

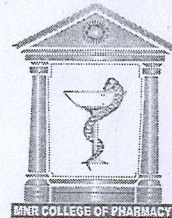
MNR COLLEGE OF PHARMACY

{Approved by PCI, New Delhi & Affiliated to Osmania University, Hyderabad}

V: Fasalwadi, Dist.: Sangareddy -502294 (T.S)

Phone: 08455-230690, 08500056663

www.mnrindia.org; email: p.mnrcop@mnrindia.org



Financial Support Request Letter

1. Name of the Staff Member : Mrs. A. Sai Jyothi
2. Designation : Asst. Professor
3. Department : Pharmacology
4. Conference/Publication/ Membership Fee/ Workshop/ FDP Certificate Details:
: PharmED Growth: Cultivating Student & Faculty
: excellence in pharmaceutical education.
5. Date and Duration of the Program : 19/3/24 to 23/3/24 (5 days)
6. Associating Professional body/Agency : Vishnu Institute of pharmaceutical Education
: Narsapur.
7. Financial Support Particulars (Rs) :
 - i. Registration Charges : 500/-
 - ii. Travelling Allowances : 300/-
 - iii. Membership Fees : _____
 - iv. Others (if any) : _____

Date: 15/3/24

Signature of the Staff Member

1. Recommendation of the HOD: [Signature]

2. Recommendation of the IQAC: P. Sankar

3. Recommendation of the Principal: [Signature]

☒ Sanctioned/Not Sanctioned

Account Department

Accountant: [Signature]

Date: _____

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Date : 21-03-24

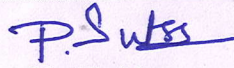
Paid to Mrs. A. Sai Jyothi

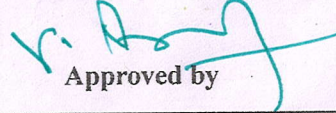
Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
01.	Registration charges	500/-	
02.	Travelling Allowances	300/-	
		800/-	

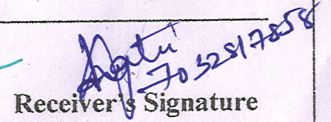
Total Rs. : Eight Hundred rupees only

Being the Financial support Towards FDA.


Prepared by


Verified by


Approved by


Receiver's Signature

Financial Support Request Letter

1. Name of the Staff Member : Dr. Eswaramma parulim
2. Designation : Associate professor
3. Department : pharmaceutics
4. Conference/Publication/ Membership Fee/ Workshop/ FDP Certificate Details:
empowering pharmacy education with teaching and
Technical skills
5. Date and Duration of the Program : 01-04-2024 - 06-04-2024 (5 days)
6. Associating Professional body/Agency : KAR Institute of Technology, management,
Rampally, Hyderabad
7. Financial Support Particulars (Rs) :
 - i. Registration Charges : 500/-
 - ii. Travelling Allowances : 300/-
 - iii. Membership Fees : _____
 - iv. Others (if any) : _____

Date: 29/03/24


Signature of the Staff Member

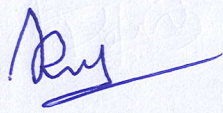
1. Recommendation of the HOD: P. Indhu

2. Recommendation of the IQAC: P. Indhu

3. Recommendation of the Principal: V. Dora

☒ Sanctioned/Not Sanctioned

Account Department

Accountant: 

Date:

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

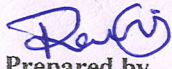
Date : 04-04-24

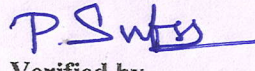
Paid to Dr. Eswaramma paruburi

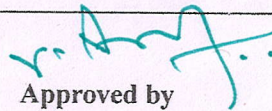
Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
01.	Registration charges	500/-	
02.	Travelling allowances	300/-	
		800/-	

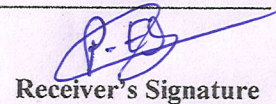
Total Rs. : Eight hundred Rupees only

Being the Financial support towards FDP


Prepared by


Verified by


Approved by

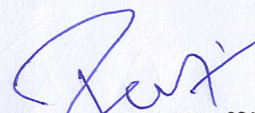

Receiver's Signature

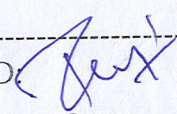
83744/9364

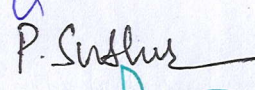
Financial Support Request Letter

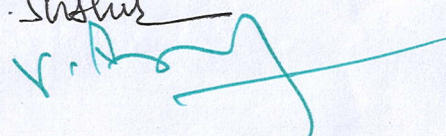
1. Name of the Staff Member : Dr. Ravi Kumar Vemulapalli
2. Designation : Professor.
3. Department : Department of Pharmacology
4. Conference/Publication/ Membership Fee/ Workshop/ FDP Certificate Details:
Emerging Trends in Pharmacy education and Research
5. Date and Duration of the Program : 22-04-24 to 26-04-24 [5days]
6. Associating Professional body/Agency : School of Pharmacy, Guru Nanak Institutions, Hyderabad
7. Financial Support Particulars (Rs) :
 - i. Registration Charges : 500
 - ii. Travelling Allowances : 300
 - iii. Membership Fees : _____
 - iv. Others (if any) : _____

Date: 19-04-24


Signature of the Staff Member

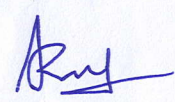
1. Recommendation of the HOD: 

2. Recommendation of the IQAC: 

3. Recommendation of the Principal: 

☒ Sanctioned/Not Sanctioned

Account Department

Accountant: 

Date: _____

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Paid to Dr. Ravi Kumar Vemulapalli

Date : 24-04-24

Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
01.	Registration charges	500/-	
02.	Travelling charges	300/-	
		800/-	

Total Rs. : Eight Hundred only

Being the Financial Support Towards FDP

Ravi
Prepared by

P. Subra
Verified by

V. Jay
Approved by

[Signature]
Receiver's Signature
9959521349

Financial Support Request Letter

1. Name of the Staff Member : Dr. P. Phani Deepika
2. Designation : Associate professor
3. Department : Pharmaceutics
4. Conference/Publication/ Membership Fee/ Workshop/ FDP Certificate Details: Emerging Trends in pharmacy education and research
5. Date and Duration of the Program : 22-04-2024 - 26-04-2024 (4 days)
6. Associating Professional body/Agency : School of pharmacy, Nune Nune Institutions
7. Financial Support Particulars (Rs) : Technical campus Hyderabad
 - i. Registration Charges : 500/-
 - ii. Travelling Allowances : 300/-
 - iii. Membership Fees : _____
 - iv. Others (if any) : _____

Date: 29/04/24

P. Phani Deepika
Signature of the Staff Member

1. Recommendation of the HOD: P. Indhu

2. Recommendation of the IQAC: P. Indhu

3. Recommendation of the Principal: V. Arun

☒ Sanctioned/Not Sanctioned

Account Department

Accountant: [Signature]

Date: _____

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Date : 25-04-24

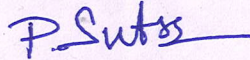
Paid to Dr. P. Phani Deepika

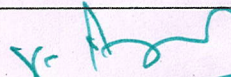
Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
01.	Registration charges	500/-	
02.	Travelling Allowances	300/-	
		800/-	

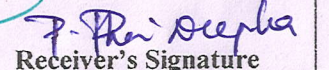
Total Rs. : Eight hundred rupees only

Being the Financial Support Towards FDP


Prepared by


Verified by


Approved by


Receiver's Signature
7032875445

Financial Support Request Letter

1. Name of the Staff Member : Mrs. Nellutla Jhansy laxmi bai
2. Designation : Assistant professor
3. Department : Pharmaceutics
4. Conference/Publication/ Membership Fee/ Workshop/ FDP Certificate Details:
Empowering pharmacy educators with Teaching & Technical skills
5. Date and Duration of the Program : 01-04-2024 to 06-04-2024 - 6 days
6. Associating Professional body/Agency : KJR Institute of Technology & Management,
Rampally, Hyd.
7. Financial Support Particulars (Rs) :
 - i. Registration Charges : ₹ 500
 - ii. Travelling Allowances : ₹ 2300
 - iii. Membership Fees :
 - iv. Others (if any) :

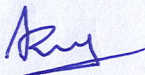
Date: 29/3/24

N. Jhansy
Signature of the Staff Member

1. Recommendation of the HOD: P. Subbarao
2. Recommendation of the IQAC: P. Subbarao
3. Recommendation of the Principal: V. Arora

Sanctioned/Not Sanctioned

Account Department

Accountant: 

Date:

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Date : 04-04-24

Paid to Mrs. Netlutta Jhany Laxmi Bai

Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
01.	Registration charges	500/-	
02.	Travelling allowances	300/-	
		800/-	

Total Rs. : Eight Hundred rupees only

Being the Financial Support Towards FDP

P. J. J.
Prepared by

P. J. J.
Verified by

V. J. J.
Approved by

N. Jhany
Receiver's Signature

(9063501601)

Financial Support Request Letter

1. Name of the Staff Member : Mrs. Dacheppally prasanna kumari
2. Designation : Assistant professor
3. Department : Pharmaceutical chemistry
4. Conference/Publication/ Membership Fee/ Workshop/ FDP Certificate Details:
Empowering pharmacy educators with Teaching & Technical skills
5. Date and Duration of the Program : 01-04-2024 to 06-04-2024 - 6 days
6. Associating Professional body/Agency : KAK Institute of Technology & Management, Rampally, Hyd.
7. Financial Support Particulars (Rs) :
 - i. Registration Charges : ₹500
 - ii. Travelling Allowances : ₹200
 - iii. Membership Fees :
 - iv. Others (if any) :

Date: 29/3/24

Signature of the Staff Member

1. Recommendation of the HOD: V. Arora

2. Recommendation of the IQAC: P. Sudhakar

3. Recommendation of the Principal: V. Arora

Sanctioned/Not Sanctioned

Account Department

Accountant: Arora

Date:

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Date : 08-04-24

Paid to Mrs. Dachepally Prasanna kumari

Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
01.	Registration charges	500/-	
02.	Travelling Allowances	300/-	
		800/-	

Total Rs. : Eight Hundred rupees only.

Being the Financial Support Towards FDP

Ravi

Prepared by

P. Lutes

Verified by

V. Arora

Approved by

Prasanna

Receiver's Signature

9542956822