021-22	GORANTLA SAI POORNIMA	M.PHARMACY	2018-19	THE HEALTH CARE 7799112044	2,04,000
7.	2021-22	ROSHNI SEKHAR	M.PHARMACY	2018-19	THE HEALTH CARE 7799112044	2,04,000
8.	2021-22	KANDULA MAHESH BABU	B.PHARMACY	2021-22	THE PHARMA RESEARCH 9985548055	1,92,000
9.	2021-22	BANKA VINEETA DEVI	B.PHARMACY	2021-22	THE PHARMA RESEARCH 9985548055	1,92,000
10.	2021-22	BATTULA JAYDEV	B.PHARMACY	2021-22	THE PHARMA RESEARCH 9985548055	1,92,000
11.	2021-22	BEROTHULA SRI LAKSHMI	B.PHARMACY	2021-22	THE PHARMA RESEARCH 9985548055	1,92,000
12.	2021-22	DEVARAPALLI SUDHA RANI	B.PHARMACY	2021-22	THE PHARMA RESEARCH 9985548055	1,92,000
13.	2021-22	GALI VENKATESWARAREDDY	B.PHARMACY	2021-22	THE PHARMA RESEARCH 9985548055	1,92,000
14.	2021-22	GUDE DEVI SWAROOPA CHANDINI	B.PHARMACY	2021-22	THE PHARMA RESEARCH	1,92,000

					9985548055	
15.	2021-22	IDUPULAPATI SYAM BABU	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
16.	2021-22	JAMPANA SINDHYA	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
17.	2021-22	JINUKUTI BHAGYA RAJU	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
18.	2021-22	KALIDINDI JANAKI RAMANJANEYA VARMA	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
19.	2021-22	KOLUSU VIJAYA RAMBABU	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
20.	2021-22	KOTHURI SULOCHANA	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
21.	2021-22	LOKALA ASHA PRIYA	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
22.	2021-22	MANDRU YAMINI	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
23.	2021-22	MARUMUDI SOWJANYA	B.PHARMACY	2021-22	SCPL PHARMA 9030208255	1,92,000
24.	2021-22	MUNIPALLI SUMA	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000
25.	2021-22	NIMMAKOORI DIVYA	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000

26.	2021-22	RAMISETTI MOUNIKA	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000
27.	2021-22	SEVA BHAVANA	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000
28.	2021-22	SHAIK KARIMUNNISA	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000
29.	2021-22	SHAIK SHAMEERA	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000
30.	2021-22	TATINENI TEJASWI	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000
31.	2021-22	TUMU SRAVANI	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000
32.	2021-22	VEMULA BHARGAV PRASAD	B.PHARMACY	2021-22	SRG PHARMA 040-35652763	1,92,000
33.	2021-22	AKULA VIJAY KUMAR	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
34.	2021-22	ANNABATHULA ANAND SHANKAR	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
35.	2021-22	BATTULA KRANTHI KUMAR	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
36.	2021-22	BHUVANAGIRI V S S L PRIYA BHAVANA	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
37.	2021-22	BONTHU GNANA PRASUNA	B.PHARMACY	2021-22	DIVI'S LAB	1,92,000

					8922248917	
38.	2021-22	BURRAMUKKU DIVYA	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
39.	2021-22	CHENNAKESAVULU LIKHITHA	B.PHARMACY	2021-22	ELISCRPTION 9676366722	1,80,000
40.	2021-22	CHIPPALA SAI NANDINI	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
41.	2021-22	GOGADA SANJEEV	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
42.	2021-22	GOUSIYA BEGUM	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
43.	2021-22	GUDDALA SRINU	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
44.	2021-22	GURRAM VIJAY	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
45.	2021-22	KALLARSU GEETHIKA	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
46.	2021-22	KODE SAI DEEPIKA	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
47.	2021-22	LAXMI PRASANNA NELAKURTHI	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
48.	2021-22	MALLADI SUSMITHA	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000

49.	2021-22	MUNAGALA SAI CHANDRA SESHINI	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
50.	2021-22	MUNUGURU PAVANI	B.PHARMACY	2021-22	ELISCRPTION 9676366722	1,80,000
51.	2021-22	NELIKANTI ANULEELA	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
52.	2021-22	PAMARTHI NAGA MANEESHA	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
53.	2021-22	PEPARTHI VENKATESH	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
54.	2021-22	PITTA GNANA KANAKA SRI KALYANI	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
55.	2021-22	PONNAM HARIKA	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
56.	2021-22	RAPARLA TEJASWINI	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
57.	2021-22	SYED AFREEN SADA	B.PHARMACY	2021-22	DIVI'S LAB 8922248917	1,92,000
58.	2021-22	VEMURI SIVA PRASAD	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000
59.	2021-22	YAMMANI LAKSHMI LIKITHA	B.PHARMACY	2021-22	DIVI'S LAB 8694257001	1,92,000

S.No	Year	Name of student who enrolled for higher education	Program graduated from	Year of graduation	Name of institution joined	Name of program admitted to
60.	2021-22	JALASUTRAM PAVANI DURGA CHATHURVEDI	B.PHARMACY	2021-22	NIPER HYDERABAD	M.PHARMACY
61.	2021-22	KOMMURU NANDINI	B.PHARMACY	2021-22	1.THE UNIVERSITY OF FINDLAY 2.LEWIS UNIVERSITY- MAIN CAMPUS	MASTER'S
62.	2021-22	MUPPARAJU GOWTHAMI	B.PHARMACY	2021-22	NEW JERSEY INSTITUTE OF TECHNOLOGY	MASTER'S
63.	2021-22	NAGULAPATI PRIYANKA	B.PHARMACY	2021-22	THE UNIVERSITY OF FINDLAY	MASTER'S
64.	2021-22	BONTHU GNANA PRASUNA	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY
65.	2021-22	PITTA GNANA KANAKA SRI KALYANI	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY
66.	2021-22	PONNAM HARIKA	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY
67.	2021-22	RAPARLA TEJASWINI	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY

68.	2021-22	VEMURI SIVA PRASAD	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY
69.	2021-22	GOGADA SANJEEV	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY
70.	2021-22	GUDE DEVI SWAROOPA CHANDINI	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY
71.	2021-22	GURRAM VIJAY	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY
72.	2021-22	JINUKUTI BHAGYA RAJU	B.PHARMACY	2021-22	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY
73.	2021-22	TIRUMALASETTI RAM SUMANTH	B.PHARMACY	2020-21	NRI COLLEGE OF PHARMACY 9394686868	M.PHARMACY


Dr. Y.A. CHOWDARY

PRINCIPAL

PRINCIPAL

NRI College of Pharmacy

POTHAVARAPPADU (V)

Agiripalli (M), Krishna District



Gengis Pharma

Date: 08/05/2022

Miss. GANTA NAGA SAI SWETHA,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to offer you employment at **GENGISPHARMA**. we feel that your skills and background will be Valuable assets to our team.

I am very pleased to offer you a position of **Analytical research associate** at International Journal of Food and Nutritional Sciences, please plan to begin work on **18/05/2022**.

Your Annual Cost to the Company (CTC) will be INR **2,04,000**

If you accept this offer, I would appreciate your signing and returning at your earliest convenience a copy of this Letter of Assignment for documentation purposes. If you have any questions regarding employment policies and procedures, please do not hesitate to contact me.



Sincerely

Rakesh
SR. MANAGER
GENGISPHARMA

PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



+19 9032224744



Info@gengispharma.Com



38, Block-A, Kukatpally Industrial Estate,
Balanagar, Hyderabad, Telangana 500037

Date: 08/05/2022

Miss. GUDIPATI RESHMA RAJYA LAKSHMI,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

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Sincerely

Rakesh
SR. MANAGER
GENGISPHARMA

PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



Date: 08/05/2022

Mr. GUMMADI PAVAN SAI KUMAR,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to offer you employment at **GENGISPHARMA**. we feel that your skills and background will be Valuable assets to our team.

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Sincerely

Rakesh
SR. MANAGER
GENGISPHARMA


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



Date: 08/05/2022

Miss. MURALA JAYA LAKSHMI,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

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We are pleased to offer you employment at **GENGISPHARMA**. we feel that your skills and background will be Valuable assets to our team.

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Sincerely

Rakesh
SR. MANAGER
GENGISPHARMA


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District





Date: 08/08/2022

PINAPOTHU LAAVANYA PRIYA,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to inform you that after careful consideration THE HEALTH CARE has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

Your Position will be Trainee research associate. You will report to the company by 18/08/2022. Your annual CTC will be Rs.2,04,000/-. However, during employment with the company: you may be posted/transferred to any of the Offices/Projects/Divisions/Units of the Company existing or to be set at any other location in India.

Tender your consent by signing this Job Offer Letter below and send us back as a token of acceptance at the earliest adding your date of joining our organization.

We look forward to welcoming you on board.



Sincerely

Prashanth.d

Hr. Manager.

The health care.

PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

+91-7799112044



www.thehealthcare.org.in
info@thehealthcare.org.in



Hyderabad, Telangana



Date: 08/08/2022

GORANTLA SAI POORNIMA,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to inform you that after careful consideration THE HEALTH CARE has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

Your Position will be Trainee research associate. You will report to the company by 18/08/2022. Your annual CTC will be Rs.2,04,000/-. However, during employment with the company: you may be posted/transferred to any of the Offices/Projects/Divisions/Units of the Company existing or to be set at any other location in India.

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We look forward to welcoming you on board.



Sincerely

Prashanth.d

Hr. Manager.

The health care.

PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

+91-7799112044



www.thehealthcare.org.in
info@thehealthcare.org.in



Hyderabad, Telangana



Date: 08/08/2022

ROSHNI SEKHAR,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

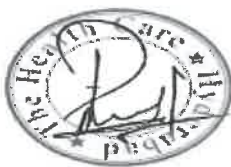
We are pleased to inform you that after careful consideration THE HEALTH CARE has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

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We look forward to welcoming you on board.




Sincerely

Prashanth.d

Hr. Manager.

The health care.


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NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

+91-7799112044



www.thehealthcare.org.in
info@thehealthcare.org.in



Hyderabad, Telangana



The Pharma Research

Date: 10th JUNE, 2022

To

Mr. KANDULA MAHESH BABU

NRI College Of Pharmacy,

pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212.

Congratulations! We are pleased to confirm that you have been selected to work for The Pharma Research. We are delighted to make you the following job offer.

The position we are offering you is that of QA analyst at a monthly salary of Rs.16,000/- with an annual cost to company Rs. 1,92,000/-. This position reports to HR. Manager, *Chetan Kumar*. Your working hours will be from 9AM to 6PM.

Benefits for the position include: (Use if relevant to the position)


- Benefit A (Casual Leave of 12 days per annum)
- Benefit B (Employer State Insurance Corporation ESIC Coverage)
- Benefit C

We would like you to start work on 20th JUNE,2022 at 9am. Please report to Chetan Kumar on start date, for documentation and orientation. If this date is not acceptable, please contact me immediately.

Please sign the enclosed copy of this letter and return it to me by 22nd JUNE,2022 to indicate your acceptance of this offer.

We are confident you will be able to make a significant contribution to the success of our The Pharma Research and look forward to working with you.


Sincerely,
Chetan Kumar


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9985548055



thepharamaresearch4@gmail.com



Telangana, Hyderabad



The Pharma Research

Date: 10th JUNE, 2022

To

Miss. BANKA VINEETA DEVI

NRI College Of Pharmacy,

pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212.

Congratulations! We are pleased to confirm that you have been selected to work for The Pharma Research. We are delighted to make you the following job offer.

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- Benefit A (Casual Leave of 12 days per annum)
- Benefit B (Employer State Insurance Corporation ESIC Coverage)
- Benefit C

We would like you to start work on 20th JUNE,2022 at 9am. Please report to Chetan Kumar on start date, for documentation and orientation. If this date is not acceptable, please contact me immediately.

Please sign the enclosed copy of this letter and return it to me by 22nd JUNE,2022 to indicate your acceptance of this offer.

We are confident you will be able to make a significant contribution to the success of our The Pharma Research and look forward to working with you.


Sincerely,
Chetan Kumar


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9985548055



thepharamaresearch4@gmail.com



Telangana, Hyderabad



The Pharma Research

Date: 10th JUNE, 2022

To

Mr. BATTULA JAYADEV

NRI College Of Pharmacy,

pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212.

Congratulations! We are pleased to confirm that you have been selected to work for The Pharma Research. We are delighted to make you the following job offer.

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Sincerely,
Chetan Kumar


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

 9985548055

 thepharamaresearch4@gmail.com

 Telangana, Hyderabad



The Pharma Research

Date: 10th JUNE, 2022

To

Miss. BERTHULA SRI LAKSHMI

NRI College Of Pharmacy,

pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212.

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Sincerely,
Chetan Kumar


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9985548055



thepharamaresearch4@gmail.com



Telangana, Hyderabad



The Pharma Research

Date: 10th JUNE, 2022

To

Miss. DEVARAPALLI SUDHA RANI

NRI College Of Pharmacy,

pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212.

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Benefits for the position include: (Use if relevant to the position)


- Benefit A (Casual Leave of 12 days per annum)
- Benefit B (Employer State Insurance Corporation ESIC Coverage)
- Benefit C

We would like you to start work on 20th JUNE,2022 at 9am. Please report to Chetan Kumar on start date, for documentation and orientation. If this date is not acceptable, please contact me immediately.

Please sign the enclosed copy of this letter and return it to me by 22nd JUNE,2022 to indicate your acceptance of this offer.

We are confident you will be able to make a significant contribution to the success of our The Pharma Research and look forward to working with you.


Sincerely,
Chetan Kumar


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9985548055



thepharamaresearch4@gmail.com



Telangana, Hyderabad



The Pharma Research

Date: 10th JUNE, 2022

To

Mr. GALI VENKATESWARAREDDY

NRI College Of Pharmacy,

pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212.

Congratulations! We are pleased to confirm that you have been selected to work for The Pharma Research. We are delighted to make you the following job offer.

The position we are offering you is that of QA analyst at a monthly salary of Rs.16,000/- with an annual cost to company Rs. 1,92,000/-. This position reports to HR. Manager, *Chetan Kumar*. Your working hours will be from 9AM to 6PM.

Benefits for the position include: (Use if relevant to the position)


- Benefit A (Casual Leave of 12 days per annum)
- Benefit B (Employer State Insurance Corporation ESIC Coverage)
- Benefit C

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Chetan Kumar


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NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9985548055



thepharamaresearch4@gmail.com



Telangana, Hyderabad



The Pharma Research

Date: 10th JUNE, 2022

To

Miss. GUDE DEVI SWAROOPA CHANDINI

NRI College Of Pharmacy,

pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212.

Congratulations! We are pleased to confirm that you have been selected to work for The Pharma Research. We are delighted to make you the following job offer.

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Sincerely,
Chetan Kumar


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NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9985548055



thepharamaresearch4@gmail.com



Telangana, Hyderabad



SCPL Pharma

Date: 10/08/2022

Mr. IDUPULAPATI SYAM BABU,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to inform you that after careful consideration SCPL PHARMA has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

Your Position will be QC analyst. You will report to the company by 20/08/2022. Your annual CTC will be Rs.1,92,000/-. However, during employment with the company: you may be posted/transferred to any of the Offices/Projects/Divisions/Units of the Company existing or to be set at any other location in India.

Tender your consent by signing this Job Offer Letter below and send us back as a token of acceptance at the earliest adding your date of joining our organization.

We look forward to welcoming you on board.




Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9030208255



info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



SCPL Pharma

Date: 10/08/2022

Miss. JAMPANA SINDHYA,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

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We look forward to welcoming you on board.




Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

9030208255



info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



SCPL Pharma

Date: 10/08/2022

Mr. JINUKUTI BHAGYA RAJU,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

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We look forward to welcoming you on board.




Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9030208255



info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



Date: 10/08/2022

Mr. KALIDINDI JANAKI RAMANJANEYA VARMA,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

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Position:

Your Position will be QC analyst. You will report to the company by 20/08/2022. Your annual CTC will be Rs.1,92,000/-. However, during employment with the company: you may be posted/transferred to any of the Offices/Projects/Divisions/Units of the Company existing or to be set at any other location in India.

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We look forward to welcoming you on board.



Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.


PRINCIPAL

NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9030208255



info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



Date: 10/08/2022

Mr. KOLUSU VIJAYA RAMBABU,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to inform you that after careful consideration SCPL PHARMA has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

Your Position will be QC analyst. You will report to the company by 20/08/2022. Your annual CTC will be Rs.1,92,000/-. However, during employment with the company: you may be posted/transferred to any of the Offices/Projects/Divisions/Units of the Company existing or to be set at any other location in India.

Tender your consent by signing this Job Offer Letter below and send us back as a token of acceptance at the earliest adding your date of joining our organization.

We look forward to welcoming you on board.




Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9030208255



info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



SCPL Pharma

Date: 10/08/2022

Miss. KOTHURI SULOCHANA,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to inform you that after careful consideration SCPL PHARMA has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

Your Position will be QC analyst. You will report to the company by 20/08/2022. Your annual CTC will be Rs.1,92,000/-. However, during employment with the company: you may be posted/transferred to any of the Offices/Projects/Divisions/Units of the Company existing or to be set at any other location in India.

Tender your consent by signing this Job Offer Letter below and send us back as a token of acceptance at the earliest adding your date of joining our organization.

We look forward to welcoming you on board.



Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.

PRINCIPAL

NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9030208255



info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



SCPL Pharma

Date: 10/08/2022

Miss. LOKALA ASHA PRIYA,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to inform you that after careful consideration SCPL PHARMA has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

Your Position will be QC analyst. You will report to the company by 20/08/2022. Your annual CTC will be Rs.1,92,000/-. However, during employment with the company: you may be posted/transferred to any of the Offices/Projects/Divisions/Units of the Company existing or to be set at any other location in India.

Tender your consent by signing this Job Offer Letter below and send us back as a token of acceptance at the earliest adding your date of joining our organization.

We look forward to welcoming you on board.



Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.

PRINCIPAL

NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripatti (M), Krishna District



9030208255



info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



Date: 10/08/2022

Miss. MANDRU YAMINI,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to inform you that after careful consideration SCPL PHARMA has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

Your Position will be QC analyst. You will report to the company by 20/08/2022. Your annual CTC will be Rs.1,92,000/-. However, during employment with the company: you may be posted/transferred to any of the Offices/Projects/Divisions/Units of the Company existing or to be set at any other location in India.

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We look forward to welcoming you on board.




Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



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info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



SCPL Pharma

Date: 10/08/2022

Miss. MARUMUDI SOWJANYA,

NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear,

We are pleased to inform you that after careful consideration SCPL PHARMA has decided to make you this offer of employment. This letter sets forth the terms the terms of the offer letter which if you accept, will give your employment.

Position:

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We look forward to welcoming you on board.



Sincerely

Niharika.E

Hr. Manager.

SCPL PHARMA.


PRINCIPAL

NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



9030208255



info@scplpharma.com



Regd. Off: G2, Shiva Keshav Residency,
Chaitanyapuri, Hyderabad - 500 060.



SRG
PHARMA

Date: 10/06/2022

Miss. MUNIPALLI SUMA,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

Refer to your job application and recent interview and discussion with our Recruitment Panel regarding your employment with our organization.

Further, we are pleased to offer the position of Chemist with us on your mutually agreed employment Terms and condition. Your initial annual CTC will be Rs.1,92,000/-. Your date of joining would be on or before date 20/06/2022.


You are employed in the company full time. You will not be employed by any other Company or offer your services with or without pay to any physical person, legal entity or public authority or to be occupied in your own business without the prior written permission of the company.

You are requested to kindly tender your Job offer acceptance and date of joining by signing a copy of this letter or by write an offer acceptance reply on our official email.

We welcome you on board and wish a long association with you and a successful career ahead.



Hr. Manager


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



040-35652763



info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.



SRG
PHARMA

Date: 10/06/2022

Miss. NIMMAKOORI DIVYA,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

Refer to your job application and recent interview and discussion with our Recruitment Panel regarding your employment with our organization.

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We welcome you on board and wish a long association with you and a successful career ahead.



Hr. Manager.

Y. J. Chandrababu
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



040-35652763



info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.



SRG
PHARMA

Date: 10/06/2022

Miss. RAMISETTI MOUNIKA,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

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Hr. Manager,

P. J. Chowdary
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



040-35652763



info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.



SRG
PHARMA

Date: 10/06/2022

Miss. SEVA BHAVANA,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

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Agiripalli (M), Krishna District



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info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.



SRG
PHARMA

Date: 10/06/2022

Miss. SHAIK KARIMUNNISA,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

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Hr. Manager.


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Agiripalli (M), Krishna District



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info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.



SRG
PHARMA

Date: 10/06/2022

Miss. SHAIK SHAMEERA,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

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Hr. Manager.

P. Anand
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



040-35652763



info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.



SRG
PHARMA

Date: 10/06/2022

Miss. TATINENI TEJASWI,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

Refer to your job application and recent interview and discussion with our Recruitment Panel regarding your employment with our organization.

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P. S. Chowdary
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NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



040-35652763



info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.



SRG
PHARMA

Date: 10/06/2022

Miss. TUMU SRAVANI,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

Refer to your job application and recent interview and discussion with our Recruitment Panel regarding your employment with our organization.

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Hr. Manager.

Y. S. Chandrababu Naidu
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



040-35652763



info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.



Date: 10/06/2022

Mr. VEMULA BHARGAV PRASAD,
NRI College Of Pharmacy,
pothavarappadu village, Agiripalli mandal, Krishna dist,
Andhra Pradesh.pin:521212;

Dear Candidate,

Refer to your job application and recent interview and discussion with our Recruitment Panel regarding your employment with our organization.

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We welcome you on board and wish a long association with you and a successful career ahead.



Hr. Manager


Principal,
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



040-35652763



info@srgpharma.com



107, Mint Towers, Madhapur,
Hyderabad, Telangana - 500 081.

To,
Mr. Akula Vijaya Kumar
S/o Srinivasa Rao
HNO : 9-30,
LandMark : Raju Gari Street, Kamayyatu Centre,
City/Village : Vijayawada,
Mandal : Vijayawada,
District : Krishna-520007.
State : Andhra Pradesh.

Date:30.06.2022,

189E1R0002


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you, we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Village, Bhem:munipatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated, if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
5. You shall be liable to be transferred/posted to any location, department & unit of the organization, depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules, regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period. You will also be covered under ESI act, 1948.
9. This offer of training is based on the information furnished in your application. If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed, divulged or made public by you even thereafter.

.....57599.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agipada (V), Krishna District

11. You shall adhere to Organization's policies, procedures, rules and regulations, discipline and general work practices, which are subject to change from time to time.
12. You shall forthwith intimate any change in your residential address as and when any change takes place.
13. Your training is liable for termination at any time without notice or enquiry, if you are found indulging in any misconduct.
14. Your progress in training will be reviewed from time to time and if found unsatisfactory, your training will be terminated without notice.
15. You are required to submit the following at the time of joining
 - a. For verification purpose, we need your original certificates of S.SC, Inter, B.Sc. & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses..

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Vizag to Tagarapavalasa - Bus available. Tagarapavalasa to Chippada - Autos available.

 :08922 248917/927

.....57599.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

To,
Mr. Annabathula Anand Sankar
S/o Venkatappaiah
HNO :3-26,
City/Village : Chandrala,
Mandal : Mylavaram,
District : Krishna-521230.
State : Andhra Pradesh.

Date:05.07.2022,

189E120003


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you , we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Village, Bhemmuniapatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
5. You shall be liable to be transferred/posted to any location, department & unit of the organization, depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules, regulations and other terms as applicable at such new place.
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.....57678.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripatti (M), Krishna District

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 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Vizag to Tagarapuvalasa - Bus available. Tagarapuvalasa to Chippada - Autos available.

 :08922 248917/927

.....57678.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

To,
Mr. Battula Kranthi Kumar
S/o Mala Kondaiah
HNO : 41-22/3-1,
LandMark : Swargapuri Road , 6th Line,
City/Village : Krishna Lanka,
Mandal : Vijayawada,
District : Krishna-520013.
State : Andhra Pradesh.

Date:20.07.2022,

189E1R0006

Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you we are pleased to offer you a one-year training in QA Department, at Unit-2, situated at Chippada Village, Bhemmunipatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
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7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period. You will also be covered under ESI act, 1948.
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.....58143.....

Vid Chowdary
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripatti (M), Krishna District

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 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses..

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Vizag to Tagarapuvalasa - Bus available. Tagarapuvalasa to Chippada - Autos available.

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.....58143.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripatti (M), Krishna District

To,
Miss. Bhuvanagiri V S S L Priya Bhavana
D/o V S Rameswar
HNO : 18-3-7,
LandMark : Kedareshwar Peta, 1st Line,
City/Village : Vijayawada,
Post : Vijayawada,
Mandal : Vijayawada,
District : Krishna-520003.
State : Andhra Pradesh.

Date:20.07.2022,

1895180008


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you .we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Vilage, Bhemmuniapatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisonal certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
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.....58110.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghripalli (M), Krishna District

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 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
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 - h. Certificate of the covid -19 vaccination two doses..

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We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

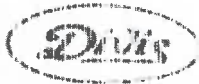
Date: _____

Road Map : Vizag to Tagarapuvalasa - Bus available. Tagarapuvalasa to Chippada - Autos available.

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PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripatti (M), Krishna District



Divi's Laboratories Limited

To,
Miss. Bonthu Gna Prasuna
D/o Lakshma Reddy
HNO : 1-74,
LandMark : Nunna Muslim Street,
City/Village : Vijayawada,
Post : Vijayawada,
Mandal : Vijayawada,
District : Krishna-521212.
State : Andhra Pradesh.

Date: 20-Jul-2022

189E1R0009

Sum. Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you, we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Village, Bhimunipatnam Mandal, Visakhapatnam District on the following terms and conditions

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs 15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs. 16000/- per month from the 1st of the following month.
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.....58112.....

V. A. Chandrababu
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

Regd. Off. : Divi Towers, 1-72/23(P)/DIVIS/303, Cyber Hills, Gachilowli, Hyderabad - 500 032, Telangana, INDIA

Tel : +91-40-6696 6300/400, Fax : 91-40-6696 6460., CIN : L24110TG1990PLC011854

E-mail : mail@divislabs.com, Website : www.divislabs.com

To,
Miss. Burramukku Divya
D/o Sanjeeva Reddy
HNO : 9-129,
LandMark : Near Police Station,
City/Village : Tadepalli,
Post : Tadepalli,
Mandal : Tadepalli,
District : Guntur-522501.
State : Andhra Pradesh.

Date:21.06.2022,

189E1R0010


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you , we are pleased to offer you a one-year training in QC Department, at Unit-1, situated at Lingojjudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
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PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripatti (M), Krishna District

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 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
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If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojjudem - Autos available.

 :08694-257001

.....57367.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripatti (M), Krishna District

PROVISIONAL OFFER LETTER

Dear Mr. / Ms. Likheetha.C.

With reference to your application and the subsequent interviews you had with us, we are pleased to offer provisionally an appointment to you as "MEDICAL TRANSCRIPTIONIST TRAINEE" for Medical Transcription process in Eliscription Pvt. Ltd, Hyderabad.

You will be paid monthly emoluments as mentioned below:
During the training (6 months):

Months	Stipend per month in Rs.	Statutory Benefits
1 & 2	10,000	ESI
3 & 4	10,500	ESI
5 & 6	11,000	ESI

After training: Rs.15,000/- CTC (Rupees Fifteen Thousand only) per month.

Basic + DA	HRA	CCA	FCA	Gross Salary	Employer PF	Employer ESI	Gratuity	CTC	Employee PF	Employee ESI	Net Salary
6712	2685	2014	2013	13424	805	437	334	15000	805	101	12518

- CTC = Gross Salary + Employer PF + Employer ESI + Gratuity.
- Net Salary = (Gross Salary) – (Employee PF + Employee ESI).
- You have to sign the service agreement for a period of two (2) years including training period with original certificates.

This offer is provisional in nature and the formal offer of appointment shall be made to you upon your joining the duties and satisfactory completion of the joining formalities as discussed during the interview process.

The management reserves the right to withdraw the said offer in case you are found medically unfit and if any of the information provided by you is found misleading or misconceived and/or if any of the conditions of joining formalities are not fulfilled by you at the time of joining.


If you accept the above, please report to the HR department of Eliscription Pvt Ltd, B-91, A.P.I.E. Sanathnagar, Hyderabad – 18, within the specified time discussed during the interview process.

If you need any additional information/clarifications, please contact HR Department at (040) 44451205/44, 9676366722/8106773344.

Thanking You,
For Eliscription Pvt. Ltd,


Vice President - HR




PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Akipati (M), Krishna District

Miss. Chippala Sai Nandini
D/o Venkata Durgarao
HNO : 13-56/2,
City/Village : Devunimanyam,
Mandal : Ibrahimpatnam,
District : Krishna-521456.
State : Andhra Pradesh.

189E1R0013


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you , we are pleased to offer you a one-year training in QA Department, at Unit-2, situated at Chippada Village, Bhemmuniapatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
5. You shall be liable to be transferred/posted to any location, department & unit of the organization, depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules, regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period . You will also be covered under ESI act, 1948.
9. This offer of training is based on the information furnished in your application . If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed, divulged or made public by you even thereafter.

.....58141.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripathi (M), Krishna District

- practices, which are subject to change from time to time.
12. You shall forthwith intimate any change in your residential address as and when any change takes place.
 13. Your training is liable for termination at any time without notice or enquiry, if you are found indulging in any misconduct.
 14. Your progress in training will be reviewed from time to time and if found unsatisfactory, your training will be terminated without notice.
 15. You are required to submit the following at the time of joining
 - a. For verification purpose, we need your original certificates of S.SC, Inter, B.Sc. & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses..

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Vizag to Tagarapavalasa - Bus available. Tagarapavalasa to Chippada - Autos available.

 :08922 248917/927

.....58141.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripati (M), Krishna District

To,
Mr. Gogada Sanjeev
S/o Ramanaiah
City/Village : Balireddypalem,
Mandal : Ponnaluru,
District : Prakasam-523111.
State : Andhra Pradesh.

Date:11.06.2022,

189E1R0017


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in PDSC Department, at Unit-1, situated at Lingo jigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
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5. You shall be liable to be transferred/posted to any location, department & unit of the organization,depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules,regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period. You will also be covered under ESI act,1948.
9. This offer of training is based on the information furnished in your application . If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
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.....57012.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripatti (M), Krishna District

11. You shall adhere to Organization's policies, procedures, rules and regulations, discipline and general work practices, which are subject to change from time to time.
12. You shall forthwith intimate any change in your residential address as and when any change takes place.
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 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingo jigudem - Autos available.

 :08694-257001

.....57012.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agilipati (M), Krishna District

To,
Miss. Gousiya Begum
D/o Feroz Baig
HNO :5/179,
LandMark : Mubarak Center, Kummari Cheruvu Street,
City/Village : Gudiwada,
Mandal : Gudiwada,
District : Krishna-521301.
State : Andhra Pradesh.

Date:21.06.2022,

18951R0018

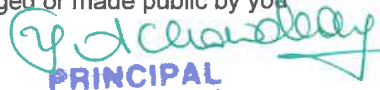
Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QC Department, at Unit-1, situated at Lingojigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
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.....57368.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghipatti (M), Krishna District

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 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojugudem - Autos available.

 :08694-257001

.....57368.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripatti (M), Krishna District

To,
Mr. Guddala Srinu
S/o Murali Krishna
HNO :5-35,
LandMark : Sathupalli Road, Near Aryavysyakalyana Mandapam
City/Village : Vissannapeta,
Mandal : Vissannapeta,
District : Krishna-51215.
State : Andhra Pradesh.

Date:17.06.2022,

189 EI Roo 19


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you , we are pleased to offer you a one-year training in QC Department, at Unit-1, situated at Lingojjudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
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.....57220.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

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14. Your progress in training will be reviewed from time to time and if found unsatisfactory your training will be terminated without notice.
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 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojjudem - Autos available.

 :08694-257001

.....57220.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



189E1R0021

Divi's Laboratories Limited

Date: 20-Jul-2022

To,
Mr. Gurram Vijay
S/o Venkata Siva Rama Krishna Prasad
HNO : F-1 (23-37-1),
LandMark : Jansardhana Rao Street,
City/Village : Satyanarayanaapuram,
Post : Satyanarayanaapuram,
Mandal : Vijayawada,
District : Krishna 520011,
State : Andhra Pradesh.


Sub: Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you, we are pleased to offer you a one-year training in QA Department, at Unit-1, situated at Lingajigudem Village, Charanuppal Mandal, Yadadri Bhuvanagiri District on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs 15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs 16000/- per month from the 1st of the following month.
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50100


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghionli (M), Krishna District

Regd. Off. : Divi Towers, 1-72/23(P) Divi S/303, Cyber Hills, Gachibowli, Hyderabad - 500 032, Telangana, INDIA.
Tel : +91-40-6696 6300/400, Fax : 91-40-6696 6463, CIN : L24110TG1990PLC011854
E-mail : mail@divilabs.com, Website : www.divilabs.com



Divi's Laboratories Limited

10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed, divulged or made public by you even thereafter.
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We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI'S LABORATORIES LTD


K. SUBBA RAO
GENERAL MANAGER (P&A)

ACCEPTANCE

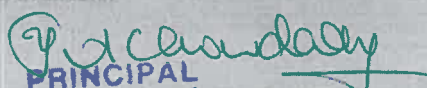
I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.

Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojigudem - Autos available.

☎ :08694-257001


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghuram (M), Krishna District

Regd. Off. : Divi Towers, 1-72/23(P)/DIVIS/303, Cyber Hills, Gachibowli, Hyderabad - 500 032, Telangana, INDIA.

Tel : +91-40-6696 6300/400, Fax : 91-40-6696 6430, CIN : L24110TG1990PLC011854

E-mail : mail@divislabs.com, Website : www.divislabs.com

Miss. Kallarsu Geethika
D/o Krishna Rao
HNO :25/124,
LandMark : Opp to Pallavi Textiles, Near PSV hostel,
City/Village : Nandyal,
Post : Nandyal,
Mandal : Nandyal,
District : Kurnool-518501.
State : Andhra Pradesh.

189E120029


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QC Department, at Unit-1, situated at Lingo jigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

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.....57365.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

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 - a. For verification purpose, we need your original certificates of S.SC, Inter, & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.

Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingo jigudem - Autos available.

☎:08694-257001

.....57365.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripada (M), Krishna District

Miss. Kode Sai Deepika
D/o Venkateswara Rao
HNO :8-39/1,
LandMark : Anjani Plaza,TF-3,Transformer Road,
City/Village : Prasadampadu,
Mandal : Vijayawada,
District : Krishna-521108.
State : Andhra Pradesh.

189E1R0031


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QC Department, at Unit-1, situated at Lingojigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
5. You shall be liable to be transferred/posted to any location, department & unit of the organization,depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules,regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period . You will also be covered under ESI act,1948.
9. This offer of training is based on the information furnished in your application . If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed,divulged or made public by you even thereafter.

.....57216.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (R), Krishna District

practices, which are subject to change from time to time.

12. You shall forthwith intimate any change in your residential address as and when any change takes place.
13. Your training is liable for termination at any time without notice or enquiry, if you are found indulging in any misconduct.
14. Your progress in training will be reviewed from time to time and if found unsatisfactory your training will be terminated without notice.
15. You are required to submit the following at the time of joining
 - a. For verification purpose, we need your original certificates of S.SC, Inter, & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojiudem - Autos available.

 :08694-257001

.....57216.....


NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripati (M), Krishna District

To,
Miss. Nelakurthi Laxmi Prasanna
D/o Mohanarao
HNO :2-63,
City/Village : Chirukurivaripalli,
Post : Thalakondapadu,
Mandal : Kanigiri,
District : Prakasam-523230.
State : Andhra Pradesh.

Date:16.06.2022,

189E1B0035

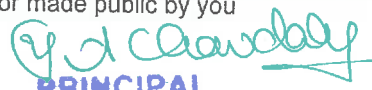
Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in PDSC Department, at Unit-2, situated at Chippada Village, Bhemmunipatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
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7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period. You will also be covered under ESI act,1948.
9. This offer of training is based on the information furnished in your application. If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed,divulged or made public by you even thereafter.

.....57190.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

11. You shall adhere to Organization's policies, procedures, rules and regulations, discipline and general work practices, which are subject to change from time to time.
12. You shall forthwith intimate any change in your residential address as and when any change takes place.
13. Your training is liable for termination at any time without notice or enquiry, if you are found indulging in any misconduct.
14. Your progress in training will be reviewed from time to time and if found unsatisfactory your training will be terminated without notice.
15. You are required to submit the following at the time of joining
 - a. For verification purpose, we need your original certificates of S.SC, Inter, & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Vizag to Tagarapuvalasa - Bus available. Tagarapuvalasa to Chippada - Autos available.

 :08922 248917/927

.....57190.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

To,
Miss. Malladi Susmitha
D/o Murali Krishna
HNO : 1-4-226/A,
LandMark : Manavamandir Road,
City/Village : Bhavanipuram,
Mandal : Vijayawada,
District : Krishna-500012.
State : Andhra Pradesh.

Date:15.07.2022,

189E1R0037


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Village, Bhemmunipatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
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.....58092.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agkipatti (M), Krishna District

11. You shall adhere to Organization's policies, procedures, rules and regulations, discipline and general work practices, which are subject to change from time to time.
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14. Your progress in training will be reviewed from time to time and if found unsatisfactory, your training will be terminated without notice.
15. You are required to submit the following at the time of joining
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 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses..

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We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Vizag to Tagarapuvalasa - Bus available. Tagarapuvalasa to Chippada - Autos available.

 :08922 248917/927

.....58092.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripathi (M), Krishna District

Miss. Munagala Sai Chandra Seshini
D/o Uppaiah
HNO :61-9-3/1,
LandMark : Kalanagar 1st Line, Near Skrew Bridge,
City/Village : Krishna Lanka,
Mandal : Vijayawada,
District : Krishna-520013.
State : Andhra Pradesh.

DATE: 10.06.2024

189E (R004)


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QC Department, at Unit-1, situated at Lingo jigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
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.....57369.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agnipathi (M), Krishna District

practices, which are subject to change from time to time.

12. You shall forthwith intimate any change in your residential address as and when any change takes place.
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14. Your progress in training will be reviewed from time to time and if found unsatisfactory your training will be terminated without notice.
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 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN card's of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
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We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojigudem - Autos available.

☎:08694-257001

.....57369.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

PROVISIONAL OFFER LETTERDear Mr. / Ms. Pavani. M

With reference to your application and the subsequent interviews you had with us, we are pleased to offer provisionally an appointment to you as "MEDICAL TRANSCRIPTIONIST TRAINEE" for Medical Transcription process in Eliscription Pvt. Ltd, Hyderabad.

You will be paid monthly emoluments as mentioned below:

During the training (6 months):

Months	Stipend per month in Rs.	Statutory Benefits
1 & 2	10,000	ESI
3 & 4	10,500	ESI
5 & 6	11,000	ESI

After training: Rs.15,000/- CTC (Rupees Fifteen Thousand only) per month.

Basic + DA	HRA	CCA	FCA	Gross Salary	Employer PF	Employer ESI	Gratuity	CTC	Employee PF	Employee ESI	Net Salary
6712	2685	2014	2013	13424	805	437	334	15000	805	101	12518

- CTC = Gross Salary + Employer PF + Employer ESI + Gratuity.
- Net Salary = (Gross Salary) – (Employee PF + Employee ESI).
- You have to sign the service agreement for a period of two (2) years including training period with original certificates.

This offer is provisional in nature and the formal offer of appointment shall be made to you upon your joining the duties and satisfactory completion of the joining formalities as discussed during the interview process.

The management reserves the right to withdraw the said offer in case you are found medically unfit and if any of the information provided by you is found misleading or misconceived and/or if any of the conditions of joining formalities are not fulfilled by you at the time of joining.


If you accept the above, please report to the HR department of Eliscription Pvt Ltd, B-91, A.P.I.E. Sanathnagar, Hyderabad – 18, within the specified time discussed during the interview process.

If you need any additional information/clarifications, please contact HR Department at (040) 44451205/44, 9676366722/8106773344.

Thanking You,
For Eliscription Pvt. Ltd,


Vice President - HR




Principal
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghoora (M), Krishna District

Miss. Nelikanti Anuleela
D/o Srinivasa Rao
HNO : 32-12-5B/A,
LandMark : Boyapativari Street,
City/Village : Seethampuram,
Post : Seethampuram,
Mandal : Vijayawada,
District : Krishna-520002.
State : Andhra Pradesh.

189E1R0046

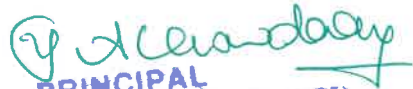
Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QA Department, at Unit-1, situated at Lingojjudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
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.....58301.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghosani (M), Krishna District

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 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
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 - h. Certificate of the covid -19 vaccination two doses..

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We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingo jigudem - Autos available.

☎:08694-257001

.....58301.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghipalli (M), Krishna District

Miss. Pamarthi Naga Maneesha
D/o Srinivasa Rao
HNO : 6-82,
City/Village : Lankathota, Kapileswarapuram,
Mandal : Pamidimukkala,
District : Krishna-521246.
State : Andhra Pradesh.

DATE: 10/01/2022,

189E1R0049


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Village, Bhemmunipatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
5. You shall be liable to be transferred/posted to any location, department & unit of the organization, depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules, regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period . You will also be covered under ESI act,1948.
9. This offer of training is based on the information furnished in your application . If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed,divulged or made public by you even thereafter.

.....58091.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghipalli (M), Krishna District

practices, which are subject to change from time to time.

12. You shall forthwith intimate any change in your residential address as and when any change takes place.
13. Your training is liable for termination at any time without notice or enquiry, if you are found indulging in any misconduct.
14. Your progress in training will be reviewed from time to time and if found unsatisfactory, your training will be terminated without notice.
15. You are required to submit the following at the time of joining
 - a. For verification purpose, we need your original certificates of S.S.C, Inter, B.Sc. & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses..

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Vizag to Tagarapuvalasa - Bus available. Tagarapuvalasa to Chippada - Autos available.

☎ :08922 248917/927

.....58091.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

To,
Mr. Peparthi Venkatesh
S/o Krishna
HNO :6/32,
LandMark : Vikasha Colony,
City/Village : Billapadu,
Mandal : Gudiavada,
District : Krishna-521301.
State : Andhra Pradesh.

Date:17.06.2022,

189E1R0050

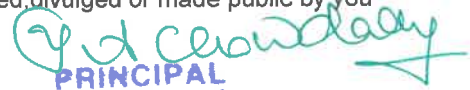
Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you , we are pleased to offer you a one-year training in QC Department, at Unit-1, situated at Lingo jigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
5. You shall be liable to be transferred/posted to any location, department & unit of the organization, depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules, regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period . You will also be covered under ESI act, 1948.
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.....57218.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Akripalli (M), Krishna District

11. You shall adhere to Organization's policies, procedures, rules and regulations, discipline and general work practices, which are subject to change from time to time.
12. You shall forthwith intimate any change in your residential address as and when any change takes place.
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14. Your progress in training will be reviewed from time to time and if found unsatisfactory your training will be terminated without notice.
15. You are required to submit the following at the time of joining
 - a. For verification purpose, we need your original certificates of S.SC, Inter, & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingo jigudem - Autos available.

 :08694-257001

.....57218.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

To,
Miss. Pitta Gnana Kanaka Sri Kalyani
D/o Srinivasa Rao
HNO : 6-15-2,
LandMark : Potti Sriramulu Street,
City/Village : Kothapeta,
Post : Kothapeta,
Mandal : Vijayawada,
District : Krishna-520001.
State : Andhra Pradesh.

Date:15.07.2022,

18961R0051

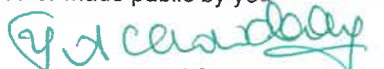
Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QA Department, at Unit-1, situated at Lingo jigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
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5. You shall be liable to be transferred/posted to any location, department & unit of the organization,depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules,regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period . You will also be covered under ESI act,1948.
9. This offer of training is based on the information furnished in your application . If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed,divulged or made public by you even thereafter.

.....58097.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

11. You shall adhere to Organization's policies, procedures, rules and regulations, discipline and general work practices, which are subject to change from time to time.
12. You shall forthwith intimate any change in your residential address as and when any change takes place.
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14. Your progress in training will be reviewed from time to time and if found unsatisfactory, your training will be terminated without notice.
15. You are required to submit the following at the time of joining
 - a. For verification purpose, we need your original certificates of S.SC, Inter, B.Sc. & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses..

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojjudem - Autos available.

☎:08694-257001

.....58097.....


NRI College of Pharmacy
POTHAVARAPPADU (V)
Aggipalli (M), Krishna District

Miss. Ponnam Harika
D/o Bosubabu
HNO :1-137,
City/Village : Narasingapalem,
Mandal : Agiripalli,
District : Krishna-521211.
State : Andhra Pradesh.

DATE: 10.06.2022,

189E1R0052


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in PDSC Department, at Unit-2, situated at Chippada Village, Bhemmunipatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
5. You shall be liable to be transferred/posted to any location, department & unit of the organization,depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules,regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period . You will also be covered under ESI act,1948.
9. This offer of training is based on the information furnished in your application . If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
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.....57133.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

practices, which are subject to change from time to time.

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14. Your progress in training will be reviewed from time to time and if found unsatisfactory your training will be terminated without notice.
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 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Vizag to Tagarapuvalasa - Bus available. Tagarapuvalasa to Chippada - Autos available.

 :08922 248917/927

.....57133.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

To,
Miss. Raparla Tejaswini
D/o Rama Krishna
HNO :3-15/1,
LandMark : Police station centre,
City/Village : Jujjuru,
Mandal : Veerulapadu,
District : Krishna-521181.
State : Andhra Pradesh.

Date:11.06.2022,

189E1R0054


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in PDSC Department, at Unit-1, situated at Lingojjigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
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9. This offer of training is based on the information furnished in your application . If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
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.....57014.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

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 - a. For verification purpose, we need your original certificates of S.SC, Inter, & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
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 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

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We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojugudem - Autos available.

☎ :08694-257001

.....57014.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

To,
Miss. Syed Afreen Sada
D/o Sharifuddin
HNO : Flat F2, ,
LandMark : Vinayaka Towers ,
City/Village : Gollapudi,
Mandal : Vijayawada,
District : Krishna-521225.
State : Andhra Pradesh.

Date:06.07.2022,

189E1R0058


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Village, Bhemmuniapatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

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2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
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.....57759.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agnipathi (M), Krishna District

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 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
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 - h. Certificate of the covid -19 vaccination two doses..

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Vizag to Tagarapuvalasa - Bus available. Tagarapuvalasa to Chippada - Autos available.

 :08922 248917/927

.....57759.....


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

To,
Mr. Vemuri Siva Prasad
S/o Venkat Rao
HNO :1-6,
LandMark : Kamaturu street,
City/Village : Vissannapeta,
Mandal : Vissannapeta,
District : Krishna-521215.
State : Andhra Pradesh.

Date:11.06.2022,

189E1R0063

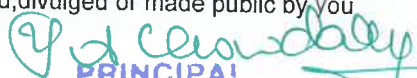
Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you ,we are pleased to offer you a one-year training in PDSC Department, at Unit-1, situated at Lingojjudem Village , Choutuppall Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
4. Training will be given at any one of the departments, branches & manufacturing units of the organization depending on the requirement at the sole discretion of management. If required, you may be asked to undergo training in shifts as well.
5. You shall be liable to be transferred/posted to any location, department & unit of the organization,depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules,regulations and other terms as applicable at such new place.
6. If you intend to discontinue your training during the training period, you have to give three months prior notice in writing or return three months stipend in lieu thereof, which may be modified from time to time and the same will be notified.
7. After completing your training, the organization at its sole discretion, may or may not offer employment and no trainee shall have the right to demand absorption in employment of the organization.
8. You are entitled to seven casual and five sick leaves during your training period . You will also be covered under ESI act,1948.
9. This offer of training is based on the information furnished in your application . If, at any given time, it comes to the knowledge of the management that any of this information is incorrect or any relevant information has been suppressed, then your training based on this letter of training is liable to be terminated without any notice or any stipend in lieu thereof.
10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed,divulged or made public by you even thereafter.

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PRINCIPAL
NRI College of Pharmacy
FOTHAVARAPPADU (V)
Aghinipalli (M), Krishna District

11. You shall adhere to Organization's policies, procedures, rules and regulations, discipline and general work practices, which are subject to change from time to time.
12. You shall forthwith intimate any change in your residential address as and when any change takes place.
13. Your training is liable for termination at any time without notice or enquiry, if you are found indulging in any misconduct.
14. Your progress in training will be reviewed from time to time and if found unsatisfactory your training will be terminated without notice.
15. You are required to submit the following at the time of joining
 - a. For verification purpose, we need your original certificates of S.SC, Inter, & B.Pharmacy and photo copies of the same.
 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
 - h. Certificate of the covid -19 vaccination two doses.

In case the terms and conditions of training stated above are acceptable to you, please sign this letter in token of you having understood and having accepted the same and shall submit before you join for training.

If you cleared all the subjects up to 3rd year examinations, you shall join training within a week after completion of your final year examination including practical's. You shall bring all the previous marks memos up to the 3rd year and submit the same at the time of joining for training for verification.

We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in.


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingo jigudem - Autos available.

☎:08694-257001

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PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agbapalli (M), Krishna District

Miss. Yammani Lakshmi Likitha
D/o Srinivasa Rao
HNO :18-7-4/8,
LandMark : Masjid Center,
City/Village : Kedeswarapet,
Mandal : Vijayawada,
District : Krishna-520003.
State : Andhra Pradesh.

DATE: 10.06.2021

189EIR0065


Sub : Letter for Training

We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you , we are pleased to offer you a one-year training in QC Department, at Unit-1, situated at Lingo jigudem Village , Choutuppal Mandal , Yadadri Bhuvanagiri District on the on the following terms and conditions.

1. You will be on training for a period of one year from the date of reporting as a trainee and you will be paid a stipend of Rs.15000/- per month during your training period.
2. After submit / verification of your B.Pharmacy - all semesters passed mark memos or provisional certificate you will be paid a stipend of Rs.16000/- per month from the 1st of the following month.
3. You will be required to undergo pre-training medical check-up as this offer is subject to your medical fitness and you will be required to undergo periodical medical check-ups during your training period. Your training will be terminated , if you are not found medically fit.
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5. You shall be liable to be transferred/posted to any location, department & unit of the organization, depending on the requirement for training. Upon such transfer, you will automatically be governed by the service conditions, rules, regulations and other terms as applicable at such new place.
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10. You are required at all times to maintain the highest order of discipline and secrecy as regards the training of the organization. Any of technical / personal information, which might come into your possession during continuance of your training in the organization shall not be disclosed, divulged or made public by you even thereafter.

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PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

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14. Your progress in training will be reviewed from time to time and if found unsatisfactory your training will be terminated without notice.
15. You are required to submit the following at the time of joining
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 - b. Four passport size color photographs.
 - c. Four copies of post card size black & white group photo of yours along with your dependent parents, and your spouse & children if married.
 - d. Photo copies of Latest Aadhaar with vid Number & PAN cards of yours along with your father, mother, spouse and children, if Married.
 - e. Photo copy of SBI savings bank account passbook.
 - f. Your name, date of birth, father name should be the same in Aadhaar card as in your SSC mark list
 - g. Get tested RT PCR test for covid-19 and submit the report at the time of joining for duty.
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We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

ACCEPTANCE

I understand the contents of offer of training and I hereby accept the terms and conditions mentioned there in .


Signature: _____

Date: _____

Road Map : Hyderabad to Choutuppal - Bus available. Choutuppal to Lingojugudem - Autos available.

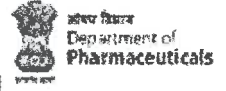
☎:08694-257001

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PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District



NIPER JOINT ENTRANCE EXAMINATION - 2022
CONDUCTED BY NIPER, HYDERABAD




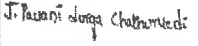
| AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |

NIPER Joint Entrance Examination 2022 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D/Integrated PG-PHD.

Provisional Seat Allotment Letter

Dear Candidate,


Congratulations! This is to inform that you have been allotted seat in **NIPER Raebareli** as per your AI Rank obtained in NIPER JEE-2022 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D/Integrated PG-PHD.

Application No	11810070176	
Secret Code	F31244BFC8D	
HallTicket No	2218113245	
Candidate's Name	JALASUTRAM PAVANI DURGA CHATHURVEDI	
All India Rank	917	
Category Allotted	GEN	
Course Allotted	M.S.(Pharm.) Medicinal Chemistry	
Institute Allotted	NIPER Raebareli	

Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2022, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeited.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2022 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non-submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2022 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2022 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.


(Signature of the Candidate)


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

kindly note - Admission is provisional till the submission of following documents at the time of reporting at the allotted NIPER.

The candidates will be required to submit the following documents in original and one set of self attested photocopies of these certificates at the time of reporting at the allotted NIPER (if any), failing which, the candidature shall be summarily rejected:

S.No	Please present following documents at the time of admission reporting at the allotted NIPER
1.	Hall Ticket & Rank Card of NIPER JEE 2022.
2.	Birth Certificate/ Matriculation Certificate as a proof of age and correct name.
3.	Original Migration Certificate (Last Attended University/ Institute)
4.	Mark sheets of all the semesters/years of the qualifying degree.
5.	GPAT/GATE/NET score card, wherever applicable.
6.	Attested copy of Aadhar Card.
7.	Medical Certificate to be provided as per Annexure – I of brochure of NIPER JEE 2022.
8.	Economically Weaker Sections (EWSs) Certificate as per government norms in prescribed format, if applicable
9.	Sponsorship certificate from the employer in case of Government/Industry sponsored candidates as per Annexures of brochure of NIPER JEE 2022, if applicable.
10.	Affidavit to be provided in the form of Undertaking by the Student (against Ragging) provided in Annexures of brochure of NIPER JEE 2022.
11.	Undertaking to be given by the parents regarding ragging for their wards to abide by rules of the Institute to be given in the form given in Annexures of brochure of NIPER JEE 2022.
12.	Affidavit to be provided in the form of Undertaking in prescribed format which was uploaded at the time of web counselling.
13.	Certificate of reservation, if applicable.
14.	Certificate of reservation and certificate of income (showing non-creamy layer status of the OBC candidates as provided in OM No. 36033/3/2004-Estt. (Res) dated 9th March, 2004 of the Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pension or any subsequent order issued by the Government of India in this regard). If applicable.
15.	Certificate of disability, if applicable.
16.	Documentary proof in support of the NRI status. If applicable.


 PRINCIPAL
 NRI College of Pharmacy
 POTHAVARAPPADU (V)
 Agripalli (M), Krishna District

SEVIS ID: N0033609173

SURNAME/PRIMARY NAME Kommuru	GIVEN NAME Nandini	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Nandini Kommuru	PASSPORT NAME Kommuru Nardini	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 09 NOVEMBER 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME The University of Findlay The University of Findlay	SCHOOL ADDRESS 1000 North Main Street, Findlay, OH 45840
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jiening Liu International Admissions and Immigration Assitant	SCHOOL CODE AND APPROVAL DATE CLE214F00027000 02 OCTOBER 2002

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Medical Informatics 51.2706	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 04 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 03 JANUARY 2023 - 11 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 18,447	Personal Funds	\$ 0
Living Expenses	\$ 10,800	UF Scholarship	\$ 1,000
Expenses of Dependents (0)	\$ 0	Family	\$ 61,552
Other	\$ 0	On-Campus Employment	\$ 0
TOTAL	\$ 29,247	TOTAL	\$ 62,552

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Jiening Liu _____ **DATE ISSUED** 04 October 2022 **PLACE ISSUED** Findlay, OH

SIGNATURE OF: Jiening Liu, International Admissions and Immigration Assitant

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parents or guardian, and student, must sign if student is under 18.**

X _____ **SIGNATURE OF:** Nandini Kommuru **DATE** _____

_____ **SIGNATURE** _____ **ADDRESS (city/state or province/country)** _____ **DATE** _____

SEVIS ID: N0033609173 (F-1)

NAME: Nandini Kommuru

EMPLOYMENT AUTHORIZATIONS

[Empty box for Employment Authorizations]

CHANGE OF STATUS/CAP-GAP EXTENSION

[Empty box for Change of Status/CAP-Gap Extension]

AUTHORIZED REDUCED COURSE LOAD

[Empty box for Authorized Reduced Course Load]


CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripatti (M), Krishna District

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

22

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0033674247

SURNAME/PRIMARY NAME Kommuru	GIVEN NAME Nandini	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Nandini Kommuru	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 09 NOVEMBER 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Lewis University Lewis University-Main Campus	SCHOOL ADDRESS International Student Services Office, One University Parkway, Romeoville, IL 60446
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Katherine Shim Designated School Official	SCHOOL CODE AND APPROVAL DATE CH1214F11210000 08 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Data Science, General 30.7001	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 11 FEBRUARY 2023
START OF CLASSES 27 MARCH 2023	PROGRAM START/END DATE 13 MARCH 2023 - 10 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 16,200	Personal Funds	\$ 0
Living Expenses	\$ 11,000	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Family	\$ 61,000
Health Insurance	\$ 1,800	On-Campus Employment	\$
TOTAL	\$ 29,000	TOTAL	\$ 61,000

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X <u>Katherine Shim</u>	DATE ISSUED 24 October 2022	PLACE ISSUED Romeoville, IL
SIGNATURE OF: Katherine Shim, Designated School Official		

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X		
SIGNATURE OF: Nandini Kommuru	DATE	
	X	
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country) DATE

SEVIS ID: N0033674247 (F-1)

NAME: Nandini Kommuru

EMPLOYMENT AUTHORIZATIONS

[Empty box for Employment Authorizations]

CHANGE OF STATUS/CAP-GAP EXTENSION

[Empty box for Change of Status/CAP-Gap Extension]

AUTHORIZED REDUCED COURSE LOAD

[Empty box for Authorized Reduced Course Load]

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

22

SEVIS ID: N0033780760

SURNAME/PRIMARY NAME Mupparaju	GIVEN NAME Gowthami	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Gowthami Mupparaju	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Kondapi	DATE OF BIRTH 23 FEBRUARY 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME New Jersey Institute of Technology New Jersey Institute of Technology	SCHOOL ADDRESS 323 DR MARTIN LUTHER KING JR BLVD, NEWARK, NJ 07102
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Yolanda Sharese Hardaway International Student Data Coordinator	SCHOOL CODE AND APPROVAL DATE NEW214F00245000 17 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Medicinal and Pharmaceutical Chemistry 51.2004	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 18 DECEMBER 2022
START OF CLASSES 17 JANUARY 2023	PROGRAM START/END DATE 17 JANUARY 2023 - 31 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 34,326	Personal Funds	\$ 0
Living Expenses	\$ 12,200	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Sponsor (Father)	\$ 57,278
Miscellaneous (including health insura	\$ 10,752	On-Campus Employment	\$
TOTAL	\$ 57,278	TOTAL	\$ 57,278

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/> <i>Yolanda Sharese Hardaway</i>	DATE ISSUED 22 November 2022	PLACE ISSUED NEWARK, NJ
SIGNATURE OF: Yolanda Sharese Hardaway, International Student Data Coordinator		

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

<input checked="" type="checkbox"/>	SIGNATURE OF: Gowthami Mupparaju	DATE
<input checked="" type="checkbox"/>	SIGNATURE	DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country) DATE

Y. S. Choudhary
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agriculture (M), Krishna District

SEVIS ID: N0033780760 (F-1)

NAME: Gowthami Mupparaju

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE

CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripati (M), Krishna District

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

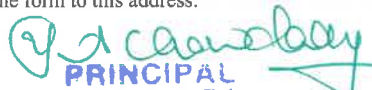
ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripalli (M), Krishna District

122

SEVIS ID: N0033609224

SURNAME/PRIMARY NAME Nagulapati	GIVEN NAME Priyanka	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Priyanka Nagulapati	PASSPORT NAME Nagulapati Priyanka	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 20 OCTOBER 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME The University of Findlay The University of Findlay	SCHOOL ADDRESS 1000 North Main Street, Findlay, OH 45840
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jiening Liu International Admissions and Immigration Assitant	SCHOOL CODE AND APPROVAL DATE CLE214F00027000 02 OCTOBER 2002

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Medical Informatics 51.2706	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 04 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 03 JANUARY 2023 - 11 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 18,447	Personal Funds	\$ 0
Living Expenses	\$ 10,800	UF Scholarship	\$ 1,000
Expenses of Dependents (C)	\$ 0	Family	\$ 63,015
Other	\$ 0	On-Campus Employment	\$ 0
TOTAL	\$ 29,247	TOTAL	\$ 64,015

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

Jiening Liu **SIGNATURE OF:** Jiening Liu, International Admissions and Immigration Assitant **DATE ISSUED** 04 October 2022 **PLACE ISSUED** Findlay, OH

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

SIGNATURE OF: Priyanka Nagulapati **DATE**

SIGNATURE **ADDRESS (city/state or province/country)** **DATE**

[Handwritten Signature]

PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agrahalli (M), Krishna District

SEVIS ID: N0033609224 (F-1)

NAME: Priyanka Nagulapati

EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

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CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

(Signature)
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Aghiripathi (M), Krishna District

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20 you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.



1000 N Main St
Findlay, OH 45840-3653

1-800-472-9502
www.findlay.edu

09/21/2022 11:34 AM

Priyanka Nagulapati
2-121, Velpuru Savalyapuram
Guntur, 522646
India

Dear Priyanka,

Congratulations! On behalf of the College of Health Professions at the University of Findlay I am pleased to inform you that we have reviewed your graduate application and have decided to offer you admission into our Master of Science in Health Informatics Program. The University and the College of Health Professions make every effort to provide international students with an outstanding educational and cultural learning experience.

Based on a thorough analysis of your previous college coursework, the following prerequisites will be required:

-ENIN 503 – Graduate Writing Development

A graduate hold has been placed on your academic record until you have completed the prerequisites and/or bridge courses required for the program. Although a graduate application hold is in place, you are allowed to register and begin taking courses in this program. The hold will be removed upon successful completion (earning a grade of "C" or better) in all pre-requisite courses.

UF Prerequisites/Competencies:

-CSCI 503 – Database Concepts

Based on your outstanding academic achievement, you have qualified for scholarships from the University of Findlay. You should be very proud of this accomplishment, as you have worked very hard to earn this award.


You have been awarded a Master's scholarship valued up to \$1000 per year. \$500 will be awarded for your first and second semesters of graduate studies (excluding summer sessions) at the University of Findlay. This scholarship is limited to a maximum of \$1,000 and cannot be renewed.

New Student Registration and Orientation is required for all new students. Please make your travel plans with these dates in mind, as attendance is mandatory. Orientation will include testing, advising, registration, and important immigration information. You will also have the opportunity to get to know your new home and classmates. **Please remember that all official transcripts must be presented during Orientation in order to be eligible for class registration.**

Now that you have been accepted, you will be receiving a series of emails providing you with information about arriving to campus, housing, and other helpful information. If you have any questions, please feel free to contact your admissions counselor at international@findlay.edu.

Again, congratulations on your acceptance to the University of Findlay! I look forward to welcoming you on campus soon.


Welcome to the University of Findlay!


PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agripaati (M), Krishna District

Regards,



Jenny Evans, MSHI, RHIA, CCS
Director, Master of Science in Health Informatics Program
College of Health Professions
419-434-6563 (phone)
jennifer.evans@findlay.edu



PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

Spot

229E15(50)

1318

NRI COLLEGE OF PHARMACY

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy Quality Assurance

- 1) Name in Full : Bonthu. Gnana prasuna
Name: gnanaprasuna Surname Bonthu
- 2) Father's Name : Bonthu. Lakshma Reddy 3) Occupation : Farmer
- 4) Date of Birth 02 / 06 / 2001 Sex : Female
DD / MM / YYYY
- 5) Postal Address _____
Pin : 521212
- Ph. No. : 9014980350
- Cell No. : 9399904841
- Email ID: Bonthu.gnanaprasuna@gmail.com
- 6) Permanent Address : Nunna, Muslim street, 1/74.



- 7) Religion : Hindu 8) Category : OC
- 9) Caste: Reddy 10) Last Studied at NRI college of pharmacy
- 11) Particulars of qualifying examination passed : _____
B.Pharm Marks : Aggregate _____ Year of Passed : 2022
- 12) PGCET Rank: _____ Hall Ticket No. _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : _____

B. Gnana prasuna
Signature of the Applicant

Date : 24/11/22

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No

Admitted / Rejected

Fee Receipt No. _____

Dt: _____

Clerk

Superintendent

G. Chandrababu
Principal
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

229EIS1503

NRI COLLEGE OF PHARMACY

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

B18

APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy Quality Assurance

1) Name in Full : Gnana Kanaka Sri Kalyani .Pitta

Name

Surname

2) Father's Name : Srinivasa Rao .Pitta

3) Occupation :

4) Date of Birth : 28 / 04 / 2001
DD / MM / YYYY

Sex : Female

5) Postal Address : 6-15-2, Potti Sriramulu street, Kothapeta, Vijayawada

Pin : 520001

Ph. No. : 9441412662

Cell No. : 9866904314

Email.ID: Pittakalyani781@gmail.com



6) Permanent Address : 6-15-2, Potti Sriramulu SL., Kothapeta, Vijayawada-1

7) Religion : Hindu

8) Category : B.C-D

9) Caste: B-C-D, Turpu Kapu 10) Last Studied at NRI College of Pharmacy

11) Particulars of qualifying examination passed : B. Pharmacy

B.Pharm Marks : Aggregate 77.8

Year of Passed : 2022

12) PGECET Rank: _____

Hall Ticket No. _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : Pothavarappadu

P.G.K. Sri Kalyani
Signature of the Applicant

Date : 08/10/2022

P. Sai
Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No

Admitted / Rejected

Fee Receipt No. _____

Dt: _____

Clerk

Superintendent

P. S. Chandrababu
Principal

NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

Spot

229E1S1 504

NRI COLLEGE OF PHARMACY

B18

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy Quality Assurance

1) Name in Full HARIKA PONNAM

Name

Surname

2) Father's Name BOSUBABU

3) Occupation : _____

4) Date of Birth 09 / 05 / 2000
DD / MM / YYYY

Sex : Female

5) Postal Address Narasasingapalem

Pin : 521211

Ph. No. : 9966129580

Cell No. : 9177074647

Email.ID: pharika0905@gmail.com



6) Permanent Address : 1-137, Ramakayam street Narasingapalem, Agiripalli mandal, Krishna dist.

7) Religion : Hindu

8) Category : OC

9) Caste: Kamma

10) Last Studied at NRI college of pharmacy.

11) Particulars of qualifying examination passed : _____

B.Pharm Marks : Aggregate 8-10


Year of Passed : 2022

12) PGECET Rank: _____

Hall Ticket No. 189E1R0052

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : Pothavarappadu


Signature of the Applicant

Date : 25/10/22

P. Benu Babu
Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No


Admitted / Rejected

Fee Receipt No. _____

Dt: _____

Clerk

Superintendent


Principal
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

Cat-B

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B18

NRI COLLEGE OF PHARMACY

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy Quality Assurance

1) Name in Full RAPARLA TEJASWINI

2) Father's Name Raparla Ramakrishna Name Sumame
3) Occupation : farmer

4) Date of Birth 24 / 11 / 2000 Sex : Female
DD / MM / YYYY

5) Postal Address

Pin : 521181

Ph. No. : 9390289071

Cell No. : 9840605281

Email.ID: tejaswiniraparla2417@gmail.com



6) Permanent Address : 3-15/1, Police station centre, Tujjuru, Veerulapadu mandal, NTR district, Andhrapradesh

7) Religion : Hindu

8) Category : KA OC

9) Caste: Kamma

10) Last Studied at NRI college of pharmacy

11) Particulars of qualifying examination passed : _____

B.Pharm Marks : Aggregate 9.26

Year of Passed : 2018 - 2022

12) PGECET Rank: _____

Hall Ticket No. _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : Agiripalli

R. Tejaswini
Signature of the Applicant

Date : 02/11/2012

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No

Admitted / Rejected

Fee Receipt No. _____ Dt: _____

Clerk

Superintendent

[Signature] Dt: _____
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

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B18

NRI COLLEGE OF PHARMACY

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

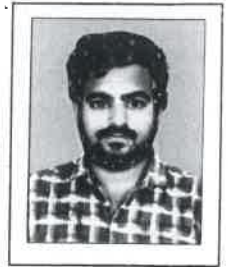
APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy [A.A] Quality Assurance

- 1) Name in Full NEMURI SIVA PRASAD
 Name V. Siva Prasad Surname NEMURI
 2) Father's Name VENKAT RAO 3) Occupation: Farmer
 4) Date of Birth 27 / 03 / 2001 Sex: male
 DD / MM / YYYY

5) Postal Address

Pin: 521215



Ph. No. : _____

Cell No. : 9569708768

Email.ID: Siva PrasadNemuri50@gmail.com

6) Permanent Address : Slo Venkat Rao, Krishna, Vissannapet - 521215
Kannakuru, Andhra Pradesh

7) Religion : Hindu 8) Category : Chowdary [Kannika]

9) Caste: OC 10) Last Studied at NRI College of Pharmacy

11) Particulars of qualifying examination passed : _____

B.Pharm Marks : Aggregate _____

Year of Passed : 2022

12) PGECET Rank: _____

Hall Ticket No. _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : Pothavarappadu

V. Siva Prasad
Signature of the Applicant

Date : 05/08/22

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No

Admitted / Rejected

Fee Receipt No. _____

Dt: _____

Clerk

Superintendent

Principal

[Signature]
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

Dt: _____

Cat-B

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NRI COLLEGE OF PHARMACY

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

B18

APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy pharmaceutical analysis

- 1) Name in Full GOGADA SANJEEV Name Surname
- 2) Father's Name GOGADA RAMANAIAH 3) Occupation : farmer
- 4) Date of Birth 04 / 04 / 2001 Sex : male
DD / MM / YYYY
- 5) Postal Address Balireddy palem (village) ponnalurru (mandal),
prabasham district. Pin : 523111
- Ph. No. : 7658909597
- Cell No. : 9640727278
- Email.ID: sanjeevrao9502@gmail.com
- 6) Permanent Address : Bali Reddy palem (vil), ponnalurru (mandal) prabasham dist
- 7) Religion : Hindu 8) Category : _____
- 9) Caste: OC - kamma 10) Last Studied at NRI College of pharmacy
- 11) Particulars of qualifying examination passed : _____
B.Pharm Marks : Aggregate 58.5% Year of Passed : 2022
- 12) PGECET Rank: _____ Hall Ticket No. _____



Photo

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : Pothavarappadu

G. Sanjeev
Signature of the Applicant

Date : 17/09/2022

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No Admitted / Rejected Fee Receipt No. _____ Dt: _____

Clerk [Signature] Superintendent Principal

PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

Spot

151602

B18

NRI COLLEGE OF PHARMACY

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

APPLICATION FOR ADMISSION INTO I / II M. PHARMACY

Course: M. Pharmacy Pharmaceutical Analysis

- 1) Name in Full GUDE DEVI SWAROOPA CHANDINI Name D.S. CHANDINI Surname GUDE
 2) Father's Name GUDE VENKATA RAMANA 3) Occupation: Government Job - Navy
 4) Date of Birth 09 / 11 / 2000 Sex: Female
 DD / MM / YYYY

- 5) Postal Address H.NO:- 38-39-86/2 BAPUJI NAGAR
10+ AREA VIZAG - 5 Pin: 530007
 Ph. No. : 9849584911
 Cell No. : 8008750150



Email.ID: Swaroopa.chandini@gmail.com

- 6) Permanent Address : 21-10/2-258/10/1 10th road dasu buchariah colony
GUR nagar vijayawada - 520003

- 7) Religion : Hindu 8) Category : Kaapu OC

- 9) Caste: Kaapu Telaga 10) Last Studied at NRI COLLEGE OF PHARMACY

11) Particulars of qualifying examination passed : _____

B.Pharm Marks : Aggregate 8.10 Year of Passed : 2022

- 12) PGECET Rank: _____ Hall Ticket No. _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : Vijayawada

G. Swaroopa
Signature of the Applicant

Date : 30/11/2022

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No Admitted / Rejected Fee Receipt No. _____ Dt: _____

Clerk _____ Superintendent _____ Principal _____ Dt: _____

G. Chandini
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

Spot

229E1S1503

NRI COLLEGE OF PHARMACY

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

B18

APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy pharmaceutical Analysis

- 1) Name in Full GUORAM VIJAY Name VIJAY Surname GUORAM
- 2) Father's Name GUORAM VENKATASINARMAKRISHNA PRASAD 3) Occupation: Business
- 4) Date of Birth 02 / 06 / 2000 Sex: Male
DD / MM / YYYY
- 5) Postal Address i-23-37-1, Uttambuilding, SN Puram, vijayawada Pin: 520011
- Ph. No. : 8074008279
- Cell No. : 9908253622
- Email.ID: Vijayguram333@gmail.com



- 6) Permanent Address : _____
- 7) Religion : Hindu 8) Category : Vyasa NRI College of Pharmacy
- 9) Caste: OC 10) Last Studied at NRI College of Pharmacy
- 11) Particulars of qualifying examination passed : _____

B.Pharm Marks : Aggregate 7.92 Year of Passed : 2022

- 12) PGE CET Rank: _____ Hall Ticket No. _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : Vijayawada

G. Vijay
Signature of the Applicant

Date : 30/11/22

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No Admitted / Rejected Fee Receipt No. _____ Dt: _____

Clerk

[Signature]
Superintendent
PRINCIPAL
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

Principal

Dt: _____

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NRI COLLEGE OF PHARMACY

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

B18

APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy pharmaceutical analysis

- 1) Name in Full JINUKUTI. BHAGYARAJU
Name Surname
- 2) Father's Name JINUKUTI. DASU 3) Occupation : farmer
- 4) Date of Birth 16 / 10 / 2000 Sex : Male
DD / MM / YYYY
- 5) Postal Address Pathaannasamudram, Tripuranthakam (M.D) Prakasam(DT) Pin: 523326
Ph. No. : 9390212491
Cell No. : 9441805775
- Email.ID: jimukutibhagyaraju123@gmail.com
- 6) Permanent Address : Pathaannasamudram.



- 7) Religion : HINDU 8) Category : _____
- 9) Caste: SC-madiga 10) Last Studied at NRI College of Pharmacy
- 11) Particulars of qualifying examination passed : _____
B.Pharm Marks : Aggregate 64% Year of Passed : 2022
- 12) PGECET Rank: _____ Hall Ticket No. _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : Pothavarappadu

J. Bhagyarajin
Signature of the Applicant

Date : 19-09-22

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No Admitted / Rejected Fee Receipt No. _____ Dt: _____

Clerk

Superintendent

J. Bhagyarajin
PRINCIPAL Dt: _____
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District

Spot

229E1 S1606

NRI COLLEGE OF PHARMACY

B17

Pothavarappadu (V), Agiripalli (M), Krishna District, A.P. Ph: 0866-2469668
(Sponsored by Sri Durga Malleswari Education Society)

APPLICATION FOR ADMISSION INTO I / II M.PHARMACY

Course: M. Pharmacy Pharmaceutical analysis

1) Name in Full Tirumalasetti Ram Sumanth
Name Ram Sumanth Surname Tirumalasetti

2) Father's Name Tirumalasetti Prabhakar Rao 3) Occupation : Farmer

4) Date of Birth 16 / 11 / 1998 Sex : male
DD / MM / YYYY

5) Postal Address

Pin : 521211

Ph. No. : 6281611504

Cell No. : 7026299144

Email.ID: ramsumanth5@gmail.com



6) Permanent Address : So/Prabhakar Rao, 2-87, Agiripalli mandalam, Edara, Krishna, Andhra Pradesh, 521211

7) Religion : Hindu 8) Category : _____

9) Caste: OC 10) Last Studied at B.Pharmacy

11) Particulars of qualifying examination passed : _____

B.Pharm Marks : Aggregate _____ Year of Passed : 2021

12) PGECET Rank: _____ Hall Ticket No. _____

The Above particulars are true to my knowledge and I agree to forego my seat if any of the information is found incorrect.

Place : _____

(Signature)
Signature of the Applicant

Date : _____

Signature of the Father / Guardian

OFFICE USE ONLY

Application in order: Yes / No Admitted / Rejected Fee Receipt No. _____ Dt: _____

Clerk

Superintendent

(Signature)
Principal
NRI College of Pharmacy
POTHAVARAPPADU (V)
Agiripalli (M), Krishna District