



Tel: 0866-2479775

Kommareddy Venkata Sadasiva Rao
Siddhartha College of Pharmaceutical Sciences

Siddhartha Nagar, Vijayawada - 520010, AP, INDIA
(Sponsors : Siddhartha Academy of General & Technical Education)
ISO 9001:2015, ISO 14001:2015 & ISO 50001:2011 CERTIFIED INSTITUTION
Affiliated to Krishna University, Machilipatnam
Approved by AICTE, PCI, New Delhi and Govt. of Andhra Pradesh

E-mail : kvsrsiddharthapharma@gmail.com

Web: www.kvsrsiddharthapharma.edu.in

LIST OF PLACEMENTS OF OUTGOING STUDENTS

A.Y: 2021-22

S.No.	Name Of The Student	Program Graduated From	Name of the Company Joined	Salary
1.	Gade Sivaparvathi	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemuniapatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
2.	Kaithepalli Badhrinath	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
3.	Kukkala Mohana Ranga Babu	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
4.	Mathi Sri Rahul	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemuniapatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
5.	Pothuri Aparna	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
6.	Abhishikta Tangirala	B-Pharm	Episource, 54-15-5A, Srinivasa Nagar Bank Colony, Vijayawada	192000/Annum
7.	Akumarthi Prashanthi	B-Pharm	Jack n Jill Solutions Pvt Ltd, Hyderabad	1,80,000/ Annum
8.	Akunuru Sasikanth	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemuniapatnam Mandal, Visakhapatnam Dist, AP –	1,92,000/Annum

			531 162.	
9.	Aluri Dhanya Sri	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, AP – 531 162.	1,92,000/Annum
10.	Chadalavada Sathish Kumar	B-Pharm	Episource, 54-15-5A, Srinivasa Nagar Bank Colony, Vijayawada	192000/Annum
11.	Chagantipati Surekha	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
12.	Dodda Balayogi	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
13.	Doddaka Nagadeepthi	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
14.	Gutta Shilpa	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
15.	Haridasu Bhavyasri	B-Pharm	Eclinical solutions india pvt ltd, ITPL Main road, Bengaluru-560048	300000/ annum
16.	Haripriya Tadi	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
17.	Kadapa Murali Krishna	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum

18.	Kadavakollu Venkata Sai Priya	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
19.	Kallam Aravind Sai Reddy	B-Pharm	Jack n Jill Solutions Pvt Ltd, Hyderabad	1,80,000/ Annum
20.	Karre Manasa	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
21.	Kovelamudi Keerthi Dwaraka	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
22.	Kurangi Yogesh	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
23.	Lavuri Siva Nagaraju	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
24.	Mandapaka Vasanthi	B-Pharm	Eclinical solutions india pvt ltd, ITPL Main road, Bengaluru-560048	3,00,000/ Annum
25.	Mitta Keerthana	B-Pharm	DIVI'S LABORATORIES LTD, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
26.	Munjuluri Harshitha	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
27.	Mutte Jahnvi Sri	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
28.	Myneedu Kavya Sree	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist,	1,92,000/Annum

			Andhra Pradesh – 531 162.	
29.	Nagayalanka Nagamani	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
30.	Neeharika Lemati	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
31.	Pathakoti Vandana	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
32.	Patibandla Sravani	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
33.	Pavuluri Amar	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
34.	Pechetti Durga Bhavani	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
35.	Pinapaka Sai Sri Raajitha	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
36.	Pothuri Poojitha	B-Pharm	Episource, 54-15-5A, Srinivasa Nagar Bank Colony, Vijayawada	1,92,000/Annum
37.	Pragada Durga Kalyani	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
38.	Shaik Basha	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra	1,44,000/Annum

			Pradesh – 522503	
39.	Shaik Salam	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
40.	Sravanthi Thommandru	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
41.	Sunkara Nikhitha	B-Pharm	Jack n Jill Solutions Pvt Ltd, Hyderabad	1,80,000 /Annum
42.	Tamma Chandra Lekha	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
43.	Thota Manichandana	B-Pharm	Episource, 54-15-5A, Srinivasa Nagar Bank Colony, Vijayawada	1,92,000/Annum
44.	Tumu Divya Sri	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
45.	Venigalla Pallavi Chowdary	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
46.	Venkata Bhumika Bandi	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
47.	Vyshnavisaimalavika	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
48.	Yarrapothu Juhi Nirmala	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum

49.	Yasaswitha Srujana Gannu	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
50.	Yendamuri Mounika	B-Pharm	PhyCARE Services India Pvt Ltd, Mangalagiri, Guntur District, Andhra Pradesh – 522503	1,44,000/Annum
51.	Ummidi Deepika	B-Pharm	DIVI'S Laboratories Ltd, Chippada Village, Annavaram Post, Bheemunipatnam Mandal, Visakhapatnam Dist, Andhra Pradesh – 531 162.	1,92,000/Annum
52.	Venkata Kalyan Vicharapu	B-Pharm	IQVIA RDS INDIA Pvt Ltd, Bengaluru	3,64,626/Annum
53.	Bala Yaswanth Kumar Sunnapu	Pharm-D	Medicare Hospitals, Kaikaluru, Ph : 9346113364	2,40,000/Annum
54.	Devireddy Samyuktha Reddy	Pharm-D	Prashanth hospitals, Labbipet, Vijayawada, Ph : 0866-2491748-51	2,60,000/Annum
55.	Dondapati Raj Kumar	Pharm-D	Prashanth hospitals, Labbipet, Vijayawada, Ph : 0866-2491748-51	2,40,000/Annum
56.	Guntur S N Susritha	Pharm-D	Eclinical Solutions India Pvt Ltd, ITPL Main Road, Bengaluru-560048	3,00,000 / Annum
57.	Manthri Sai Sindhura	Pharm-D	Eclinical Solutions India Pvt Ltd, ITPL Main Road, Bengaluru-560048	3,00,000/ Annum
58.	Movva Sai Durga Sushma	Pharm-D	Deepak Nexgen Feeds Private Ltd., Rajasekhararao, Director, Bommuluru plant	2,20,000/Annum
59.	Victor John Wilson Seelam	Pharm-D	Aquity Solutions India Private Ltd, Viskhapatnam	4,20,000/ Annum
60.	Saka Priyanka	Pharm-D	Ankura Hospitals, Polyclinic Road, Vijayawada	2,20,000/Annum

61.	Bolla Yoga Priyanka	M-Pharm Analysis	Zenara Pharma Pvt Ltd, Phase 3, IDA Charlapally, Hyderabad	2,16,000/Annum
62.	Krishnaveni Narra	M-Pharm Analysis	Augmedix Solutions Pvt Ltd, Jacaranda, Bangalore	4,20,000/ Annum
63.	Mohammad Nafeesa Begum	M-Pharm Analysis	Pulse Pharmaceuticals Pvt Ltd,Hitech City, Hyderabad	2,16,000/Annum
64.	Ravula Priyanka	M-Pharm Ceutics	NATCO Pharma Ltd, Banjara Hills, Hyderabad, Ph: 040-23547532	2,16,000/Annum



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 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010



Tel: 0866-2479775

Kommareddy Venkata Sadasiva Rao
Siddhartha College of Pharmaceutical Sciences

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ISO 9001:2015, ISO14001:2015 & ISO50001:2011 CERTIFIED INSTITUTION

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E-mail : kvrsiddharthapharma@gmail.com

Web: www.kvrsiddharthapharma.edu.in

LIST OF STUDENTS PROGRESSED FOR HIGHER EDUCATION


A.Y: 2021-22

S.No.	Name of the Student	Program Graduated From	Name of the Program Joined	Name of the Institution Joined
1.	Akula Vijaya Durga	Pharm-D	Masters in Medical Informatics	Sacred Heart University
2.	Atnuri Deekshit	Pharm-D	Masters in Medical Informatics	University of California
3.	Bantupalli Suranjan	Pharm-D	Masters in Medical Informatics	University of Michigan
4.	Chirumamilla Hari Achandana	Pharm-D	Masters in Medical Informatics	University of New York at Buffalo
5.	Gutha Bala Teja	Pharm-D	Masters in Medical Informatics	Jacobs School of Medicine, University of Buffalo
6.	Podili Bhargavi	Pharm-D	Masters in Medical Informatics	Indiana University
7.	Hari Priya Polimetla	Pharm-D	Masters in BioMedical Informatics	Jacobs School of Medicine, University of Buffalo
8.	Ponnaluri Lalitha	Pharm-D	Masters in BioMedical Informatics	Jacobs School of Medicine, University of Buffalo
9.	Raavi Hemanth	Pharm-D	Masters in Information Science/studies	University of North Texas
10.	Redravuthu Kavya	Pharm-D	Masters in Public Health	MCPHS University
11.	V N S L Keerthana Ala	Pharm-D	Masters in Medical Informatics	University of Wisconsin


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12.	Harsan Suthar	B-Pharm	MBA, Pharmaceutical Management	NIPER, Ahmedabad
13.	Ravindranath Kamineni	B-Pharm	MS, Health Care Administration Management	Fanshawe, London
14.	A Anuhya	B-Pharm	M.Pharmacy, Pharmaceutics	PES University
15.	Revath Bojja	B-Pharm	Masters in Medical Informatics	Indiana University
16.	Bolisetty Pooja Sree	B-Pharm	Masters in Medical Informatics	Michigan Technological University
17.	Dhadala Pravachana	B-Pharm	M.Pharmacy, Pharmacology	JNTUK College of Pharmacy
18.	Dondapati Anusha	B-Pharm	M.Pharmacy, Pharmaceutics	ANU College of Pharmaceutical Sciences
19.	Rahul Krishna Ganganaboyina	B-Pharm	Masters in BioMedical Informatics	Jacobs School of Medicine, University of Buffalo
20.	Sucharitha Gudiseva	B-Pharm	Masters in Information Science/studies	University of North Texas
21.	Harika Kakamanu	B-Pharm	Masters in Medical Informatics	Michigan Technological University
22.	Krishna Tulasi Kankanampati	B-Pharm	Masters in Medical Informatics	University of Wisconsin
23.	Ketuboyina Sravani	B-Pharm	M.Pharmacy, Pharmaceutical Analysis	AU College of Pharmaceutical Sciences
24.	Krishnaveni Reddy Konda	B-Pharm	MS, Health System Management	Fanshawe, London
25.	Manda Nagamani	B-Pharm	M.Pharmacy, Pharmaceutics	JNTUA
26.	Mani Sai Raja Sri Nitish Jillella	B-Pharm	M.Pharmacy, Pharmaceutics	KVSR Siddhartha College of Pharmaceutical Science
27.	Harshavrdhan Meka	B-Pharm	Health Care Administration Management	Fanshawe, London

28.	Nallajeru Mounika	B-Pharm	M.Pharmacy, Pharmaceutics	ANU College of Pharmaceutical Sciences
29.	Bhavana Nayani	B-Pharm	Masters in Information Science/studies	University of North Texas
30.	Palli Ajay Kumar	B-Pharm	M.Pharmacy, Pharmaceutics	AU College of Pharmaceutical Sciences
31.	Raavi Jashwanthi	B-Pharm	Masters in Industrial & Physical Pharmacy & Cosmetic Science	Northeastern University
32.	Shaik Sajana	B-Pharm	M.Pharmacy, Pharmaceutics	JNTUA
33.	Vemugunta Naga Vineesha	B-Pharm	Masters in Information Science/studies	University of North Texas
34.	Sravanthi Talluri	B-Pharm	Masters in Medical Informatics	University of Wisconsin
35.	Shaik Karishma	B-Pharm	M.Pharmacy, Pharmaceutics	KVSR Siddhartha College of Pharmaceutical Science
36.	Gantasala Hari Krishna	B-Pharm	M.Pharmacy, Pharmaceutics	KVSR Siddhartha College of Pharmaceutical Science
37.	K Lakshmi Narayana	B-Pharm	M.Pharmacy, Pharmaceutics	KVSR Siddhartha College of Pharmaceutical Science
38.	Shaik Anwar Sadiq	B-Pharm	M.Pharmacy, Pharmaceutics	KVSR Siddhartha College of Pharmaceutical Science


Signature of Training & Placement Officer


Signature of the Principal



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

To,
 Miss. Gade Sivaparvathi
 D/o Venkata Reddy
 HNO :1-214/1,
 LandMark : Budawada Road,
 City/Village : Paruluru,
 Mandal : Inkollu,
 District : Prakasam-523167.
 State : Andhra Pradesh.

Sub : Letter for Training

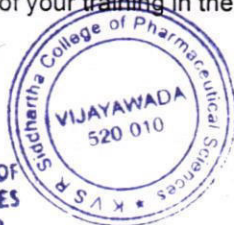
We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you , we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Village, Bhemunipatnam 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

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 VIJAYAWADA-520 010.



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)


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K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 011




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

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Mr. Kaithepalli Badhrinath,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00 Per Month**. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.


- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet - annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) - 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) - 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycaresolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Mr. Kukkala Mohana Ranga Babu,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00 Per Month.** (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

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- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG / Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) (Passport size with Blue background (non-digital))
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id **hr@phycareolutions.com** mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For **PhyCARE Services India Pvt. Ltd.**



Human Resources Department




PRINCIPAL
**K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.**

To,
Mr. Mathi Sri Rahul
 S/o Balagangadhar Tilak
 HNO : 61-9/23,
 LandMark : Kalanagar 1st Line,
 City/Village : Vijayawada,
 Post : Vijayawada,
 Mandal : Vijayawada,
 District : Krishna-520013.
 State : Andhra Pradesh.

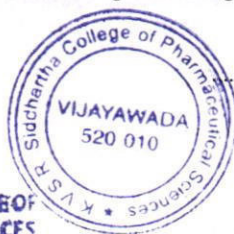
Sub : Letter for Training

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 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.
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.


PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010



.....58641.....

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 & 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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES,
VIJAYAWADA-520 010.




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

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Pothuri Aparna,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.


- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

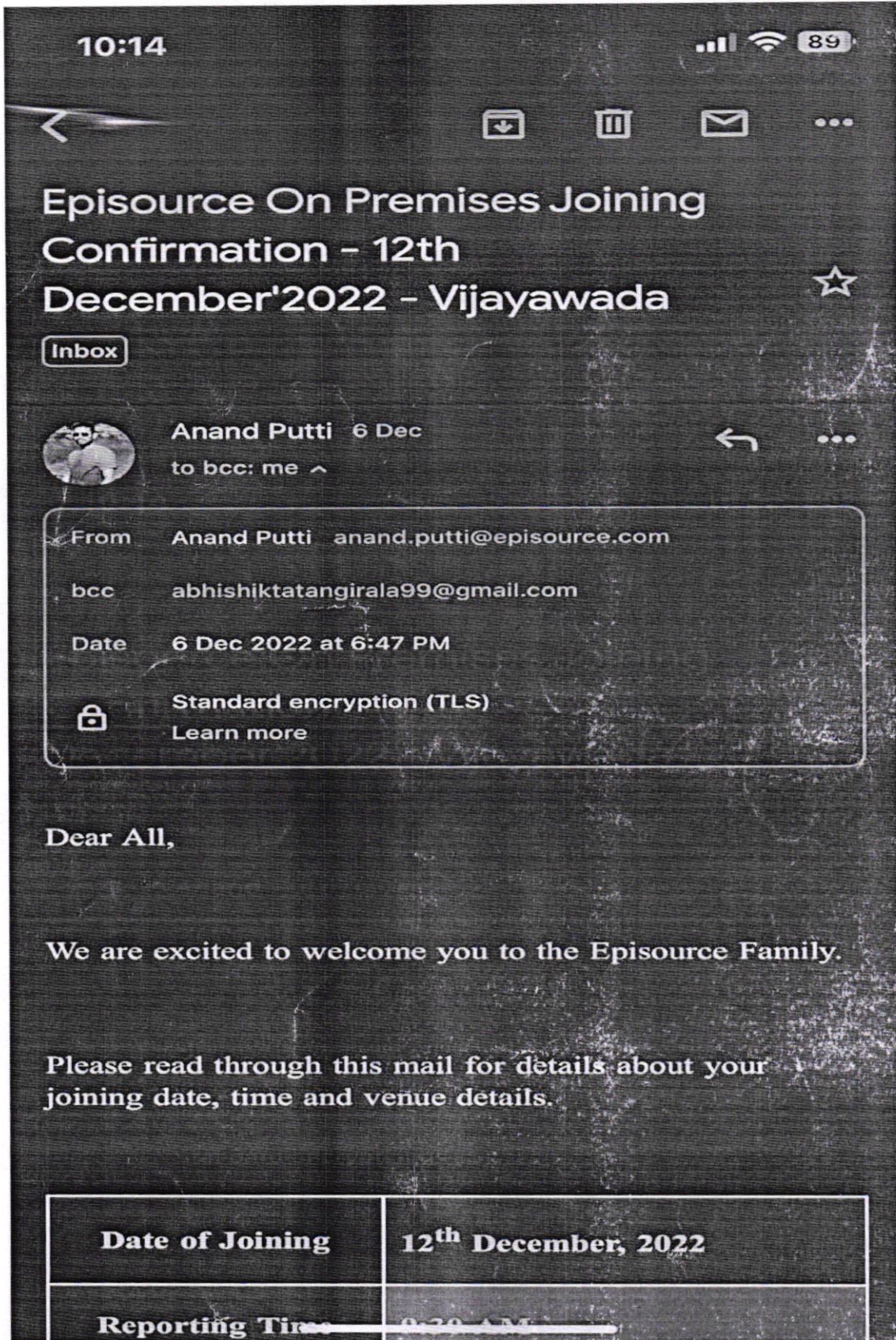
For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.



418 BPH 140010



Jack n Jill solutions Pvt.Ltd
2-2-111811/3, S2, Sidhartha Castle, Shivam Road, New Nallakunta
Hyderabad - 500 044, Telangana, India | Ph: 99 491 244 71

Vijayawada
Dtd.04.01.2023

Dear Ms. A Prashanthi,,

We are glad to offer you the position with Jack n Jill Solutions Pvt Ltd, Hyderabad as Implementation Analyst on below Terms and conditions:

1. You will be trained and evaluated for the first threemonths' period.
2. Upon Successful completion of observation cum training period,A fixed remuneration of INR.15000 /- per mo will be paid against the technical services offered by you to the Company.
3. Location:Initially you will beplaced at our Vijayawada branch.You are to be ready to travel and relocate to any other branches as and when required by the company.
4. Working Hours : Monday to Friday 9:30 am till 6:00 pm . Lunch Hours 1:00 - 2:00 pm
5. During initial phase of your work your services will be utilized in web site development as well product developm for Dairy specific industries and you need to promptly submit the work status on daily basis.
6. While working for our organization liaising with any other companies is strictly prohibited.
7. You are not entitled for any casual leaves during the probationary period.i.e 6 months from the date confirmation.
8. Upon confirmation, You will need to serve three months' notice period otherwise entitled to pay three mon salary in lieu of notice.
9. As agreed, You will serve our company for not less 12 months period from the date of completion of training.

For Jack n Jill Solutions Pvt Ltd

A Sireesha

Director

I am pleased to accept the above mentioned offer. I agree to join JacknJill Solutions Pvt. Ltd
On or before Dtd: - - 2023.



Signature & Name : _____

Place & Date: _____

Overseas Office:
30 N GOULD ST STE 4000
SHERIDAN , WYOMING ,
WYOMING , 82802 – USA

India Operations:
48-11/1/5/8B, Floor 1,
Vallabhaneni Arcade, Currency Nagar,
Vijayawada – 520 008. INDIA.

Y18BPH140011



Divi's Laboratories Limited

Date: 05-Aug-2022 .

To,
Mr. Akunuru Sasikanth
S/o Satyanarayana
HNO : 3-372,
LandMark : Medhar Bazar,
City/Village : Poranki,
Post : Poranki,
Mandal : Penamaluru,
District : Krishna-521137,
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 QC Department, at Unit-2, situated at Chippada Village, Bhemmunipatnam 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.
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.

.....58784.....

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 6460., CIN : L24110TG1990PLC011854
E-mail : mail@divislabs.com, Website : www.divislabs.com

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PHARMACEUTICAL SCIENCES





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.
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.S.C., 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 practicals. 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)

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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

58784

Date:14.06.2022,

To,
 Miss. Aluri Dhanya Sri
 D/o Maheswara Rao
 HNO :7-379,
 LandMark : Mannem Vari Street, Beside Gopala Krishna Talkies.
 City/Village : Mangalagiri,
 Mandal : Mangalagiri,
 District : Guntur-522503.
 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 PDSC 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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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.
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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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 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010



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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.

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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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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

Episource On Premises
Joining Confirmation -
12th December'2022 -
Vijayawada Inbox

Y18BPH140016



Deepika Va... 09/12/2022
to Anand, bcc: me ^




From ~~Deepika Vankayalapati~~ • deepika
.vankayalapati@episource.com


Cc Anand Putti • anand
.putti@episource.com

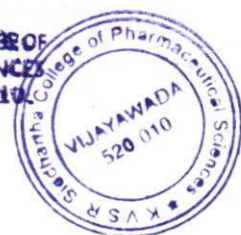
Bcc ch.sathishkumar2899@gmail.com

Date 9 Dec 2022, 15:43

 Standard encryption (TLS).
See security details

Dear All,

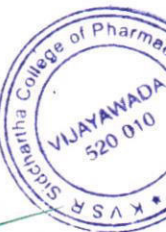

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PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010




We are excited to welcome you to the



Date of Joining	12 th December, 2022
Reporting Time	9:30 AM
Office Address for Reporting	Episource India Pvt. Ltd., #54-15-5A, Lakshmi Avenue, 3rd floor, Srinivasa Nagar Bank Colony, Vijayawada, Andhra Pradesh – 520008 https://goo.gl/maps/1XNyySEvEMnF8bYS8
Dress Code	Business Casuals
Point of Contact	Deepika V




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

Y18BPH140017

To,
Miss. Chagantipati Surekha
D/o Srinivasa Rao
HNO : 40-14-4/12,
LandMark : Beside Jyothi Convention, Benz Circle,
City/Village : Chandramoulipuram,
Mandal : Vijayawada,
District : Krishna-520010.
State : Andhra Pradesh.

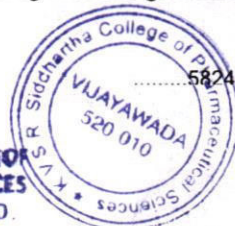
Sub : Letter for Training

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-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.
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K.V.S.R. SIDDHARTHA COLLEGE OF
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VIJAYAWADA-520 010.



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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.

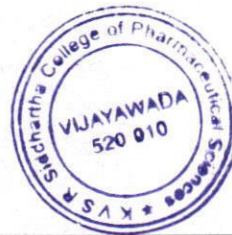
Yours sincerely,

For DIVI'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




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

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Mr. Dodda Balayogi,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

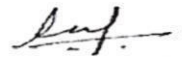
- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

418BPH140020

Date:14.06.2022.

To,
Miss. Doddaka Nagadeepthi
D/o Venkata Rao
HNO :1-72,
LandMark : YSR Street,
City/Village : Kandlagunta,
Mandal : Nagulupaalapadu,
District : Prakasam-523183.
State : Andhra Pradesh.


Sub : Letter for Training

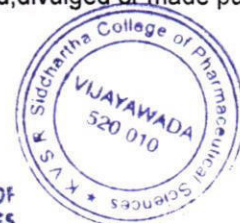
We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

With reference to your application and discussions had with you , we are pleased to offer you a one-year training in PDSC Department, at Unit-1, situated at Lingojjudem Village , Choutuppal 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.
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.

.....57030.....


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
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VIJAYAWADA-520 010



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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.
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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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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.

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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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 030.




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

To,
Miss. Gutta Shilpa
D/o Venkataramana
HNO :6-17,
LandMark : Shivalayam Bazar,
City/Village : Vatsavai,
Post : Vatsavai,
Mandal : Vatsavai,
District : Krishna-521402.
State : Andhra Pradesh.

Sub : Letter for Training

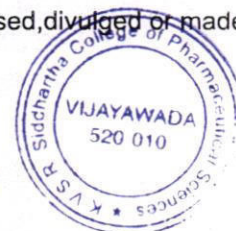
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K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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Yours sincerely,

For DIVI'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




ACCEPTANCE

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Signature: _____

Date: _____

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

 :08694-257001



Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Job offer from ECS

2 messages

Chandrasekhar GV <CGedela@eclinicalsol.com>

Fri, Apr 22, 2022 at 2:00 PM

To: "Haridasubhavyasri2001@gmail.com" <Haridasubhavyasri2001@gmail.com>

Cc: Laxmi Bonagiri <vbonagiri@eclinicalsol.com>, Gnanesh Narasimhamurthy <gmurthy@eclinicalsol.com>, Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Hi Bhavyasri,

Congratulations!!!

Further to the 2022 – ECS campus recruitment drive with "KVSR Siddhartha College of Pharmaceutical Sciences", We would like to make an offer to you here at **eClinical Solutions India Pvt Limited**, Bangalore.

As discussed with you the position will be " **Clinical Data Associate – Trainee / Intern** " and your "cost to company" (CTC) would be **Rs.3,00,000/- (Three Lakhs)** per annum. Your tentative joining date is on or before 4th July 2022.

This offer is subjective to your willingness to sign an indemnity bond for 3 years and assuring our company that you will work for our company for at least 3 years with good performance. A performance bonus of Rs. 1,50,000/- (One Lakh Fifty Thousand) will be paid after the completion of three years with good performance.

Please acknowledge this offer mail as soon as possible.

For any other clarifications, please feel free to write to us.

Note: This Job offer is confidential and should not be disclosed or use this communication to any third party.

Regards,

Chandrasekhar G V

Vice President – People & Culture

eClinical Solutions India Pvt Ltd | cgedela@eclinicalsol.com

1st Floor, Creator Building, International Tech Park of Bangalore (ITPL), Bengaluru – 560 066

New: The Clinical Development Digitization Guide

Learn steps organizations must take to embrace and implement digital processes

Get the Guide | [Read Now](#)

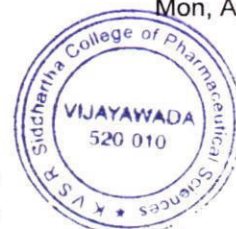
Chandrasekhar GV <CGedela@eclinicalsol.com>

To: Haridasu Bhavyasri <haridasubhavyasri2001@gmail.com>

Cc: Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Mon, Apr 25, 2022 at 4:18 PM


 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010



Hi Bhavyasri,

We appreciate your decision and your offer stands cancelled.

Regards,

Chandrasekhar G V

Vice President – People & Culture

eClinical Solutions India Pvt Ltd | cgedela@eclinicalsol.com

1st Floor, Creator Building, International Tech Park of Bangalore (ITPL), Bengaluru – 560 066

From: Haridasu Bhavyasri <haridasubhavyasri2001@gmail.com>
Sent: 25 April 2022 13:17
To: Chandrasekhar GV <CGedela@eclinicalsol.com>
Subject: Re: Job offer from ECS

Package and salary cuttings are not suitable for what i am looking for .

So I am not ready to accept the offer.

Thankyou.

[Quoted text hidden]
[Quoted text hidden]


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Tadi HariPriya,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

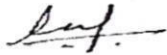
- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycaresolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

To,
Mr. Kadapa Murali Krishna
S/o Mahesh
HNO :76-17-738,
LandMark : Umilanagar,
City/Village : Vijayawada,
Post : Vijayawada,
Mandal : Bhavanipuram,
District : Krishna-520012.
State : Andhra Pradesh.

Sub : Letter for Training

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

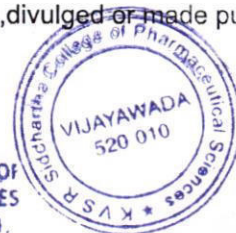
With reference to your application and discussions had with you , we are pleased to offer you a one-year training in QC Department, at Unit-2, situated at Chippada Village, Bhemmunipatnam Mandal, Visakhapatnam District on the on the following terms and conditions.

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.
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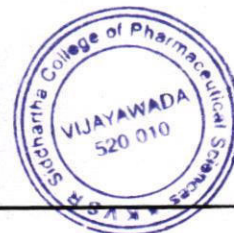
Yours sincerely,

For DIVI'S LABORATORIES LTD

CHIBBA RAO

GENERAL MANAGER (P&A)


PRINCIPAL
K.V.S.R. SIDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



ACCEPTANCE

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Signature: _____

Date: _____

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

☎ 08922 248917/927

Date:30.06.2022,

Y18BPH140030

18

To,
Miss. Kadavakollu Venkata Sai Priya
D/o Srinivasa Rao
HNO : 3-1-72,
LandMark : Ramrajya Nagar, Kabela Centre,
City/Village : Vijayawada,
Mandal : Vijayawada,
District : Krishna-520012.
State : Andhra Pradesh.


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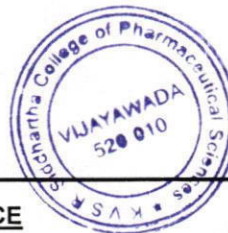
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For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
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Date: _____

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 :08922 248917/927

418BPH140032



Jack n Jill solutions Pvt.Ltd
2-2-11 18 11/3, S2, Sidhartha Castle, Shivam Road, New Nallakunta
Hyderabad - 500 044, Telangana, India | Ph: 99 491 244 71

Vijayawada
Dtd.22.01.2023

Dear Mr. K Aravind Sai Reddy,

We are glad to offer you the position with Jack n Jill Solutions Pvt Ltd, Hyderabad as Software Engineer on below Terms and conditions:

1. You will be trained and evaluated for the first three months' period.
2. Upon Successful completion of observation cum training period, A fixed remuneration of INR.15000 /- per month will be paid against the technical services offered by you to the Company.
3. Location: Initially you will be placed at our Vijayawada branch. You are to be ready to travel and relocate to any of our other branches as and when required by the company.
4. Working Hours : Monday to Friday 9:30 am till 6:00 pm . Lunch Hours 1: 00 - 2: 00 pm
5. During initial phase of your work your services will be utilized in web site development as well product development for Dairy specific industries and you need to promptly submit the work status on daily basis.
6. While working for our organization liaising with any other companies is strictly prohibited.
7. You are not entitled for any casual leaves during the probationary period i.e 6 months from the date of confirmation.
8. Upon confirmation, You will need to serve three months' notice period otherwise entitled to pay three month's salary in lieu of notice.
9. As agreed, You will serve our company for not less 12 months period from the date of completion of training.

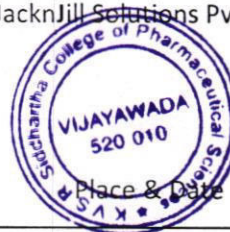
For Jack n Jill Solutions Pvt Ltd

A Sireesha

Director

I am pleased to accept the above mentioned offer. I agree to join JacknJill Solutions Pvt. Ltd
On or before Dtd : - - 2023.

Signature & Name : _____



[Signature]
PRINCIPAL
K.V.S.R.SIDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Overseas Office :
30 N GOULD ST STE 4000
SHERIDAN , WYOMING ,
WYOMING , 82802 – USA

India Operations:
48-11/1/5/8B, Floor 1,
Vallabhaneni Arcade, Currency Nagar,
Vijayawada – 520 008. INDIA.

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Karre Manasa,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

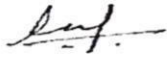
- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Offer Letter - Personal and Confidential

Date: 09-May-2022

Place: Mangalagiri

Dear Ms. Kovelamudi Keerthi Dwaraka,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) (Passport size with Blue background (non-digital))
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

To,
Mr. Kurangi Yogesh
S/o Ravi Kumar

Date:27.07.2022,

HNO : 23-17,
LandMark : Ganesh Street,
City/Village : Prasadampadu,
Post : Prasadampadu,
Mandal : Vijayawada(Rural),
District : Krishna-521108.
State : Andhra Pradesh.

418BPH140039

22

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.
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.

.....58639.....

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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 & 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)


 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.




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

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Lavuri Siva Nagaraju,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.


- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



418BPH140042

Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Job offer from ECS

4 messages

Chandrasekhar GV <CGedela@eclinicalsol.com>

Mon, Apr 25, 2022 at 2:44 PM

To: "Vasanthimandapaka202@gmail.com" <Vasanthimandapaka202@gmail.com>

Cc: Laxmi Bonagiri <vbonagiri@eclinicalsol.com>, Gnanesh Narasimhamurthy <gmurthy@eclinicalsol.com>, Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Hi Vasanthi,

Congratulations!!!

Further to the 2022 – ECS campus recruitment drive with "KVSR Siddhartha College of Pharmaceutical Sciences", We would like to make an offer to you here at **eClinical Solutions India Pvt Limited**, Bangalore.

As discussed with you the position will be " **Clinical Data Associate – Trainee / Intern** " and your "cost to company" (CTC) would be **Rs.3,00,000/- (Three Lakhs)** per annum. Your tentative joining date is on or before 4th July 2022.

This offer is subjective to your willingness to sign an indemnity bond for 3 years and assuring our company that you will work for our company for at least 3 years with good performance. A performance bonus of Rs. 1,50,000/- (One Lakh Fifty Thousand) will be paid after the completion of three years with good performance.

Please acknowledge this offer mail as soon as possible.

For any other clarifications, please feel free to write to us.

Note: This Job offer is confidential and should not be disclosed or use this communication to any third party.

Regards,

Chandrasekhar G V

Vice President – People & Culture

eClinical Solutions India Pvt Ltd | cgedela@eclinicalsol.com1st Floor, Creator Building, International Tech Park of Bangalore (ITPL), Bengaluru – 560 066**New: The Clinical Development Digitization Guide**

Learn steps organizations must take to embrace and implement digital processes

[Get the Guide | Read Now](#)**Y18 42 Vasanthi Mandapaka** <vasanthimandapaka202@gmail.com>

To: Chandrasekhar GV <CGedela@eclinicalsol.com>

Mon, Apr 25, 2022 at 9:46 PM


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



Cc: Laxmi Bonagiri <vbonagiri@eclinicalsol.com>, Gnanesh Narasimhamurthy <gmurthy@eclinicalsol.com>, Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Hi chandrasekhar,

Hope your are doing well.

Thanks for the offer.

I have gone through your email and i'm pleased to accept the offer.
Looking forward to work with your company.

In the meanwhile i need few clarifications as specified below.

1. What is the bond value to be signed?
2. Could you please share the salary breakup?

Appreciate your quick response.

Regards
Vasanthi Mandapaka
6301639978

[Quoted text hidden]

Chandrasekhar GV <CGedela@eclinicalsol.com>
To: Y18 42 Vasanthi Mandapaka <vasanthimandapaka202@gmail.com>
Cc: Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Mon, May 2, 2022 at 2:35 PM

Hi,

We have briefed all the T&C to your placement cell. Please coordinate with them. If you are not interested, we will release the offer to the next waiting list student. As of now, we have paused your job offer as we did not receive firm confirmation from yo

[Quoted text hidden]

[Quoted text hidden]

Y18 42 Vasanthi Mandapaka <vasanthimandapaka202@gmail.com>
To: Chandrasekhar GV <CGedela@eclinicalsol.com>
Cc: Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Wed, May 4, 2022 at 4:07 PM


Hello chandrasekhar,

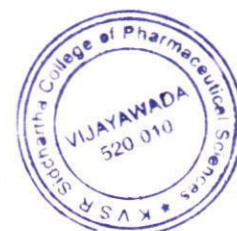
I would like to accept the offer, looking forward to work with your company

Thanking you,

Vasanthi mandapaka
6301637798

[Quoted text hidden]


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





Chandrasekhar GV 25 Apr

to me, Laxmi, Gnanesh, Nave... ✓




Hi Vasanthi,

Congratulations!!!

Further to the 2022 – ECS campus recruitment drive with “KVSR Siddhartha College of Pharmaceutical Sciences”, we would like to make an offer to you here at **eClinical Solutions India Pvt Limited**, Bangalore.

As discussed with you the position will be “**Clinical Data Associate – Trainee / Intern**” and your “cost to company” (CTC) would be **Rs.3,00,000/- (Three Lakhs) per annum**. Your tentative joining date is on or before **4th July 2022**.

This offer is subjective to your willingness to sign an indemnity bond for 3 years and assuring our company that you will work for our company for at least 3 years with good performance. A performance bonus of Rs. 1,50,000/- (One Lakh Fifty Thousand) will be paid after the completion of three years with good performance.


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 020.



Please acknowledge this offer mail as soon as possible.

For any other clarifications, please feel free to

eClinical
Powered by illuminate®



New Employee 7

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 011

A handwritten signature in green ink, appearing to be 'S. Srinivas', written over the printed name of the principal.



To,
Miss. Mitta Keerthana
D/o Rama Rao
HNO :9-476,
LandMark : Siddhartha Colony Rd No1, Thadigadapa Donka Ro:
City/Village : Yenamalakudhuru,
Mandal : Vijayawada,
District : Krishna-520007.
State : Andhra Pradesh.

418BPH140045

Sub : Letter for Training

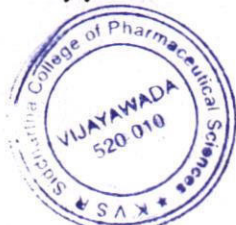
We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

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.

.....57676.....

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 030.




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 Tagarapualasa - Bus available. Tagarapualasa to Chippada - Autos available.

 :08922 248917/927

Offer Letter - Personal and Confidential

Date: 09-May-2022

Place: Mangalagiri

Dear Ms. Munjuluri Harshitha,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

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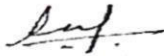
- 10th class Certificate.
- 12th class Certificate.
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- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycaresolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Mutte Jahnvi Sri,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

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- Photographs (Color) – 6 nos. (mandatory) (Passport size with Blue background (non-digital))
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For **PhyCARE Services India Pvt. Ltd.**



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

To,
Miss. Myneedu Kavya Sree
D/o Venkateswara Rao
HNO :15-1,
LandMark : Sri Lakshmi First Aid Centre, Challapalli Road,
City/Village : Pamarru,
Post : Pamarru,
Mandal : Pamarru,
District : Krishna-521157.
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 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.

.....57211.....


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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.

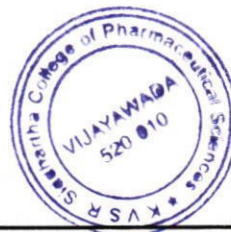
Yours sincerely,

For DIVI 'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




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 Lingoijudem - Autos available.

:08694-257001

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Nagayalanka Nagamani,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.


- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet - annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) - 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) - 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

To,
Mr. Lemati Neeharika
S/o Hanumantha Rao
HNO : Flat No 303,
LandMark : Pragathi Towers, Veeraiah Street, Maruti Nagar,
City/Village : Vijayawada,
Post : Vijayawada,
Mandal : Vijayawada,
District : Krishna-520004.
State : Andhra Pradesh.

Date:11.07.2022,

418BPH140053


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.

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PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




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

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Pathakoti Vandana,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

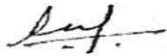
- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet - annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) - 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) - 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Patibandla Sravani,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

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- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Offer Letter - Personal and Confidential

Date: 09-May-2022

Place: Mangalagiri

Dear Mr. Pavuluri Amar,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

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- Degree Certificate. (Provisional)
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- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycare resolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For **PhyCARE Services India Pvt. Ltd.**



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Date:17.06.2022,

To.
Miss. Pechetti Durga Bhavani
 D/o Chinna
 HNO :1-874,
 LandMark : Busstand opp Veeranna Cheruvu,
 City/Village : Vissannapeta,
 Post : Vissannapeta,
 Mandal : Vissannapeta,
 District : Krishna-521215.
 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 QC Department, at Unit-1, situated at Lingo jigudem 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.

.....57212.....

PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010:



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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
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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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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



418BP4140060

Divi's Laboratories Limited

To,
Miss. Pinapaka Sai Sri Raajitha
D/o Sreenivasa Murthy
HNO : 23-25-2,
LandMark : Mahalakshmi Towers, Sannidan
City/Village : Satyanarayanapuram,
Mandal : Vijayawada,
District : Krishna-500011.
State : Andhra Pradesh.

Date: 30-Jun-2022

Sub : Letter for Training

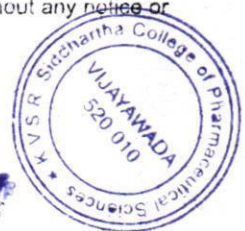
We extend to you our warmest welcome to our family of Divi's Laboratories Limited.

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 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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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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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.

57620

Principal
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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 6460., CIN : L24110TG1990PLC011854



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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 - 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.SUBBARAO
GENERAL MANAGER (P&A)




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-S20 010.

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

57820

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 6460., CIN : L24110TG1990PLC011854

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

418BPH140061

4G 4G 7:59 ...

VoLTE 0.00 KB/s 22%



Episource On Premises Joining Confirmation - 12th December'2022 - Vijayawada

Inbox



Anand Putti Dec 6
to bcc: me ^



From Anand Putti • anand.putti@episource.com
 Bcc pothuripoojitha3@gmail.com
 Date Dec 6, 2022, 6:47 PM
 Standard encryption (TLS).
 View security details

Dear All,

We are excited to welcome you to the
Episource Family.

Please read through this mail for details
about your joining date, time and venue
details.



(Signature)
 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.



To,
Miss. Pragada Durga Kalyani
D/o Srinu
HNO :10-769,
City/Village : Lakkavaram,
Mandal : Jangareddygudem,
District : West godavari-534451.
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 PDSO Department, at Unit-1, situated at Lingoijgudem 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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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.

.....57031.....


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




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

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Mr. Shaik Basha,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

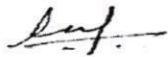
- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the **PhyCARE** family!!

Thank you

For **PhyCARE Services India Pvt. Ltd.**



Human Resources Department



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Y18BH 140069

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Shaik Salam,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

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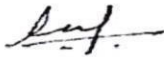
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- 12th class Certificate.
- Degree marks sheet - annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) - 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) - 6 nos. (mandatory) (Passport size with Blue background (non-digital))
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Y18BPH140070

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Sravanthi Thommandru,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00 Per Month**. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

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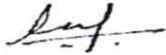
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- 12th class Certificate.
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- Photographs (Color) - 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycare resolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

418BPH140071



Jack n Jill solutions Pvt.Ltd
2-2-111811/3, S2, Sidhartha Castle, Shivam Road, New Nallakunta
Hyderabad - 500 044, Telangana, India | Ph: 99 491 244 71

Vijayawada
Dtd.28.12.2022

Dear Ms. S Nikhitha,

We are glad to offer you the position with Jack n Jill Solutions Pvt Ltd, Hyderabad as Oracle Aps Technical on below and conditions:

1. You will be trained and evaluated for the first threemonths' period.
2. Upon Successful completion of observation cum training period,A fixed remuneration of INR.15000 /- per mo will be paid against the technical services offered by you to the Company.
3. Location:Initially you will beplaced at our Vijayawada branch.You are to be ready to travel and relocate to any our other branches as and when required by the company.
4. Working Hours : Monday to Friday 9:30 am till 6:00 pm . Lunch Hours 1:00 - 2:00 pm
5. During initial phase of your work your services will be utilized in web site development as well product development for Dairy specific industries and you need to promptly submit the work status on daily basis.
6. While working for our organization liaising with any other companies is strictly prohibited.
7. You are not entitled for any casual leaves during the probationary period.i.e 6 months from the date confirmation.
8. Upon confirmation, You will need to serve three months' notice period otherwise entitled to pay three month salary in lieu of notice.
9. As agreed, You will serve our company for not less 12 months period from the date of completion of training.

For Jack n Jill Solutions Pvt Ltd

A Sireesha

Director

I am pleased to accept the above mentioned offer. I agree to join Jack n Jill Solutions Pvt. Ltd
On or before Dtd: 31- 01- 2023.



[Signature]
Principal
**K.V.S.R.SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 018.**

Signature & Name : _____

Date & Date: _____

Overseas Office:
30 N GOULD ST STE 4000
SHERIDAN , WYOMING ,
WYOMING , 82802 – USA

India Operations:
48-11/1/5/8B, Floor 1,
Vallabhaneni Arcade, Currency Nagar,
Vijayawada – 520 008. INDIA.

To,
 Miss. Tammina Chandra Lekha
 D/o Murali Venkata Subba Rao
 HNO : Flat No-66,
 LandMark : Gayatri Nivas,
 City/Village : Vijayawada,
 Mandal : Vijayawada,
 District : Krishna-520001.
 State : Andhra Pradesh.

Date:18.06.2022,

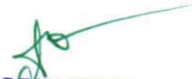
Sub : Letter for Training

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.
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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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.....57266.....


 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.



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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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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

Y18BPH140073

9:59

87%

← [Icons] ☆
Episource On Premises Joining Confirmation - 12th December'2022
- Vijayawada Inbox



Anand Putti Dec 6
to bcc: me ^



From Anand Putti • anand.putti@episource.com
Bcc thotach2399@gmail.com *Thota Manichandane*
Date Dec 6, 2022, 6:47 PM
Standard encryption (TLS).
View security details

Dear All,

We are excited to welcome you to the Episource Family.

Please read through this mail for details about your joining date, time and venue details.

Date of Joining	12th December, 2022
Reporting Time	9:30 AM



ofe
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



To,
 Miss. Tumu Divya Sri
 D/o Venkata Bhaskara Rao
 HNO :7-10,
 LandMark : Seethapeta,
 City/Village : Kowtharam,
 Mandal : Gudlavalleru,
 District : Krishna-521331.
 State : Andhra Pradesh.

Date:05.07.2022,

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.
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.....57675.....

PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.



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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.

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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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010




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

To,
Miss. Venigalla Pallavi Chowdary
D/o Siva Rama Krishna
HNO :61-23-11A,
LandMark : Vallabhaneni Towers, Rajith Bhargar Road,
City/Village : Vijayawada,
Mandal : Vijayawada,
District : Krishna-520013.
State : Andhra Pradesh.

Date:14.06.2022,

V18BPH140077

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.
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PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
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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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We take this opportunity to welcome you to the organization and wish you good luck.

Yours sincerely,

For DIVI'S LABORATORIES LTD

K.SUBBARAO

GENERAL MANAGER (P&A)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




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

Offer Letter - Personal and Confidential

Date: 09-May-2022

Place: Mangalagiri

Dear Ms. Bandi Venkata Bhumika,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

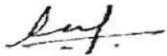
- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet - annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) - 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) - 6 nos. (mandatory) (Passport size with Blue background (non-digital))
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Offer Letter - Personal and Confidential

Date: 09-May-2022

Place: Mangalagiri

Dear Ms. Vallabhaneni Vyshnavisaimalavika,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding** Department as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

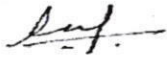
- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet – annual/all semesters.
- Degree Certificate. (Provisional)
- PG /Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) – 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) – 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

To,
Miss. Yarrapothu Juhi Nirmala
D/o Venkateswara Rao
HNO : 32-46,
LandMark : Janardhan Nagar, Khilla Road,
City/Village : Kondapalli,
Post : Kondapalli,
Mandal : Ibrahimpatnam,
District : Krishna-521228.
State : Andhra Pradesh.

Date:15.07.2022,

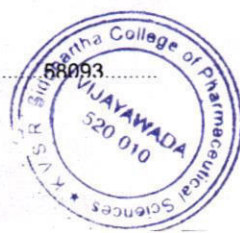
418BPH140081

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.
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.



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

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.

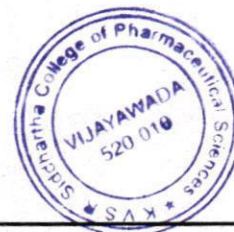
Yours sincerely,

For DIVI'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




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

To,
Mr. Gannu Yasaswitha Srujana
S/o Simhadri

Date:21.07.2022,

HNO : 2-167/2,
LandMark : Near Brahmamgari Temple,
City/Village : Poranki,
Mandal : Vijayawada,
District : Krishna-521134.
State : Andhra Pradesh.

418 BPH 140082

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.




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

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 & 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.

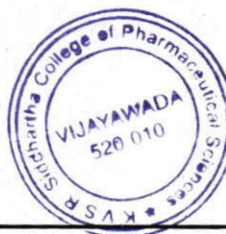
Yours sincerely,

For DIVI'S LABORATORIES LTD

K.SUBBA RAO

GENERAL MANAGER (P&A)

PRINCIPAL
K.V.S.R. Srinivasa Murthy College of
Pharmaceutical Sciences
Vijayawada - 520 010.



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

Offer Letter - Personal and Confidential

Date: 09-May-2022
Place: Mangalagiri

Dear Ms. Yendamuri Mounika,

This has with reference to your application for employment and the discussions we have had during the interview. We are pleased to offer you the employment in our **Medical Coding Department** as **Junior Executive** at Mangalagiri Office.

Your total compensation (cost to company) will be **INR. 12000.00** Per Month. (INR 1,44,000.00 per annum CTC) and the shift timings will be 09:00AM to 06:00PM (Day Shift).

A detailed appointment letter with terms and conditions governing your employment with us will be issued on your joining the services of the Company.

You are requested to confirm the date of joining and submit the documents listed below at the time of joining.

The following documents are required in Hard/soft copies along with the self-attestation of the same on the date of joining.

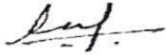
- 10th class Certificate.
- 12th class Certificate.
- Degree marks sheet - annual/all semesters.
- Degree Certificate. (Provisional)
- PG / Diploma / Certifications. (If applicable)
- AADHAR Card/PAN Card/Driving License/Voters ID (any 2) - 2 copies each. (Color copies of Aadhar Card mandatory)
- Photographs (Color) - 6 nos. (mandatory) {Passport size with Blue background (non-digital)}
- Blood Group information (mandatory)
- Updated Resume.

You are requested to confirm your acceptance of the offer by your self-attestation or by replying to the mail id hr@phycareolutions.com mentioning the date of joining on or before **01 Sep, 2022** failing which this offer will stand automatically withdrawn.

We welcome you to the PhyCARE family!!

Thank you

For PhyCARE Services India Pvt. Ltd.



Human Resources Department




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

To,
Miss. Ummidi Deepika
D/o Gangadhara Rao
HNO :1-3/24-243A,
LandMark : Near Lollavari Street, Ravindra Bharathi School,
City/Village : Vijayawada,
Mandal : Vijayawada ,
District : Krishna-520012.
State : Andhra Pradesh.

Date:17.06.2022,

418 BPA140085

39

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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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.
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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.

.....57209



[Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

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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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
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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)


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




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

418BPH140079



14/04/2023

Naga Venkata Kalyan Vicharapu
1-21, Palankipadu, Movva Mandal
Krishna District
Machilipatnam - 521158
India

Dear Naga Venkata Kalyan,

Welcome to IQVIA™

On behalf of IQVIA, The Human Data Science Company™, we are pleased to extend an offer of employment for you to join our global team.

By accepting this offer, you will join a diverse team of 55,000+ employees in 100+ countries who share a passion to help clients drive healthcare forward. Discover new paths to success as you share stories of unparalleled data, transformative technology, advanced analytics, and domain expertise coming together to solve complex problems. Join IQVIA and be the catalyst for the future of human science.

Your designation will be {Safety Associate Trainee - 110}. You will be based in Bangalore, India (INBGL1, 42.5, Omega) Included is information about our offer of employment for your review, including details about salary, vacation time and health benefits.

Please note that this offer is subject to the outcome of the Background Verification on your candidature. At any point, in the event we find that any supporting documentation and/or information provided in connection with this offer letter is found to be false or misrepresented, the company reserves the right to revoke this offer of employment and terminate the appointment on an immediate basis.

ANNUAL GROSS PAY (AGP) - ₹310,950.00

PROVIDENT FUND - 28800


FIXED COST TO COMPANY (1+2) - 339,750

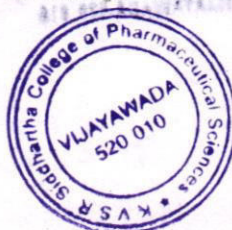
ANNUAL INCENTIVE PAY TARGET* - 24876

TOTAL COST TO COMPANY (3+4) - 364,626

ANNUAL INCENTIVE PAY TARGET*

You are eligible to participate in IQVIA's Annual Incentive Plan (AIP) subject to the terms and conditions of the applicable AIP in place at the time of any payout. Your manager will communicate performance parameters at a later date.


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010





date. Your start date must occur on or before September 30 to be eligible to participate in the AIP for the year in which you start, and any payout will be prorated based on your start date. Employees are not guaranteed any payout under the AIP. Any payout or achievement is determined by the Company within its sole discretion and not according to any specific formula or calculation.

Detailed break up of salary will be shared separately.

You will be required to work in shifts as per the company requirements.

BENEFITS:

- Gratuity: The eligibility and amount of this benefit is as per the applicable laws.
- Leave Eligibility: All leave entitlements will be pro-rated on an accrual basis in terms of fractions of the calendar year during which you attended the office. The leave entitlements set out above are provided annually (January-December of each calendar year) and are subject to company policy, as it may be from time to time.
- Group Mediclaim: Employee and family members are covered as per prevailing Company Policy.
- Employees are covered under Group Life Insurance & Group Personal Accident Insurance as per prevailing Company Policy.

The next step is to indicate your agreement to these terms by electronically signing this offer. It is important that you accept your offer of employment within 48 hours of receipt. Once accepted the remaining Onboarding documents will become available to you for completion within a further 3 days. Please read and follow the instructions on each of the documents carefully. Failure to complete the tasks may affect the downstream activities of your onboarding process.

We look forward to receiving your acceptance to join our team. We are really excited to welcome you to IQVIA.

Sincerely,

Rashmi Avinash
Director, Talent Acquisition Team

For IQVIA RDS (India) Private Limited

Joining Date: 20-Apr-2023

DocuSigned by:
V. N. V. Kalyan
2F0A8B18C8624A3

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE IN
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010





Registered Office
IQVIA RDS (India) Private Limited
Omega,
Embassy TechSquare,
Kadubeesanahalli CIN: U74140KA2003PTC032950
Marathahalli-Sarjapur Outer Ring Road.
Bangalore-560103
www.iqvial.com

EXECUTIVE EMPLOYMENT AGREEMENT

This Employment Agreement ("Agreement"), dated as of the 20-Apr-2023 is made and entered by {IQVIA RDS (India) Private Limited} (hereinafter "IQVIA" and Naga venkata kalyan Vicharapu, AGED {{24}} (DOB: {13-1-1999}), [S-D]/o {Venkata Janardhana Rao} having Aadhar No. {796140066070} (hereinafter the "Executive").

IQVIA desires to employ this Executive as Safety Associate Trainee and provide adequate assurances to this Executive and this Executive desire to accept such employment on the terms set forth below.

In consideration of the mutual promises set forth below and other good and valuable consideration, the receipt and sufficiency of which the parties acknowledge, IQVIA and Executive agree as follows:

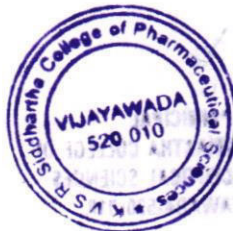
1. **EMPLOYMENT** IQVIA employs Executive and Executive accepts employment on the terms and conditions set forth in this Agreement.

2. **NATURE OF EMPLOYMENT** This Executive shall serve as a Safety Associate Trainee and have such responsibilities and authority as IQVIA may assign from time to time. Additionally, this Executive agrees to perform such other duties consonant with those of an executive at the Executive's level as IQVIA may set from time to time.

2.1 This Executive shall perform all duties and exercise all authority in accordance with, and otherwise comply with, all IQVIA policies, procedures, practices and directions.

2.2 This Executive shall devote all working time, best efforts, knowledge and experience to perform successfully the Executive's duties and advance the Company's and/or its Affiliates' interests. During employment, this Executive shall not engage in any other business activities of any nature whatsoever (including board memberships) for which this Executive receives compensation without the Company's prior written consent; provided, however, this provision does not prohibit this Executive from personally owning and trading in stocks, bonds, securities, real estate, commodities or other investment properties for the Executive's own benefit which do not create actual or potential conflicts of interest with IQVIA and/or its Affiliates. As used in this Agreement, "Affiliates" shall mean: (i) any Company's parent, subsidiary or related entity; and/or (ii) any entity directly or indirectly controlled or beneficially owned in whole or part by IQVIA or Company's parent, subsidiary or related entity.

2.3 This Executive's base of operation shall be Bangalore, India (INBGL1, 42.5, Omega) subject to business travel as



PRINCIPAL
K.V.S.R. SIBBHARATHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VJAYAWADA-520 010



may be necessary in the performance of Executive's duties. IQVIA may in its sole discretion reallocate or transfer this Executive to a different location, shift, department or Affiliates at any time during employment.

3. COMPENSATION

3.1 Base Salary. This Executive's annual salary for all services rendered shall be Indian Rs. ₹310,950.00 payable in equal monthly installments (less applicable withholdings) in accordance with the Company's policies, procedures and practices as they may exist from time to time. Executive's salary shall be reviewed in accordance with the Company's policies, procedures and practices as they may exist from time to time.

3.2 Other Benefits. This Executive may participate in all medical and disability insurance, pension, personal leave and other employee benefit plans and programs except Executive may not participate in any severance plans which may be made available from time to time to IQVIA executives at Executive's level; provided, however, that this Executive's participation in benefit plans and programs is subject to the applicable terms, conditions and eligibility requirements of these plans and programs, some of which are within the plan administrator's discretion, as they may exist from time to time.

3.3 Business Expenses. This Executive shall be reimbursed for reasonable and necessary expenses actually incurred by this Executive in performing services under this Agreement in accordance with and subject to the terms and conditions of the applicable IQVIA reimbursement policies, procedures and practices as they may exist from time to time. Expenses covered by this provision include but are not limited to travel, entertainment, professional dues, subscriptions and dues, fees and expenses associated with membership in various professional, and business and civic associations of which Executive's participation is in the Company's best interest.

3.4 Nothing in this Agreement shall require IQVIA to create, continue or refrain from amending, modifying, revising or revoking any of the plans, programs or benefits set forth in Sections 3.2 through 3.3. Any amendments, modifications, revisions and revocations of these plans, programs and benefits shall apply to Executive.

3.5 If, at any time during which the Executive is receiving salary or post-termination payments from the Company, the Executive receives payments on account of mental or physical disability from any source, then the Company, at its discretion, may reduce the Executive's salary or post-termination payments by the amount of such disability payments.

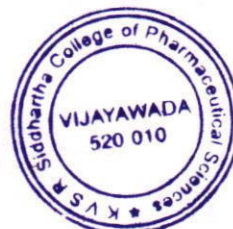
4. TERM OF EMPLOYMENT

4.1 The parties agree that during the first one hundred and eighty (180) days (first and last day, inclusive) of the Executive's employment with IQVIA (the "Probation Period"), either party may terminate this Agreement without Cause (as defined in clause 4.2, below) at any time upon giving the other party thirty (30) days written notice; except:

(a) that IQVIA may by written notification to you extend the said Probation Period by further two (2) months (the "Extended Probation Period"); and

JANUARY
10 10:10 AM
23/01/2023
SIDDHARTHA COLLEGE OF PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

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C.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
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(b) Executive hereby expressly agree that he/she shall not either directly or indirectly commit or cause to commit any cybercrime. Cybercrime as mentioned herein means any isolated or concerted act done anywhere by which the originator of such act or associates:

- (i) Gain unauthorized access to the computer system or computer network; or
- (ii) Download, copy or extract any information or data from such system; or
- (iii) Introduce any harmful code; or
- (iv) Cause any damage to the system or network; or
- (v) Cause the non-functioning or malfunctioning of any system or network; or
- (vi) Cause denial of access to any authorized person to the system or network; or
- (vii) Contravene any provision of the Information Technology Act, 2000 and the rules and regulation made there under; or
- (viii) Tamper or manipulate any system or network with the object of operating the account of another person; or
- (ix) Alter or delete any information residing in a computer resource or diminishes the value or utility of the function of the computer system or network through any means; or
- (x) Do anything which has the effect of adversely affecting the performance of a computer network or services.

(c) As a condition of employment, Executive hereby accepts the following non-disclosure requirements:

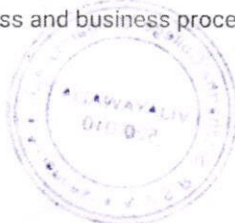
(i) Except as reasonably required in the performance of his/her duties, Executive shall not at any time during or after his/her employment has been terminated, disclose or reveal to any person or otherwise make use of Confidential Information including any personal information, trade secrets, secret or confidential operations, processes or dealings or any information concerning the Company, its clients or its' clients' customers, or the business, finances, transactions or affairs of the Company.

(ii) Regarding these non-disclosure obligations, Executive fully acknowledge and consent to the Company's ability to monitor and review his/her activities while in employment to the maximum extent permitted by law.

(iii) Executive further agrees to take all reasonable action to prevent unauthorized use or disclosure of any Confidential Information, including any personal information that he/she may view or access during employment. Confidential Information shall mean without limitation, any information that is not publicly known and relates to business affairs, proprietary products, technology, research, development and trade secrets of IQVIA and its Affiliates and other entities with which IQVIA conducts business and/or are stakeholders in such business.

(d) IQVIA confidential information shall include, but not limited to:

- (i) IQVIA data and databases.
- (ii) Statistical methodologies, computer software and documentation.
- (iii) Information about employees (including compensation, benefits and performance reviews).
- (iv) Lists of customers and prospective customers.
- (v) Business plans, including marketing plans, research and development plans, sales plans and strategic plans.
- (vi) Methods of doing business and business processes.



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issued and outstanding stock of a corporation the shares of which are regularly traded on a national securities exchange or in the over-the-counter market shall not violate Section 6.2.

6.3 Remedies. Executive acknowledges that the Executive's failure to abide by IQVIA Property or Competitive Business Activities provisions of this Agreement would cause irreparable harm to IQVIA and/or its Affiliates for which legal remedies would be inadequate. Therefore, in addition to any legal or other relief to which IQVIA and/or its Affiliates may be entitled by virtue of Executive's failure to abide by these provisions: (i) IQVIA will be released of its obligations under this Agreement to make any post-termination payments, including but not limited to those otherwise available pursuant to Sections 5.2 or 5.4; (ii) IQVIA may seek legal and equitable relief, including but not limited to preliminary and permanent injunctive relief, for Executive's actual or threatened failure to abide by these provisions; (iii) Executive will return all post-termination payments received pursuant to this Agreement, including but not limited to those received pursuant to Sections 5.2 or 5.4; (iv) Executive will indemnify IQVIA and/or its Affiliates for all expenses including attorneys' fees in seeking to enforce these provisions; and (v) if, as a result of Executive's failure to abide by IQVIA Property or Competitive Business Activities provisions, any commission or fee becomes payable to Executive or to any person, corporation or other entity with which Executive has become employed or otherwise associated, Executive shall pay IQVIA or cause the person, corporation or other entity with whom the Executive has become employed or otherwise associated to pay IQVIA an amount equal to such commission or fee. If IQVIA exercises its right to discontinue payments under this provision and/or Executive returns all post-termination payments received pursuant to this Agreement, Executive shall remain obligated to abide by IQVIA Property and Competitive Business Activities provisions set forth in this Agreement.

6.4 Tolling. The three (3) month period under Section 6.2 shall be tolled during any period in which Executive fails to abide by these provisions.


6.5 Other Agreements. Nothing in this Agreement shall terminate, revoke or diminish Executive's obligations or the Company's and/or its Affiliates' rights and remedies under law or any agreements relating to trade secrets, confidential information, non-competition and intellectual property which Executive has executed in the past or may execute in the future or contemporaneously with this Agreement.

7. **RELEASE** Executive acknowledges that: (i) as a part of the Executive's services, the Executive may provide the Executive's image, likeness, voice or other characteristics; and (ii) IQVIA may use the Executive's image, likeness, voice or other characteristics and expressly releases the Company, its Affiliates and its and/or their agents, employees, licensees and assigns from and against any and all claims which the Executive has or may have for invasion of privacy, right of privacy, defamation, copyright infringement or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such characteristics.

8. EMPLOYEE REPRESENTATIONS

(a) Executive represents and warrants that the Executive's employment and obligations under this Agreement will not (i) breach any duty or obligation the Executive owes to another or (ii) violate any law, recognized ethics standard or recognized business custom.




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(1) on Executive's own or another's behalf, whether as an officer, director, stockholder, partner, associate, owner, employee, consultant or otherwise, directly or indirectly:

(i) During the Executive's employment and the three (3) months following the Executive's effective termination date (regardless of the reason for the termination), compete with IQVIA or its Affiliates within the geographical areas set forth in Section 6.2 (b); except that Executive, without violating this provision, may become employed by: (A) any company which is engaged in the integrated development, discovery, manufacture, marketing and sale of pharmaceutical drugs that does not engage in Covered IQVIA Offering; (B) a local, state or federal government; or (C) an academic institution, provided you are not providing services for such institution that competes with IQVIA or its Affiliates.

"Covered IQVIA Offering" means any IQVIA Offering (A) involving without limitation, contract sales, contract research or life-science analytics, (B) with which the Executive was involved in any way, (C) that was offered or supported in any way by the Business Unit of IQVIA for or with which the Executive provided Services, or (D) as to which Executive had access to IQVIA confidential or trade secret information"

(ii) During the Executive's employment and the twelve (12) months following the Executive's effective termination date (regardless of the reason for the termination), within the geographical areas set forth in Section 6.2 (b), solicit or do business which is the same, similar to or otherwise in competition with the business engaged in by IQVIA or its Affiliates, from or with persons or entities: (A) who are customers of IQVIA or its Affiliates; (B) who Executive or someone for whom the Executive was responsible solicited, negotiated, contracted or serviced on the Company's or its Affiliates' behalf; or (C) who were customers of IQVIA or its Affiliates at any time during the last year of Executive's employment with the Company;

(iii) During the Executive's employment and the six (6) months following the Executive's effective termination date (regardless of the reason for the termination), offer employment to or otherwise solicit for employment any employee or other person who had been employed by IQVIA or its Affiliates during the last year of Executive's employment with the Company; or

(2) directly or indirectly take any action which is materially detrimental or otherwise intended to be adverse to the Company's and/or Affiliates' goodwill, name, business relations, prospects and operations.

(b) The restrictions set forth in Section 6.2 apply to the following geographical areas; (i) within a 60-mile radius of IQVIA and/or its Affiliates where the Executive had an office during the Executive's employment with IQVIA and/or its Affiliates; (ii) any city, metropolitan area, state in which Executive's services were provided, or for which Executive had responsibility, or in which Executive worked on IQVIA and/or Affiliates' projects, while employed by IQVIA; and (iii) any city, metropolitan area, state in which IQVIA or its Affiliates is located or does or, during Executive's employment with Company, did business.

(c) Notwithstanding the foregoing, Executive's ownership, directly or indirectly, of not more than one percent of the



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5.5 The Company's obligation to provide the payments under Sections 5.2 and 5.4 is conditioned upon Executive's execution of an enforceable release of all claims and the Executive's compliance with Section 6 of this Agreement. If Executive chooses not to execute such a release or fails to comply with Section 6 then the Company's obligation to compensate the Executive's ceases on the effective termination date.

5.6 Executive is not entitled to receive any compensation or benefits upon the Executive's termination except as: (i) set forth in this Agreement; (ii) otherwise required by law. Moreover, the terms and conditions afforded Executive under this Agreement are in lieu of any severance benefits to which the Executive otherwise might be entitled pursuant to any severance plan, policy and practice of IQVIA and or its Affiliates. Nothing in this Agreement, however, is intended to waive or supplant any death, disability, retirement or pension benefits to which the Executive may be entitled under employee benefit plans in which the Executive participates.

5.7 Without prejudice to the provisions of Section 4.1, 4.2 and 5.2, if the Executive terminates his/her employment pursuant to Section 4.1 (without cause), then IQVIA may at its sole option, either require the Executive to: (a) serve the notice period specified in Section 4.1 (whether such notice period is within the Probation Period or at any time thereafter) in whole or part; or (b) may pay the Executive an amount equivalent to the gross salary that would have been owed to the employee for the duration of the aggregate notice period specified in Section 4.1 in lieu of the Executive serving the said notice period.

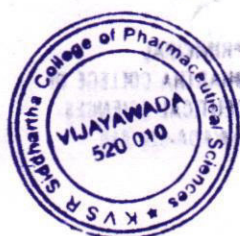
5.8 It is expressly acknowledged and agreed that the rights of IQVIA set out in Section 5.7 (a) and (b) may be exercised in whole or in part by IQVIA and where IQVIA requires the Executive to only serve a part of his/her notice period pursuant to Section 5.7 (a), then for the remainder of the notice period IQVIA shall pay amounts in lieu of notice on a pro-rated basis.

6. IQVIA PROPERTY AND COMPETITIVE BUSINESS ACTIVITIES

6.1 IQVIA Property. Upon termination of the Executive's employment, Executive shall: (i) deliver to IQVIA all records, memoranda, data, documents and other property of any description which refer or relate in any way to Trade Secrets or Confidential Information, including all copies thereof, which are in the Executive's possession, custody or control; (ii) deliver to IQVIA all IQVIA and/or Affiliates property (including, but not limited to, keys, credit cards, client files, contracts, proposals, work in process, manuals, forms, computer stored work in process and other computer data, research materials, other items of business information concerning any Company and/or Affiliates client, or Company and/or Affiliates business or business methods, including all copies thereof) which is in the Executive's possession, custody or control; (iii) bring all such records, files and other materials up to date before returning them; and (iv) fully cooperate with IQVIA in winding up the Executive's work and transferring that work to other individuals designated by the Company.

6.2 Competitive Business Activities.

(a) Executive will not engage in the following activities:



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Retirement Age may be varied by IQVIA at its sole discretion (which shall be by way of written notification to you and which may be electronically communicated).

(b) You may terminate your employment upon ninety (90) days written notice in the event IQVIA fails to comply with any material provision of this Agreement; provided, however, IQVIA shall have ninety (90) days from the receipt of such notice to cure any such default. If such default is cured within the initial ninety (90) days period, or if IQVIA takes reasonable steps to cure the default within such period and reasonably expects to cure such default within a reasonable time and in any event within one hundred and twenty (120) days of the original notice of breach, then in either event, you shall have no right to terminate your employment.

4.3 This Agreement shall terminate upon the termination of the employment relationship with the following exceptions: Section 6 (IQVIA Property and Competitive Business Activities), and Section 7 (Release) shall survive the termination of Executive's employment and/or the expiration or termination of this Agreement, regardless of the reasons for such expiration or termination.

5. COMPENSATION AND BENEFITS UPON TERMINATION

5.1 The Company's obligation to compensate the Executive ceases on the effective termination date except as to: (i) amounts due at that time and (ii) any compensation and/or benefits to which the Executive may be entitled to receive pursuant to Sections 5.2, 5.3, 5.4, 5.7 or 5.8.

5.2 If IQVIA terminates Executive's employment pursuant to Sections 4.1 (without cause), then the Company's sole obligation shall be to pay Executive: (i) amounts due on the effective termination date; (ii) Subject to Executive's compliance with Section 6 and subject to Sections 3.5 and 5.6, an amount equal to this Executive then current monthly base salary (less applicable withholdings) for the three (3) month non-competition period set forth in Section 6.2, payable in equal monthly installments.

5.3 If IQVIA terminates this Executive's employment as provided in Section 4.2 or if the Executive terminates employment pursuant to Section 4.1 (without cause), then the Company's sole obligation shall be to pay Executive amounts due on the effective termination date. Executive, except when employment terminates pursuant to Section 4.2 (a) (death), shall comply with Section 6 of this Agreement upon expiration or termination of this Agreement.

5.4 If Executive terminates the employment relationship as a result of the Company's failure to cure its material breach of this Agreement after the Executive has given IQVIA notice of the material breach and 30 days in which to cure the breach (or such longer period as may be reasonably required to cure the breach as long as IQVIA is making good faith efforts to do so), pursuant to Section 4.2(b) of this Agreement, then the Company's sole obligation to Executive in lieu of any other damages or other relief to which the Executive otherwise may be entitled shall be (i) an amount equal to amounts due at the time of the Executive's termination; and (ii) subject to Executive's compliance with Section 6 and subject to Sections 3.5 and 5.5, liquidated damages in an amount equal to the Executive's then current monthly salary (less applicable withholdings) for the three (3) month non-competition period set forth in Section 6.2, payable in equal monthly installments.



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(b) that in the event this Agreement has not been terminated by either party during the Probation Period or the Extended Probation Period (as the case may be); then

(c) for the remainder of the duration of the Executive's employment with IQVIA (i.e. after the Probation Period/ Extended Probation Period), either party may only terminate this Agreement without Cause by providing the other with ninety (90) days written notice.

For the avoidance of doubt the terms applicable to the Probation Period shall be applicable to the Extended Probation Period on a pari pasu basis.

4.2 In addition to termination without cause pursuant to sections 4.1 above, your employment may also be terminated as follows:

(a) IQVIA shall have the right to terminate your employment immediately by written notice for Cause (as defined below), or without notice in the event of your Disability (as defined below), upon attaining Retirement Age (as defined below), Negative Medical Report (as defined below) or death.

As used in this Agreement "Cause" shall mean:

- (i) your performance of your job in an unsatisfactory manner, as determined by the Company;
- (ii) your material breach of any of the terms of this Agreement including but not limited to Sections 2 or 8;
- (iii) your failure to comply with IQVIA policy, procedure, practice or direction by the Company;
- (iv) your misconduct, violation of any law classified as a felony or dishonesty; or
- (v) the Company's dissolution or cessation of business operations.


"Negative Medical Report" as used in this Agreement, means a negative report pursuant to the mandatory annual medical checkups for all IQVIA employees working in laboratories where biomedical waste is handled.

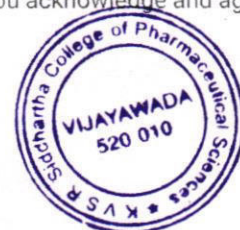
"Disability" as used in this Agreement, means a physical or mental condition that renders you unable to perform the essential functions of your job for a period of one hundred and eighty (180) days or more. Disability shall be determined by a physician satisfactory to the Company.

Subject to the provisions of the foregoing paragraph, for the purposes of this Agreement, you shall be deemed to attain retirement when you attain the age of sixty (60) years (the "Retirement Age").

Without prejudice to the provisions of any agreement and/or arrangement that IQVIA may have with any body-corporate in respect of statutory or other benefits that you may be entitled to, you acknowledge and agree that, the




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- (vii) Financial information relating to the performance of the Company.
- (viii) Internal policies accessible only to employees during employment.
- (ix) Other information that is not generally known, and that relates to IQVIA.

(e) Confidential Information of others may include:

(i) Information shared by a customer about its business that is not generally known to public (for example, drugs in research & development, potential drug licensing transactions between pharmaceutical companies, direct sales data, sales territory alignments, report parameters selected by the customer, business plans, etc.).

(ii) Information shared by a data supplier about its business that is not generally known to public (for example, computer system specifications, unprocessed supplier data, business plans, etc.)

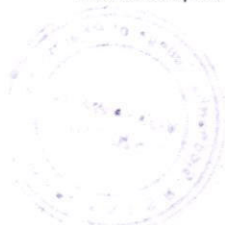
(iii) Information shared by another company to help IQVIA evaluate whether to enter into a business relationship with that company.

(f) Confidential Information also includes any individually identifiable information about any individual, whether an IQVIA employee, business contact, customer, client or customer or employee of any Company's client. This information may not be used or disclosed by Executive for any purpose except to perform the specific functions or responsibilities assigned to Executive during employment.


(g) Executive shall indemnify IQVIA (including its directors, employees and agents) from and against any and all loss and damage or liability suffered and legal fees and all costs incurred by IQVIA resulting from or related to a breach of any of Executive's obligations and/or representations contained herein for any reason whatsoever.

(h) Executive agrees that he/she shall promptly make full written disclosure to IQVIA, will hold in trust for the sole right and benefit of IQVIA, and hereby assign to IQVIA, or its designee, all of his/her right, title and interest throughout the world in and to any and all IQVIA Inventions. IQVIA inventions ("IQVIA Inventions") shall mean all inventions that Executive may solely or jointly author, discover, develop, conceive, or reduce to practice during the period of employment with IQVIA and all data created or developed by Employee or provided by IQVIA or third parties during his/her employment, wherever located whether electronically or in hard copy, in a computer, mobile device, cloud storage or otherwise ("Data"). Executive further acknowledge that all IQVIA Inventions made by Executive (solely or jointly with others) within the scope of and during the period of the employment, including without limitation the Data, are "works made for hire" (to the greatest extent permitted by applicable law) and are compensated by Executive's salary. Executive hereby waives and irrevocably quits, claims to IQVIA or its designee all claims, of any nature whatsoever, that he/she now have or may hereafter have in respect of any and all IQVIA Inventions, including without limitation claims for infringement thereof. Further Employee hereby irrevocably waive all his/her rights and claims in respect of the Data and any rights to injunctive relief against IQVIA from either accessing such data at any time or prohibiting IQVIA from utilizing IQVIA Inventions or Data in any manner it deems fit in perpetuity.

(i) Executive acknowledge and agree that covenants and obligations with respect to matters set forth in this Section 8 relate to special, unique and extraordinary matters and that a violation of any of the terms of such covenants and



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obligations will cause IQVIA irreparable injury and IQVIA may seek legal and equitable relief, including but not limited to preliminary and permanent injunctive relief, for Executive's actual or threatened failure to abide by these provisions. These injunctive remedies are cumulative and are in addition to any other rights and remedies that IQVIA may have at law or in equity.

9. **NOTICES** All notices, requests, demands and other communications required or permitted to be given in writing pursuant to this Agreement shall be deemed given and received: (a) upon delivery if delivered personally; (b) on the fifth (5th) day after being deposited with the Indian Postal Service if mailed by first class mail, postage prepaid, registered or certified with return receipt requested, at the addresses set forth below; (c) on the next day after being deposited with a reliable overnight delivery service; or (d) upon receipt of an answer back confirmation, if transmitted by telefax, addressed to the below indicated telefax number. Notice given in another manner shall be effective only when received by the addressee. For purposes of notice, the addresses and telefax number (if any) of the parties shall be as follows:

If to the Executive, to: Executive's Residential Address
Naga Venkata Kalyan Vicharapu
1-21, Palankipadu, Movva Mandal
Krishna District
Machilipatnam - 521158
India

If to the Company, to:
IQVIA
OFFICE OF GENERAL COUNSEL,
Omega Embassy TechSquare
Marathahalli- Sarjapur Outer Ring Road
Kadubeesanahalli
Bangalore 560103
Office: + 91 80 3769 0000/0100
Attn: Legal Department

provided that:

(a) each party shall have the right to change its address for notice, and the person who is to receive notice, by the giving of fifteen (15) days' prior written notice to the other party in the manner set forth above; and


(b) notices shall be effective if given to the other party in the manner set forth above regardless of whether a copy was received by the additional addressee specified above.

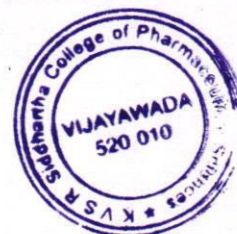
10. **WAIVER OF BREACH** The Company's or Executive's waiver of any breach of a provision of this Agreement shall not waive any subsequent breach by the other party.

11. **ENTIRE AGREEMENT** Except as expressly provided in this Agreement, this Agreement: (i) supersedes all other



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understandings and agreements, oral or written, between the parties with respect to the subject matter of this Agreement; and (ii) constitutes the sole agreement between the parties with respect to this subject matter. Each party acknowledges that: (i) no representations, inducements, promises or agreements, oral or written, have been made by any party or by anyone acting on behalf of any party, which are not embodied in this Agreement; and (ii) no agreement, statement or promise not contained in this Agreement shall be valid. No change or modification of this Agreement shall be valid or binding upon the parties unless such change or modification is in writing and is signed by the parties.

12. SEVERABILITY If a court of competent jurisdiction holds that any provision or sub-part thereof contained in this Agreement is invalid, illegal or unenforceable, that invalidity, illegality or unenforceability shall not affect any other provision in this Agreement. Additionally, if any of the provisions, clauses or phrases in the Trade Secrets, Confidential Information or Competitive Business Activities provisions set forth in this Agreement are held unenforceable by a court of competent jurisdiction, then the parties desire that they be "blue-penciled" or rewritten by the court to the extent necessary to render them enforceable.

13. PARTIES BOUND The terms, provisions, covenants and agreements contained in this Agreement shall apply to, be binding upon and inure to the benefit of the Company's successors and assigns. The Company, at its discretion, may assign this Agreement to Affiliates. Because this Agreement is personal to Executive, Executive may not assign this Agreement.


14. GOVERNING LAW This Agreement and the employment relationship created by it shall be governed by laws of the Republic of India. The parties hereby consent to jurisdiction in Bangalore for any litigation relating to this Agreement and agree that any litigation by or involving them relating to this Agreement shall be conducted in the courts of Bangalore.

IN WITNESS WHEREOF, the parties have entered into this Agreement on the day, month and year first written above.

DocuSigned by:
V.N.V. Kalyan
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For and on behalf of
IQVIA RDS (India) Private Limited

Rashmi Avinash
Director, Talent Acquisition Team


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**MEDICARE
HOSPITALS**

మెడికేర్ హాస్పిటల్స్



Beside Vijayalakshmi
Theatre Street, KAIKALURU

For Appointment

Cell : 93461 13364

Ph. : 08677-224377

Reg No. : 12/2020 DM&HO

05-01-2023,

KAIKALURU.

To whom so ever it may concern

It is certified that Mr. Bala Yaswanth Sunnapu S/O Prasad has been working as duty doctor in Medicare hospitals kaikaluru. He was given rotations in departments of General medicine, orthopaedics and Pediatrics.

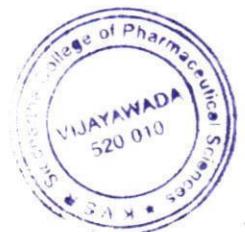
During his stay, we observe him obedient, honest and dedicated to his assignment.

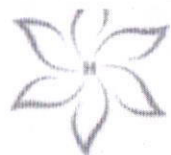
Dr.Hemanth Kumar

Hemanth



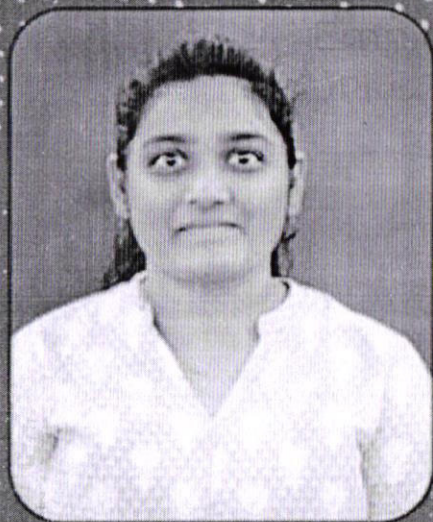
[Signature]
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VIJAYAWADA-520 010.





Prashanth Hospital

... Institute for Advanced Urology



D Samyuktha
Physician Assistant

Emp ID : ----
DOB : 03-06-1999
Phone : 8179567053
Blood Group : O+

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Authorized Signature

Finder of this card, may
please return to following address

Employee Address : Varalakshmipuram, 4th
(Present/Permanent) line, Kanuru

Employee Signature

Date of Issue :

Valid for active employees until
for 1 year from date of issue

Prashanth Hospital

#39-2-19/12/1A, APSEB City Central Colony,
Off. MG Road, Labbipet, Vijayawada - 520 010.

Tel: (0866) 2491748 - 51.

e-mail: prashanth_hospital@rediffmail.com

website: www.prashanthospital.com

@prashosp



Prashanth Hospital

... Institute for Advanced Urology



D Raj Kumar
Physician Assistant

Emp ID : -----
DOB : 06-12-1998
Phone : 9505526828
Blood Group : O+Ve

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Authorized Signature

Finder of this card, may
please return to following address

Employee Address : Bank Colony Road,
(Present/Permanent) Kankipadu

Employee Signature

Date of Issue :

Valid for active employees until
for 1 year from date of issue

Prashanth Hospital

#39-2-19/12/1A, APSEB City Central Colony,
Off. MG Road, Labbipet, Vijayawada - 520 010.

Tel: (0866) 2491748 - 51.

e-mail: prashanth_hospital@rediffmail.com

website: www.prashanthospital.com

@prashosp

Job offer from ECSS

3 messages

Chandrasekhar GV <CGedela@eclinicalsol.com>

Thu, Apr 21, 2022 at 1:10 PM

To: "susritha1999@gmail.com" <susritha1999@gmail.com>

Cc: Naveen Babu Kilaru <naveenbabukilaru@gmail.com>, Laxmi Bonagiri <vbonagiri@eclinicalsol.com>, Gnanesh Narasimhamurthy <gmurthy@eclinicalsol.com>

Hi Susritha,

Congratulations!!!

Further to the 2022 – ECS campus recruitment drive with “KVSR Siddhartha College of Pharmaceutical Sciences”, We would like to make an offer to you here at **eClinical Solutions India Pvt Limited, Bangalore.**

As discussed with you the position will be “ **Clinical Data Associate – Trainee / Intern** ” and your “cost to company” (CTC) would be **Rs.3,00,000/- (Three Lakhs)** per annum. Your tentative joining date is on or before 4th July 2022.

This offer is subjective to your willingness to sign an indemnity bond for 3 years and assuring our company that you will work for our company for at least 3 years with good performance. A performance bonus of Rs. 1,50,000/- (One Lakh Fifty Thousand) will be paid after the completion of three years with good performance.

Please acknowledge this offer mail as soon as possible.

For any other clarifications, please feel free to write to us.

Note: This Job offer is confidential and should not be disclosed or use this communication to any third party.


Regards,

Chandrasekhar G V

Vice President – People & Culture

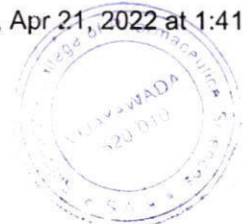
eClinical Solutions India Pvt Ltd | cgedela@eclinicalsol.com1st Floor, Creator Building, International Tech Park of Bangalore (ITPL), Bengaluru – 560 066**New: The Clinical Development Digitization Guide**

Learn steps organizations must take to embrace and implement digital processes

[Get the Guide | Read Now](#)
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.**susritha 1999** <susritha1999@gmail.com>

Thu, Apr 21, 2022 at 1:41 PM

To: Chandrasekhar GV <CGedela@eclinicalsol.com>



Cc: Naveen Babu Kilaru <naveenbabukilaru@gmail.com>, Laxmi Bonagiri <vbonagiri@eclinicalsol.com>, Gnanesh Narasimhamurthy <gmurthy@eclinicalsol.com>

I acknowledged the offer.

Regards, G.Susritha

[Quoted text hidden]

[Quoted text hidden]

susritha 1999 <susritha1999@gmail.com>
To: Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Wed, Jun 15, 2022 at 5:55 PM

----- Forwarded message -----

From: **susritha 1999** <susritha1999@gmail.com>

Date: Thu, 21 Apr, 2022, 1:44 pm

Subject: Fwd: Job offer from ECSS

To: <srinivasangunturu@gmail.com>

[Quoted text hidden]

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

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GUNTUR S N SUSRITHA

Emp Id : ECSBLR242

Blood Group : B +Ve

Emergency Contact

8500545253

www.eclinicalsol.com

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VIJAYAWADA-520 010



10
14
15
20

10-1

Job offer from ECS

2 messages

Chandrasekhar GV <CGedela@eclinicalsol.com>

Thu, Jan 13, 2022 at 12:57 PM

To: "Saisindhura.man3@gmail.com" <Saisindhura.man3@gmail.com>

Cc: Laxmi Bonagiri <vbonagiri@eclinicalsol.com>, Gnanesh Narasimhamurthy <gmurthy@eclinicalsol.com>, Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Hi Sai Sindhura,

Congratulations!!!

Further to the 2022 – ECS campus recruitment drive with “KVSR Siddhartha College of Pharmaceutical Sciences”, we would like to make an offer to you here at **eClinical Solutions India Pvt Limited, Bangalore.**

As discussed with you the position will be “**Clinical Data Associate – Trainee / Intern**” and your “cost to company” (CTC) would be **Rs.3,00,000/- (Three Lakhs)** per annum. Your tentative joining date is on or before **4th Apr 2022.**

This offer is subjective to your willingness to sign an indemnity bond for 3 years and assuring our company that you will work for our company for at least 3 years with good performance. A performance bonus of Rs. 1,50,000/- (One Lakh Fifty Thousand) will be paid after the completion of three years with good performance.

Please acknowledge this offer mail as soon as possible.

For any other clarifications, please feel free to write to us.

Note: This Job offer is confidential and should not be disclosed or use this communication to any third party.


Regards,

Chandrasekhar G V

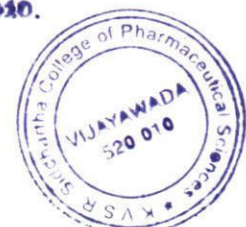
Vice President - India HR | eClinical Solutions India Pvt Ltd

W: [+1\(202\) 204-6199](tel:+12022046199) | M: [+91\(807\) 356-4704](tel:+918073564704) | chandrasekhar@eclinicalsol.com

1st Floor, CR1, Prestige Shantiniketan, ITPL Main Road, Bengaluru – 560 048



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



PRIVACY STATEMENT:

This message is a PRIVATE communication. This message and all attachments are a private communication sent by eClinical Solutions LLC and may be confidential or protected by privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in or attached to this message is strictly prohibited. Please notify the sender of the delivery error by replying to this message, and then delete it from your system.

Sai Sindhura Manthri <saisindhura.man3@gmail.com>

Thu, Jan 13, 2022 at 1:21 PM


To: Chandrasekhar GV <CGedela@eclinicalsol.com>

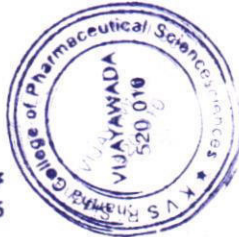
Cc: Laxmi Bonagiri <vbonagiri@eclinicalsol.com>, Gnanesh Narasimhamurthy <gmurthy@eclinicalsol.com>, Naveen Babu Kilaru <naveenbabukilaru@gmail.com>

Acknowledged.

Thanks & Regards,
M Sai Sindhura.

[Quoted text hidden]

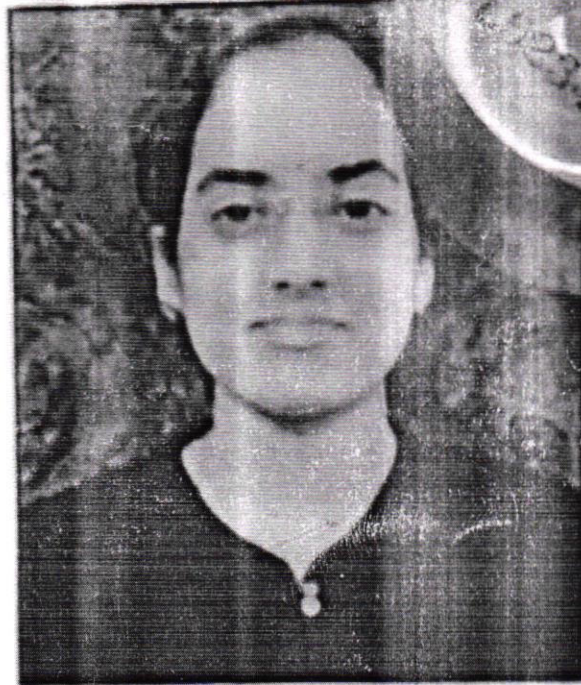

PRINCIPAL
V.S.R. SIDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



416phd

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Manthri Sai Sindhura

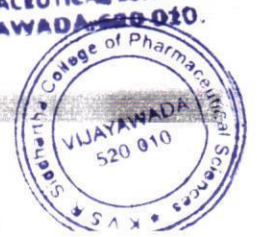
Emp Id : ECSBLR225

Blood Group : AB + ve

Emergency Contact

7986299425

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA - 520 010.





Chandrasekhar GV 13 Jan

to me, Laxmi, Gnanesh, Naveen



Hi Sai Sindhura,

Congratulations!!!

Further to the 2022 – ECS campus recruitment drive with “KVSR Siddhartha College of Pharmaceutical Sciences”, we would like to make an offer to you here at **eClinical Solutions India Pvt Limited**, Bangalore.

As discussed with you the position will be “**Clinical Data Associate – Trainee / Intern**” and your “cost to company” (CTC) would be **Rs.3,00,000/- (Three Lakhs)** per annum. Your tentative joining date is on or before **4th Apr 2022**.

This offer is subjective to your willingness to sign an indemnity bond for 3 years and assuring our company that you will work for our company for at least 3 years with good performance. A performance bonus of Rs. 1,50,000/- (One Lakh Fifty Thousand) will be paid after the completion of three years with good performance.

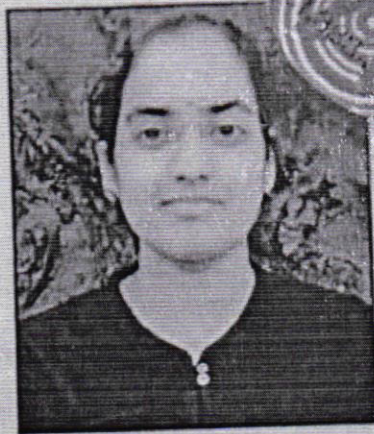
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Manthri Sai Sindhura

Emp Id : ECSBLR225

Blood Group : AB + ve

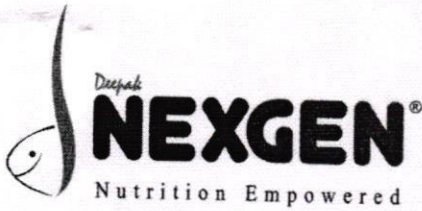
Emergency Contact

7986299425

www.eclinicalsol.com

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PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





To
Miss M S D Sushma,

Date: 20/06/2022

Offer Letter

Dear Sushma,

Further your acceptance to our offer letter, we are pleased to inform you that you have been appointed as "**Management Trainee**" in our organisation, with effect from 1st July '2022, Placed at Bommuluru plant on the following terms and conditions.

You will be directly reporting to the Director (Operations) on the day to day basis and you will be assigned all your Key result areas by Director (Operations) either by monthly or daily.

Yours faithfully,

For Deepak Nexgen Feeds Private Ltd.,

K Rajasekhararao
Director

I have read above terms and conditions.

With the signature below, I accept this offer for Management trainee.

(Signature)

Bommuluru
place

1/7/22
Date

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 020



M/s. DEEPAK NEXGEN FEEDS PRIVATE LIMITED

Regd. Off : D No 40-2-29, Siddhartha Apts, Siddhartha Nagar, Moghalrajpuram, Vijayawada-520 010, Krishna (Dist), AP.
Factory : # 53/1, Koyyuru Road, Bommuluru (Village), Bapulapadu (Mandal), Hanuman Junction (Post), Krishna Dist-521105, AP.
CIN : U15549AP2010PTC068991 | e-mail : acco.nexgen@gmail.com | web : www.nexgenfeeds.in | Cell : 7702741444.

Aquity

Aquity Solutions/Hyderabad, India - Service Center -6: VIZ/Medical Scribing

July 27, 2022

Mr. Victor John Wilson Seelam

Address: 53-1-26, Vijaya Nagar Colony
Behind LIC, Gunadala
Vijayawada-530008

Subject: Offer Letter

Dear Victor Jhon Wilson Seela,

Based on your interview with us, we are pleased to extend you an offer to join Aquity Solutions India Private Limited (hereinafter referred to as "the Company" or "Aquity Solutions") as **Medical Scribe Trainee** at its office located at **Visakhapatnam** in the state of Andhra Pradesh.

We welcome you to Aquity Solutions, and we are confident that you will enjoy being a part of it, as much as we shall cherish our association with you. This Offer Letter confirms your total emoluments and other terms of your employment, which if accepted by you, will be as follows:

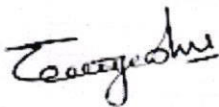
1. Your Annual Cost to the company (CTC) shall be **Rs. 420000/- only (Rupees Four Lakh Twenty Thousand only)** and the same will be structured as per the attached Annexure I.
2. You shall join us on or before **03-Aug-2022** failing which the offer will be void.
3. This Offer Letter and your employment with Aquity Solutions shall be subject to satisfactory Background Verification Report as per the Company's process.
4. Your employment with Aquity Solutions will be governed by your Appointment Letter, which will be issued to you at the time of your joining.
5. Your services with the Company will be subject to a probation period of three (3) months from the date of your joining, during which period your performance would be monitored and evaluated prior to confirming your services with the Company.
6. The terms of this Offer Letter are valid for seven (7) days from the date of this letter. If we do not receive your acceptance of this offer, the terms of this letter and this offer will be deemed to have been rejected by you unless otherwise communicated to you by the Company in writing.
7. Please provide all the documentation as listed in Annexure II, on or before joining the Company.
8. To indicate your acceptance of this Offer Letter, please sign and return a duplicate copy of this letter.

We look forward to hear from you regarding your decision to join Aquity Solutions. You are expected to keep this offer strictly confidential. In case, you have anything you would like to discuss further, please feel free to get back to us on the same.

We wish you a successful career and look forward to your joining us.

Sincerely yours,

For Aquity Solutions India Private Limited



Authorized Signatory

I hereby acknowledge and accept the terms and conditions of this Offer Letter. I further confirm that I shall join the Company on or before _____

Accepted:

Signature: _____
SYS/HR/F/1.3a Rev08/Date of issue-01-Jan-2020

Date: _____

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

Aquity Solutions India Private Limited (CIN U72900MH1999PTC120346)
(Formerly Known as MModal Global Services Private Limited)


Registered Office: 1st Floor, Unit No. 103, Reliable Plaza, Plot No. K 10, Kalwa Industrial Area, Village- Elthen,
Taluka & Dist. Thane, Airoli, Navi Mumbai, Maharashtra - 400 708. India. Tel: +91-22-3307 7000 Fax: +91-22-3307 7076



AQuity

Annexure I

Annual Cost to Company (CTC)		
Name of the Employee: Victor Jhon Wilson Seelam		
Designation / Division: Medical Scribe Trainee / Medical Scribing		
Particulars	Compensation Per Month Rs.	Compensation Per Annum Rs.
Basic	11788	141456
HRA	6483	77796
Medical	1250	15000
Food Coupons	1100	13200
Attire Allowance/Reimbursement	1600	19200
Education	200	2400
Leave Travel Allowance (LTA)	884	10608
City Compensatory Allowance (CCA)	4164	49968
Interim Bonus (IB)	2000	24000
Gross Earnings (Rs.) - 1. (Rs.)	29469	353628
Performance Allowance	0	0
Hardship Allowance	2500	30000
Total Earnings (Rs.) - 2. (Rs.)	31969	383628
Company's Contribution to		
Provident Fund	1532	18384
Gratuity	567	6804
Mediclaime Insurance	412	4944
Subsidised Canteen facility	520	6240
ESI Employer Contribution	0	0
Monthly Bonus	0	0
Company's Contribution (Rs.) -3.	3031	36372
Total Monthly CTC (Rs.) - 1+ 2 +3	35000	420000
Total Annual CTC (Rs.)	420000	
Comments:		
PF is calculated as 13 % of Basic Salary		
Gratuity calculated as per the Gratuity Act 1972 (Payable on completion of five years of service)		
Mediclaime Insurance - Mediclaime Insurance as per the company policy		
Provision of Subsidized canteen facilities		
You will also be eligible to earn line Incentive over and above your CTC, subject to meeting Productivity and Quality Parameters		


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 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010





SEELAM VICTOR JOHN WILSON
Medical Scribe Trainee

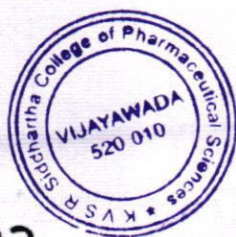
Blood Group: B+ve

Date of Birth : 26-Oct-1996

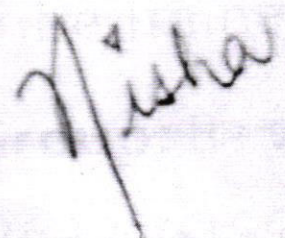
Employee Code : AQ022946

Date of joining: 28-Jul-2022

Department: Medical Scribing




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K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



25-Nov-2022

Nisha



**ankura
hospital**
for women & children




Saka Priyanka

Pharmacist

ID : VW3177

Blood Group: B+ve

www.ankurahospital.com


**PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010**



Ref: ZP/HR/OL/2022/103

Date: 29th July, 2022

Ms. Yoga Priyanka,
D/o Venkata Durgarao,
H.No:12-1725, Road No:26,
opposite manipal hospital,
Sundarayya Nagar,Mahanadu,Tadepalli, Guntur.
Mobile: 7095921256

Letter of Offer

Dear Ms. Priya,

With reference to your interview on 06th May,2022 and subsequent discussions you had with us, we intent to offer you the position of **Trainee in Quality/Production Department** with our organization.

A formal appointment letter detailing the terms and conditions of your employment shall be issued to you on the date of your joining on or before **04th August, 2022**, here your CTC will be as discussed in the interview.

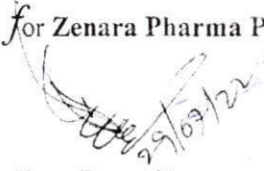

Our offer is subjected to clearance of the pre-employment medical examination with our empaneled test center and finding your documents accurate as mentioned in Annexure I.

This offer is made on the understanding that the information given by you in your application is true and complete. If it is found at any time that the information provided by you in your application is incorrect or any information has been deliberately inhibited, this offer will automatically get withdrawn.


Please confirm your acceptance. We are looking forward to welcome you to Zenara family soon.

Best wishes

Yours Sincerely,

for Zenara Pharma Private Limited


 (Dara Ramesh)
 Manager – M3, HR & Admin




 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010

Zenara Pharma Private Limited

Plot No. 83/B, 84 & 87-96, Phase III, IDA Cherlapally, Hyderabad 500051, T.S., India. Tel : +91 40 27260848, Fax : +91 40 27260849

Annexure I

Sub: Documents Required On Joining Day.

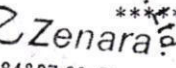
Dear Ms Priya,

This is in reference to our offer letter; you are requested to **carry in original** as well as photocopies of below mentioned documents (as applicable to you)

S.No	Description	Documents	Comments
1	Academic Documents	(X, XII, Graduation, & Post-Graduation Marks Sheets & Certificates	Mandate
2	Professional Courses	Marks Sheet, Certificate	If Applicable
3	Proof of Birth	Birth Certificate/ Secondary School Leaving Certificate	-
4	Professional Documents	Relieving & Service Certificate* Appointment Letter Increment letter Pay Slips of last 3 months	Not Applicable for Fresher's
5	Passport Size Photo	4 copies	Mandate
6	ID proof	PAN card Aadhar card (Self and Family) Voter's ID/Driving License/Passport	Mandate Mandate If Applicable
7	Other Documents	Marriage Certificate Training Certificate	If Applicable
8	Pre – Employment Medical Checkup	Covering letter from Zenara	Present yourself before 8AM for Medical Check up

* This offer of employment is valid only on the submission of the relieving letter and service certificate of the previous employer, which states no- due in terms of service and any other monetary and non-monetary conditions.

Handwritten signature and date: 29/07/22

Zenara Pharma Pvt. Ltd.


 83/B, 84&87-96, Phase-III
 IDA, Cherlapally, Hyd-51
 9701110044 | 50




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



To
Tenet Diagnostics,


Date: 29th July, 2022


A S Rao Nagar
Plot Number 101, Survey No: 459,460, & 461, Atomic Energy Employees Co-operative Housing Society Colony, Anupuram, Kapra.
Centre Manager No 040 - 47169179


Sub: Pre- Employment Medical Check-up for the Employee

This is to certify that Ms. **Yoga Priyanka**, is offered the position of **Trainee in Quality/Production Department** at Zenara Pharma Private Limited. Kindly perform a Pre-Employment medical check-up as per test code **TNT 3428**.

Thank you
Yours sincerely

For Zenara Pharma Private Limited

(Dara Ramesh)
Manager – M3, HR & Admin




PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 020.

Zenara Pharma Private Limited

Plot No. 83/B, 84 & 87-96, Phase III, IDA Cherlapally, Hyderabad 500051, T.S., India. Tel : +91 40 27260848, Fax : +91 40 27260849

Date: _____

Krishna veni Narra
Bangalore

Dear **Krishna veni Narra**

We are pleased to offer you the position of **Medical Documentation Specialist** with the Augmedix Solutions Private Limited ("Company") commencing from _____. You will be a part of the Scribe Operations Team based out of Bangalore.

The terms and conditions of your employment with the Company shall be as follows:

Compensation and Other Benefits

1. Compensation: You shall receive gross monetary compensation of **INR 4,20,000/- (Rupees Four Lakh Twenty Thousand Only)** per annum. Your next revision shall be on accordance with the merit review cycle and at the sole discretion of the Company. Detailed working of Cost to Company (CTC) is provided as Annexure A to the Letter. [Note: Compensation during training phase is INR 35,000/- p m and the same will be revised to INR 45,000/- p m Post successful completion of DA (Doctor Approved Process)]
2. Gratuity: You shall be entitled to payment of Gratuity as per the Company Policy and subject to the applicable law.
3. Provident Fund: In case the basic is more than the ceiling amount of Rs. 15,000/- per month PF optional, as prescribed under the PF Act; and you can opt for the same on joining. Coverage mandatory for those who are already covered under the PF scheme.
4. Medical Insurance Scheme: You shall be eligible to participate in the Medical Insurance Scheme of the Company.
5. Leave: You shall be entitled to leaves in a calendar year in accordance with the Company Policy subject to the applicable law.

AUGMEDIX SOLUTIONS PRIVATE LIMITED

Reg Off: K 1003, Jacaranda, Adarsh Palm Retreat, Outer Ring Road, Behind Intel Campus, Bangalore 560100
Ph. No.: +91 9916514767 E-mail: india-finance@augmedix.com

CIN: U74999KA2019FTC121860



[Handwritten Signature]
PRINCIPAL
K.V.S.R. SIDDHANTA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

6. **Working Hours:** You will be required to work eight (8) hours a day excluding thirty (30) minutes break for lunch. The company practices a forty (40) hours work week. Subject to the applicable law, work timings, schedules and shifts may vary from time to time based on customer service requirements and depending upon exigencies of business, as specified by the company from time to time, you may be required to work additional hours as appropriate to fulfill the responsibilities of your role.
7. **Working Shift:** You are required to work in Night Shift (i.e US shifts) as per the requirement of the client.
8. **Taxes:** All of the employee's compensation, including, but not limited to the Employee's Annual total compensation cost to the company and annual Bonus, if any, shall be subject to withholding for central, state or local employment related taxes as applicable, including income and other similar taxes.

Confidentiality

"Confidential Information" Includes but is not limited to information which is or fairly can be considered to be of confidential nature, which is obtained whether (without limitation) in graphic, written, electronic or machine readable form on any media, by the Employee; and whether or not the information is expressly stated to be confidential or marked as such, in writing (provided that the confidentiality of such information is reasonably apparent), and also includes all intellectual property (as defined below) and the following items (without limitation):

- (i) Information of value or significance to the company, its subsidiaries, divisions, affiliates, customers or its competitors (present or potential) such as:
 - a. Customer data, in particular, key contact names, addresses, business model, sales figures and sales conditions of the company and its past, present or prospective clients;
 - b. Business data, particularly data relating to new investment opportunities, products, services, promotion campaigns, distribution strategies, license agreement and joint ventures in which the company is involved:

AUGMEDIX SOLUTIONS PRIVATE LIMITED

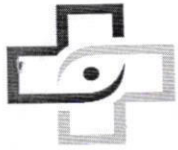
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Ph. No.: +91 9916514767

E-mail: india-finance@augmedix.com

CIN: U74999KA2019FTC121860





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- c. Software data, particularly information relating to the software and the module thereof as well as any devices designed by the company to prevent unauthorized copying;
- d. Financial data, in particular, concerning budgets, the fees and revenue calculation sales figures, financial statements, profit expectations and inventories of the Company or of its subsidiaries, division, affiliates, and customers; and
- e. Any and all other information or materials or documents of a commercially sensitive nature relating to the Company's and/or its affiliates operations: research, plans strategies, objectives, development, purchasing, marketing, and selling activities.

(ii) Original Information supplied by the Company;

(iii) Information not known to competitors of the Company nor intended by the company for general dissemination, including but not limited to, policies, strategies, the identity of various product-suppliers or service-providers, business models, investment strategies, billing schedules, needs of its clients, information as to the profitability as to the profitability of specific accounts, and information about the Company itself and its executives, officers, directors and employees;

(iv) Any business or technical information relating to the Company, including but not limited to financial information, equipment, documentation, strategies, marketing plans, prospective leads or target accounts, pricing information, information relating to existing, previous and potential customers and contracts disclosed by the Company to the Employee;

But does not include:

- (i) That which is in the public domain other than by the Employee's breach, of this Agreement, or of any other confidentiality agreement or non-disclosure agreement;
- (ii) That which was previously known as established by written records of the Employee prior to receipt from the Company and in possession of the Employee prior to the data of this Agreement;

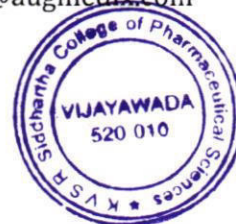
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(iii) That which was lawfully obtained by the Employee from a third party; and

(iv) That which was developed independently by the Employee without reference to the Confidential Information provided by the Company.

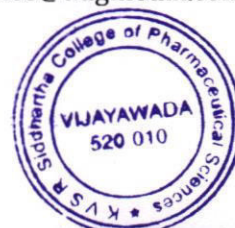
No part of the confidential information (if required to be disclosed) should be disclosed to third party without prior written permission of the person duly authorized by the Company.

- (a) You shall not disclose, at any time to any person who is not employed, part of or associated with the Company; or use for any purpose that is not within the scope of his services, any confidential Information, except in accordance with any written exception made by a duly authorized officer of the Company. Disclosures to the Persons employed or engaged by the Company or to those who are a part of or associated with the Company shall be made on a 'need to know basis' only.
- (b) Notwithstanding the aforesaid provisions of this Section, You may disclose Confidential Information where compelled to do so, by any government, judicial or quasi-judicial authority; provided however, that the Employee shall in such a case give the Company a reasonable notice of any prospective disclosure and shall at the Company's sole cost and expense assist the Company in obtaining an exemption or protective order preventing such disclosure, Such notice shall be accompanied by a copy of the court order, subpoena, legal or regulatory request for similar process.
- (c) It is the express intention of the Parties hereto that the obligations of this Section shall survive the termination or expiration of this Agreement and the adherence to such covenants by You are an essential element of this Agreement and that any breach by You of any provision of this Section may result in irreparable injury to the Company. You acknowledges that in the event of such a breach, in addition to all other remedies available at law, the Company shall be entitled to equitable relief, including injunctive relief.
- (d) You, at any time, upon request by the Company, shall within five (5) days of receipt of notice to that effect, and immediately upon termination of this Agreement, immediately, return all Confidential Information furnished to him, and any copies or extracts thereof to the Company.

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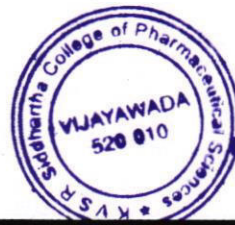
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“Intellectual property” includes:

- (i) all patents, trademarks, business processes, domain names, works of authorship, designs, utility models, copyrights whether registered or unregistered, which are owned by the company or acquired or developed by the company in the course of its business, including. But not limited to moral rights and any similar rights in any country, whether negotiable or not and also includes any applications for any of the foregoing and the right to apply for them in any part of the world; and
 - (ii) all processes, inventions, ideas, programs, codes, software, algorithms, discovers, correspondence, trade secrets, database, know-how, creations or improvement upon, additions or any research effort relating to any of the above, whether registered able or not.
- (a) You acknowledge that Company is the absolute, unrestricted and exclusive owner of the Confidential Information or other proprietary technical, financial, marketing, manufacturing, distribution or other business related information or trade secrets of the Company, including without limitation, concepts, techniques, processes, methods, systems, designs, clients, cost data, computer programs, formulae, and other information used by you in course of your employment with the company. You shall not in any manner whatsoever, represent and/or claim that you have any interest by way of ownership, assignment or otherwise in the same.
- (b) You acknowledge that the Company shall own all rights, title and interest including copyright in any work created by you in course of your employment with the Company. To the extent such rights do not vest immediately in the Company. You agree to and irrevocably and unconditionally assign to the Company all your rights, title and interest including copyright in such works for adequate consideration, receipt whereof you hereby acknowledge. You agree to execute such other documents, as may be required by the Company, for recording the Company as the owner of such works at the Company’s cost and expense.





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Termination

(a) Termination of the employment for “cause”. The Company may terminate your employment without notice in the event of non-performance, wilful or serious misconduct on employee’s part, which includes, but is not limited to, theft, fraud, misrepresentation, rude behavior, disrespect towards colleagues, dishonesty assault, drunkenness, or being under the influence of illicit drugs, refusing to carry out a lawful and reasonable direction or serious breach of Company’s policies.

(b) Termination of the employment without “cause”

During your probation period, the Company may terminate this agreement without assigning any reasons upon thirty (30) days prior written notice or payment of salary in lieu thereof, at the discretion of the Company. Similarly, during the probation period, you may also terminate this agreement without assigning any reasons upon thirty (30) days prior notice in writing or payment to the Company of salary in lieu thereof. In such an event and in addition to the thirty (30) days written notice or salary in lieu thereof, you shall also be liable to reimburse to the Company any joining bonus paid to you by the Company at the time of joining the employment of the Company.

(c) Termination of the employment by the Employee:

You may also terminate this agreement upon sixty days (60) of prior notice of termination. During the notice period, you will be required to handover duties and responsibilities to the next hired candidate in his place. The Company may also relieve the Employee of any and all job duties, The Employee needs to strictly adhere to the notice period as the company reserves right to legal proceedings against the Employee, for the non-completion of the notice period, if it deems fit.

(d) Termination in case the Employee is absconding from work:

In case you are absent from his official duty continuously for four or more days without any information, you shall be deemed to have left and relinquished the service on his own accord and such relinquishment of service shall be deemed as a repudiation of this Agreement by you and not a termination of services by the Company. In such circumstances, the company will have the discretion of adjusting salary against the notice period / any imprest dues of such abandonment. Also, you will have no claims to any compensation or salary thereof.

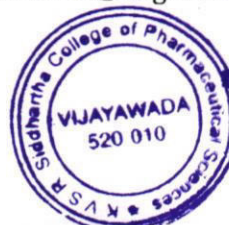
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[Signature]
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(e) Termination in case of Sexual Harassment by the Employee:

The Company has the right to terminate you if sexual harassment charges as proved against you. You is bound by the policy on Sexual Harassment of Employee drafted by the Company, Company's decision as the termination of Employees Services of Employment shall be final and legally binding on the Employee.

(f) Full and Final Settlement of the dues:

You will be responsible to obtain all necessary sign offs on the clearance form from the concerned department heads. you will be further responsible for handing over all such documents to the Human Resource department on the last working day to enable smooth processing of your final dues settlement. Formalities for settling the final dues will commence on submission of all the necessary documents and the settlement process will take minimum 30 to 45 days after the documents are submitted.

If upon termination you have taken more leaves than your entitlement. You will be required to reimburse the company in respect of the excess days taken and the company is authorized to make deductions in respect of the same from your final salary payment. In the event such deductions exceed the final salary payment to you, you shall pay such outstanding amount to the company.

Return of the Company Property

“Property” includes, but is not limited to the:

- (i) internal memoranda, computer equipment (including software), training, materials, books, and all other like property, including all copies, duplications, replications, and derivatives of such property;
- (ii) any real property, automobile, furniture, fixtures, fitting and furnishing, office equipment such as computers, printers, fax machines, telephones, communication equipment, and all other items being used by the company in the normal course of its business; and,
- (iii) Any tangible expression of confidential information, including, without limitation, business plans, photographs, plans, notes, renderings, journals, notebooks, computer programs and samples relating thereto.

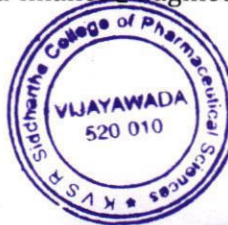
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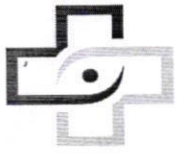
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- a. The Company's Property acquired by you after signing this Agreement shall be returned to the Company not later than the final date of the termination of your employment with the Company.
- b. Until such time as all the Property is returned to the Company, the Company Shall, in addition to initiating legal proceeding for recovery, be entitled to withhold any salary, emoluments or other dues and may further, at their discretion, deduct therefrom, the full value of the Property Calculated at its then replacement price. In addition, the Company may also take any other legal action against the Employee and shall have the right to recover the full amount of the replacement price, if your dues are not sufficient to cover the replacement price.
- c. You shall be liable to compensate the Company for any misuse or damage caused to the Property including electronic devices, books, pictures etc. of the Company. In case you fail to compensate the Company, the Company shall, in addition to initiating legal proceedings for recovery, be entitled to withhold any salary, emoluments or other dues and may further, at its discretion, deduct therefrom, the full value of the Property calculated at its then replacement price. In addition, the Company may also take any other legal action against you and shall have the right to recovery the full amount of the replacement price, if your dues are not sufficient to cover the replacement price.

Employee Advances

If, during your employment under this Agreement, you become indebted to the Company for any reason, the Company may, if it so elects, set off any sum due to the Company from you against the Compensation payable to you and collect any remaining balance from his.

Governing Law

This agreement shall be governed and construed in accordance with the laws of India. The invalidity or unenforceability of any part of this Agreement shall not affect the binding effect of the rest of the Agreement.

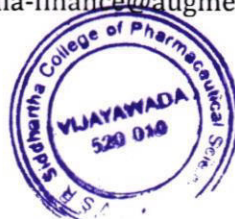
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Miscellaneous

1. Employment conditions

During the course of your employment, you will not be permitted to undertake any other employment or engage in any external activities of a commercial nature without prior written approval of the Company. You will be required to effectively carry out all duties, responsibilities and obligation assigned to you by your manager and/or others authorized by the company to assign such duties and responsibilities. Your performance will be subject to an annual appraisal by your manager.

2. Travel

You shall travel to such places, within or outside India, as the company may from time to time require in relation to the Company's business.

3. Integration: Termination of Prior Employment Agreements:

This Agreement represents the entire agreement and understanding between the Parties as to the subject matter herein and supersedes in full all prior or contemporaneous agreements (including any prior employment agreements or offer letters or severance understanding with the Company, except for provisions in such agreements relating to confidential information and proprietary information) whether written or oral.

4 Minimum period of Employment.

The Parties recognize and agree that the Employer is providing the specialized training to the Employee, with the understanding and expectation that the training will benefit Company in the course of employment and will enhance the skills of the Employee adding credits to his/her career. The employee also understands and agrees that the Employer will be spending upon such training and other costs attached to it. Therefore, to compensate such costs and efforts taken by the Employer on the imparting training to Employee, the employee assures that he/she shall not terminate employment before the expiry of not less than 24 (Twenty) months from the Effective Date of Employment.

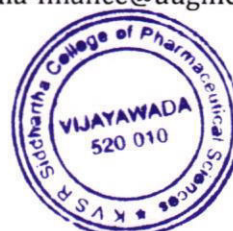


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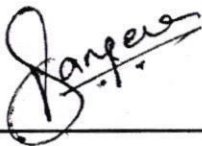


This Agreement shall be concluded and effective on your delivering a signed copy of this agreement to us, provided that your compensation and other entitlements shall not begin to accrue until you commence work for the company

If the terms and conditions of this offer letter are acceptable to you, please signify your acceptance by signing and returning a copy of this letter to the company on or before **3 days** from the date of issue of this offer letter failing which this offer stands automatically withdrawn by the company without any further notice to you.

Yours Sincerely,

For Augmedix Solutions Private Limited



Jaswant Bangera
Head of India

Accepted

Name : _____

Date : _____



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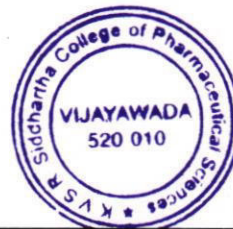
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Annexure A

CTC Working

Fixed CTC	4,20,000	35,000
Variable Pay		
Total	4,20,000	35,000
	Annual	Monthly
Basic	2,10,000	17,500
HRA	84,000	7,000
LTA	17,500	1,458
Special Allowance	86,900	7,242
Sub Total (A)	3,98,400	33,200
Deductions		
PF	21,600	1,800
PT	2,400	200
ESI	-	-
Sub Total (B)	24,000	2,000
Net Pay (A-B)	3,74,400	31,200
Company Contributions		
Provident Fund	21,600	1,800
ESI	-	-
Gratuity	-	-
Medical Insurance	-	-
Sub Total (C)	21,600	1,800
CTC(A+C)	4,20,000	35,000

Note: ** Contribution to Provident fund shall be as per applicable laws and may vary in actuals.



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PPPL/HR/PARC/22/2022-23
September 7th, 2022

Ms. Mohammad Nafeesa,
Vijayawada, Andhra Pradesh.

Provisional Offer of Appointment

Dear Ms. Nafeesa,

This is in reference to your application and subsequent interaction you had with us. We are pleased to offer you the position of **Trainee Research Associate – Analytical R&D** at Pulse Advanced Research Centre, Hyderabad.

You shall join the company on or before **12th September 2022**. The details of your compensation, as mutually agreed, shall be shared on the day of your joining along with Appointment letter.

You will be under probation for a period of Six (6) months from the date of your joining. Your services will be confirmed in writing upon successful completion of probation period.

You shall be guided by the rules and regulations of the company, as applicable.

- A. You are requested to complete the joining formalities immediately on the authorized online portal of Pulse Pharmaceuticals and submit/confirm the submission of the documents as required by the Company.

The detailed list of documents to be submitted is given below:

- Certificate Copies in support of higher/professional qualification
- Copy of Birth Certificate as proof of age and Aadhaar Card as Unique Identity
- Copies in support of your previous employments.
- Copy of Resignation duly accepted by present employer/Relieving letter from the previous Employer.
- Your present appointment letter / increment letter showing present CTC breakup, last 03 months payslips and last six months bank statement showing your salary credits.
- Proof of Present & Permanent Address (Ration Card/Electricity Bill/Driving License/Telephone bill etc.)
- Form-16 or Taxable income statement duly certified by previous employer
- Copy of PAN Card & 06 recent passport size photographs

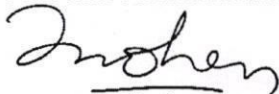
- B. Your final appointment is subject to:

- You being medically fit to perform your role effectively.
- It is also based on verification of information and particulars submitted by you; any discrepancy in the documents or information provided by you shall result in revocation of the offer / termination of employment at any point of time.
- You successfully completing the Pulse Training Programme (Applicable for field staff only)

Please send your acceptance of this offer of employment within ONE DAY from the date of receipt of this letter mentioning possible date of joining, after that this letter stands null & void.

We look forward to a successful and pleasant association with you at Pulse Pharmaceuticals.

For Pulse Pharmaceuticals Pvt. Ltd.



T. Krishna Mohan
AGM – HR & Admin.




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I hereby declare that, I have read the above terms & conditions, and I agree to submit the above-mentioned documents on the day of joining the company.

Signature of the Candidate
Date :



Ref HR / OFR / 2022

Natco Pharma Limited

Head Office: NATCO HOUSE, Road No. 7, Banjara Hills, Hyderabad - 500032, Telangana, INDIA. Tel: +91 40 23547532, Fax: +91 40 23545243
CIN: U24230TG1981PLC003201, www.natcopharma.com

29th December 2022

OFFER LETTER

MS. RAVULA PRIYANKA
D.O. MR. RAVULA MALLESWARA RAO
H.NO: 1-87, TELLABADU VILLAGE
GUNTUR DISTRICT
ANDHRA PRADESH-522647.

Dear MS. Priyanka,

We refer to your application and the subsequent interview you had with us. We are pleased to offer you the position of **TRAINEE – ARD** in our Organization based at **KOTHUR** as per the terms and conditions discussed and mutually agreed.

This offer is valid up to **21.01.2023**. However, we would like you to join us as early as possible. Kindly confirm your acceptance and date of joining within 7 days, failing which this offer will stand cancelled.

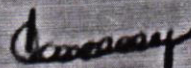
Your appointment will be subject to your medical fitness and your appointment letter will be issued soon after your joining.


Please bring with you relevant documents as mentioned below:

1. Photo copies of all educational qualifications, including school-leaving certificates.
2. Recent Passport size photographs. (5 no's).
3. Recent photographs (post card size 2 Nos. family for E S I).
4. You have to undergo a thorough medical checkup before joining us.
5. Photocopy of PAN CARD (Self) and AADHAR CARD (Self and Family).
6. Carry Vaccination Certificate and recent Covid Test report (RTPCR) before 48 Hours of your joining.

We look forward to welcoming you.

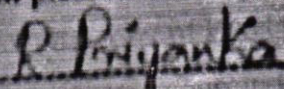
for NATCO PHARMA LIMITED


(A. LAKSHMINARAYANA)
VICE PRESIDENT - HR


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PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



I am pleased to accept this offer as per the terms and conditions mutually agreed


(Name and Signature)

29/12/2022
(Date)



Sacred Heart UNIVERSITY

INTERNATIONAL ADMISSIONS

Dear Vijaya Durga,

Congratulations on your admission to Sacred Heart University for the MS in Healthcare Informatics program ! Please make sure that all information entered on the I-20 is correct (name, date of birth, country of birth and citizenship, education level and program of study, and your financial information). If not correct, please contact our office immediately. Listed below is important information, please read carefully.

IMPORTANT DATES

- **July 30, 2022:** Earliest date you can enter the U.S. You cannot enter the U.S. as a student prior to this date.
- **August 29, 2022:** MANDATORY Orientation before classes begin--you will receive an email requesting to confirm your attendance.
- **August 29, 2022:** Latest date you can enter the U.S. You cannot arrive any later than the Program Start Date on your I-20. You may not be granted entry to the U.S. If you cannot arrive by this date, please contact International and Immigration Services.
- **September 6, 2022:** Classes begin

***University policy states that you cannot switch majors upon arrival at Sacred Heart University**

SEVIS FEE/SCHOOL CODE

Now that you have received your Form I-20 you have to pay a \$350 SEVIS Fee by filing Form I-901 before you obtain your U.S. visa. The easiest way to do this is through the internet at www.FMJfee.com.

Sacred Heart University's school code is **BOS214F10554000**.

Make sure you enter your personal information exactly as it appears on your Form I-20 (and passport). If not correct, please contact us before paying the fee.

GETTING A U.S. VISA

After paying your SEVIS I-901 fee, please go to www.travel.state.gov for instructions on how to obtain your U.S. visa. Click on U.S. Visas, Study & Exchange, Student Visas.

To obtain a U.S. visa your first step will be to complete Form DS-160, upload your photo, and pay the required \$160 application fee. After completing your DS-160, schedule an interview at the U.S. consulate or embassy at your place of residence. **F-1 visa appointments can be scheduled no earlier than 120 days in advance of your program start date.** Bring to your interview all the documentation you presented to obtain your Form I-20 as well as your SEVIS Fee receipt, your Form I-20, your academic records and tests scores, your letter of admission, scholarship letter (if applicable) and proof of compelling ties. *(Please note----Canadian citizens do not need to complete Form DS-160, but you are required to pay the SEVIS I-901 fee.)*

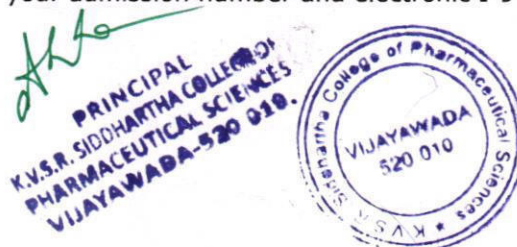
Compelling ties are those things that tie you to your country and which prevent you from permanently moving to the United States. The best proofs of compelling ties are family ties, property, and previous U.S. travel. Be aware that the interview will be conducted in English. Prepare yourself so you can answer questions about your intention to study at Sacred Heart University.

ENTERING THE UNITED STATES

Make sure to carry the following documents with you when traveling:

- Valid Form I-20
- Valid passport
- Valid U.S. visa
- Your financial documentation
- Sacred Heart University's letter of admission
- Receipt of SEVIS Fee; Form I-901

On the airplane (or means of transportation) you will be given an I-94 card. Complete this card and present it at the port of entry. U.S. Customs and Border Protection (CBP) has automated the arrival/departure process and an electronic record will be created. After arriving in the U.S., your admission number and electronic I-94 record can be obtained through the website www.cbp.gov/I-94



INTERNATIONAL STUDENT SEVIS CHECK-IN

Upon arrival in the United States, you will receive an email requesting your U.S. address, a copy of your visa, and your I-94 record. Students must follow the directions in this email and submit all required documents within 30 days of date of arrival. Failure to submit these documents will result in the termination of your SEVIS record. If your SEVIS is terminated, you will need to leave the U.S. immediately.

TRANSPORTATION

To arrange transportation to the University, please make arrangements through www.goairportshuttle.com. The University does not provide transportation from the airports.

HEALTH FORMS/INSURANCE

Connecticut state law requires that all students born after December 31, 1956, provide proof of immunizations against Measles and Rubella; proof of having Varicella (Chicken Pox) or having the vaccine, and a Tuberculin Skin Test one year prior to entering the University. Once you secure your visa you must set up your SHU email before completing health forms. Visit www.sacredheart.edu/gsa, click on Create an account, complete the enclosed forms and upload documents at https://myhealth.sacredheart.edu/login_directory.aspx

Health Insurance is MANDATORY for graduate students. Please refer to www.sacredheart.edu/gsa, click on the icon for Wellness, Insurance & Health Forms for more information. Please note that if you have your own health insurance, it must be comparable to the University's policy to be able to WAIVE out of the University's insurance.

HOUSING

The university does not offer housing for graduate students.

CLIMATE

Temperature averages are 10°C in spring, 22°C in summer, 13°C in fall, and -1°C in winter. Extremes, however, can range from 37°C in summer to -18°C in winter.

ON CAMPUS EMPLOYMENT

Jobs on-campus are very limited, please do not expect that you will be able to secure on-campus employment.

SCHOOL TRANSFER

Immigration discourages immediate transfers upon entering the United States. If you choose to transfer, there is a \$200 administrative fee payable to Sacred Heart University. In order to transfer, you will be required to provide a copy of the following documents: acceptance letter from your new school, I-94, visa and Sacred Heart's Transfer Out document. Transfers will only be permitted if student can start at Transfer-In School within 30 days of date of arrival in the United States.

University policy states that school transfers will not be permitted after attending orientation. Once you have registered for classes, you cannot withdraw from the University until after the first semester.

If you have any questions, please do not hesitate to contact us. The Office of International and Immigration Services is located in the Student Life glass enclosed office suite in the Academic Building. We are here to help you with any questions or concerns you may have about visa and immigration matters.

Office of International and Immigration Services

www.sacredheart.edu/iis

oiis@sacredheart.edu

Like us on Facebook @oiis

Fax +1-203-365-4780

Pamela Barnum

Director of International & Immigration Services

+1-203-396-6400

Alyssa Varnum

Assistant Director of International & Immigration Services

+1-203-396-8281



SEVIS ID: N0033251630

SURNAME/PRIMARY NAME Akula	GIVEN NAME Vijaya Durga	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Vijaya Durga Akula	PASSPORT NAME Akula Vijaya Durga	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Vijayawada	DATE OF BIRTH 01 OCTOBER 1998	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME Sacred Heart University Sacred Heart University	SCHOOL ADDRESS 5151 Park Avenue, Fairfield, CT 06825
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Nicholas Frias Director of Fraternity & Sorority Life	SCHOOL CODE AND APPROVAL DATE BOS214F10554000 17 JANUARY 2003

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 30 JULY 2022
START OF CLASSES 06 SEPTEMBER 2022	PROGRAM START/END DATE 29 AUGUST 2022 - 31 DECEMBER 2023	

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 10 MONTHS	STUDENT'S FUNDING FOR: 10 MONTHS
Tuition and Fees \$ 24,750	Personal Funds \$ 0
Living Expenses \$ 12,000	Funds From This School \$
Expenses of Dependents (0) \$ 0	family funds \$ 46,085
health insurance, books, transportatio \$ 4,700	On-Campus Employment \$
TOTAL \$ 41,450	TOTAL \$ 46,085

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.

Nicholas Frias **DATE ISSUED** 31 May 2022 **PLACE ISSUED** Fairfield, CT

SIGNATURE OF: Nicholas Frias, Director of Fraternity & Sorority Life

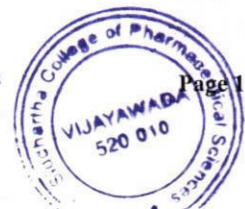
STUDENT ATTESTATION

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: Vijaya Durga Akula **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



SEVIS ID: N0033251630 (F-1)

NAME: Vijaya Durga Akula

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

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		

Aggies



UC DAVIS
AGGIE CARD

DEEKSHIT
ATLURI
GRADUATE STUDIES

CS Scanned with CamScanner

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PRINCIPAL
K.V.S.P. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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: N0033170562

SURNAME/PRIMARY NAME Atluri	GIVEN NAME Deekshit	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Deekshit Atluri	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Atkuru	DATE OF BIRTH 12 MAY 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME University of California, Davis University of California, Davis	SCHOOL ADDRESS One Shields Avenue, Davis, CA 95616
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Matthew Kaminski-Lucas International Student Advisor	SCHOOL CODE AND APPROVAL DATE SFR214F00614000 29 JANUARY 2023

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 13 AUGUST 2022
START OF CLASSES 21 SEPTEMBER 2022	PROGRAM START/END DATE 12 SEPTEMBER 2022 - 30 JUNE 2025	

FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 34,000	Personal Funds	\$ 0
Living Expenses	\$ 27,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Family sponsor	\$ 61,000
Other	\$	On-Campus Employment	\$
TOTAL	\$ 61,000	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 Matthew Kaminski-Lucas DATE ISSUED 16 May 2022 PLACE ISSUED Davis, CA

SIGNATURE OF: Matthew Kaminski-Lucas, International Student Advisor

STUDENT ATTESTATION

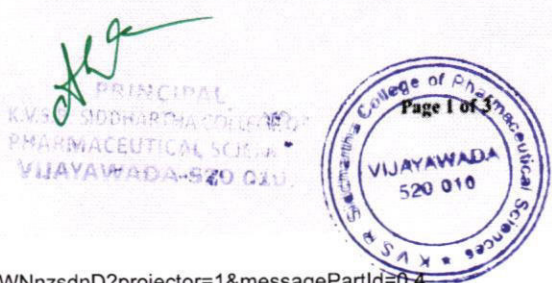
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United 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 Deekshit Atluri DATE 11/07/2022

SIGNATURE OF: Deekshit Atluri

NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE
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ICE Form I-20 (04/30/2021)



SEVIS ID: N0033400297

SURNAME/PRIMARY NAME Bantupalli	GIVEN NAME Suranjan	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Suranjan Bantupalli	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH kakarapalli	DATE OF BIRTH 29 JUNE 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Michigan University of Michigan - Ann Arbor	SCHOOL ADDRESS University of Michigan, 1500 Student Activities Building, 515 E. Jefferson Street, Ann Arbor, MI 48109
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Brittany Widin Immigration Assistant	SCHOOL CODE AND APPROVAL DATE DET214F00370000 21 JANUARY 2003

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 30 JULY 2022
START OF CLASSES 29 AUGUST 2022	PROGRAM START/END DATE 29 AUGUST 2022 - 30 APRIL 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 52,388	Personal Funds	\$ 78,102
Living Expenses	\$ 22,200	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$ 0
Books and Insurance	\$ 3,514	On-Campus Employment	\$ 0
TOTAL	\$ 78,102	TOTAL	\$ 78,102

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 Brittany Widin **SIGNATURE OF:** Brittany Widin, Immigration Assistant **DATE ISSUED** 05 July 2022 **PLACE ISSUED** Ann Arbor, MI

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 B. Suranjan **SIGNATURE OF:** Suranjan Bantupalli **DATE** 31 July 2022

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**





HEALTH INFORMATICS

UNIVERSITY OF MICHIGAN

April 12, 2022

UM ID# 11382047

Dear suranjan bantupalli,

On behalf of the University of Michigan, we are pleased to offer you admission to the Master of Health Informatics (MHI) program for Fall of 2022. Please accept our sincere and enthusiastic congratulations.

The Health Informatics program offers you the opportunity to become part of a community of world-renowned faculty and outstanding students. You will be able to choose courses from an interdisciplinary curriculum from which you may launch a variety of exciting careers. Our curriculum and engaged learning opportunities support crucial knowledge and skill development through projects and internships in a variety of sectors.


If there is anything that we can do to aid your decision to attend the University of Michigan, please let us know. The next page outlines **important next steps**, including how to register your decision to accept or decline our admission offer. In the coming weeks you will receive information about how to submit the required documents regarding F-1 or J-1 visa applications. In the meantime, please keep in contact with our admissions team at hi.admissions@umich.edu with your questions.

The MHI program requires a final, official transcript that indicates conferral of your degree. This transcript must be sent directly from the institution that granted you your undergraduate degree. We must receive this transcript by the end of summer or, at the very latest, during the beginning of your first term of enrollment in the program. All credit earned toward the MHI while you are in conditional status will count toward the graduate credit hours required to complete the program. We require that you complete a college-level introductory statistics course prior to the start of the fall term. The course must be taken at an accredited community college, four-year college, or university, and you must pass the course with a grade of 'B' or better. We are very pleased with your overall application to the MHI program, but successful completion of a statistics course with a grade of 'B' or better will assure us that you are prepared for the analytic aspects of the program. Please let the admission team know if you have any questions regarding this admission requirement.

We are looking forward to welcoming you to the Health Informatics program in the fall.

Sincerely,

The Health Informatics Admissions Team


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



Instructions for accepting the offer of admission to the U-M Master of Health Informatics program:

To guarantee a place in our entering class, you are required to indicate online your acceptance of our offer.

1. Navigate to wolverineaccess.umich.edu and click on the "Students" tab.
2. Select "New & Prospective Student Business" in the content area.
3. Log in to your University of Michigan Account or Friend Account. If you do not already have an Account or Friend Account, go to www.itd.umich.edu/itcsdocs/s4316, and follow the instructions for creating a Friend Account.
4. Select "View Application Status." Then select "View Decision." Then select "Respond Now."
5. Check the "Accept Admissions Offer" box on the Student Reply page, and then select "Continue."
6. **Note:** There is **no enrollment deposit required** to accept your offer of admission. "Enrollment Deposit Amount" will indicate \$0.00 and you will not be prompted for payment. This is normal.

For students currently enrolled in an academic program, admission is contingent upon your continued academic success and satisfaction of established prerequisite criteria; a significant decline during your recent term(s) may affect your enrollment status.

Handwritten signature in green ink.

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



UNIVERSITY OF MICHIGAN
ANN ARBOR

MCARD

UMID # 1138 2047

Card # 6008471138204716

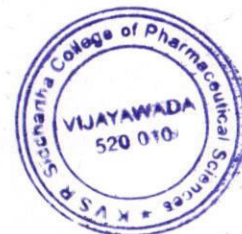
Expires Jul 29, 2027

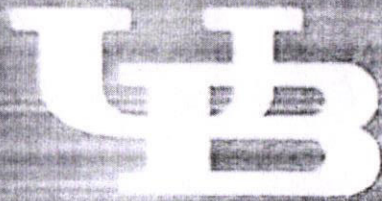


SURANJAN BANTUPALLI
Student

Handwritten signature in green ink

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA - 520 010





University at Buffalo

The State University of New York



HARI CHANDANA CHIRUMAMILLA

PERSON # 50468033

5081 2803 0551 8812

STUDENT

myUBCARD.com

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R.V.S. SIDDHANTHA COLLEGE
PHARMACEUTICAL SCIENCES



SEVIS ID: N0032814608

SURNAME/PRIMARY NAME Chirumamilla	GIVEN NAME Harichandana	Class of Admission <h1 style="margin: 0;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Harichandana Chirumamilla	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 26 MAY 1998	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME State University of New York at Buffalo State University of New York at Buffalo	SCHOOL ADDRESS 210 Talbert Hall, Buffalo, NY 14260
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Amy Matikosh Assistant Director	SCHOOL CODE AND APPROVAL DATE BUF214F00010000 28 JANUARY 2003

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 30 JULY 2022
START OF CLASSES 29 AUGUST 2022	PROGRAM START/END DATE 29 AUGUST 2022 - 01 JUNE 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 26,830	Personal Funds	\$ 0
Living Expenses	\$ 17,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Family	\$ 45,830
Other	\$	On-Campus Employment	\$
TOTAL	\$ 43,830	TOTAL	\$ 45,830

REMARKS

Costs are estimated and subject to change; increases may be expected.

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.

Amy K. Matikosh **DATE ISSUED** 15 March 2022 **PLACE ISSUED** Buffalo, NY

SIGNATURE OF: Amy Matikosh, Assistant Director

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: Harichandana Chirumamilla **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



SEVIS ID: N0032814608 (F-1)

NAME: Harichandana Chirumamilla

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
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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		


 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010





Graduate School

8/16/2022

Bala Teja Gutha
pedhapulivarru sivalayam road
2/38
Pedhapulivarru, 522257
India

Mitchell Hall
P.O. Box 340
Milwaukee, WI
53201-0340
uwm.edu/graduateschool

Dear Bala Teja Gutha:

It is with great enthusiasm that I inform you that you have been granted admission to the University of Wisconsin – Milwaukee as a graduate student! There is no better time to be a part of the UWM graduate student community.


UWM has earned a top-tier research R1 classification from the Carnegie Institutes of Higher Education. UWM is now one of 115 universities in the United States that is classified as having the highest level of research activity. By accepting this admission, you may work alongside the faculty at UWM who are leading the charge in conducting research in many fields that will make an impact on our local and global cultures and economies.

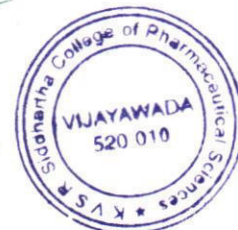
UWM is located within the heart of Milwaukee. We are less than five minutes from the beaches of Lake Michigan and 10 minutes from downtown Milwaukee. There are more than 10 Fortune 500 companies located within the metro-Milwaukee area. UWM has partnerships with many local companies, businesses, schools, non-profit agencies, cultural organizations, and health institutions that will help provide experience in your field.

In addition, the Graduate School makes many efforts to encourage our graduate students to strengthen their career path with professional development activities. We offer "Preparing Future Faculty and Professionals," a graduate-specific course geared at providing training and insight to our students to help them prepare for their future careers both in and out of academia.

Enclosed is your official Certificate of Admission which lists your program, your Campus ID, your department contact information, and any admission conditions that you would need to satisfy to fully complete your admission. We ask that you please log in to your Panthera application at <http://graduateschool-apply.uwm.edu/> to accept or decline your admission offer to UWM.

We would be delighted to have you become a part of our UWM graduate student community, and we look forward to hearing from you soon.


PRINCIPAL
K.M.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





Mark Harris
Vice Provost for Research and Dean of the Graduate School



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Dear Bala Teja Gutha,

This certificate of admission is to provide you with information related to your recent admission to the University of Wisconsin-Milwaukee and any outstanding requirements.

Degree Program: Health Care Informatics MS

Term: Spring 2023

Campus ID: 991444926

Conditions of Admission:

• **TRANSCRIPTS:** Your application was completed by uploading unofficial transcripts. Now you must submit an official bachelor's degree transcript with the degree and date awarded by the second week of classes. Additional official transcripts may also be required. Log into your PAWS account and look for the "To-Do" section for a list of specific transcripts needed.

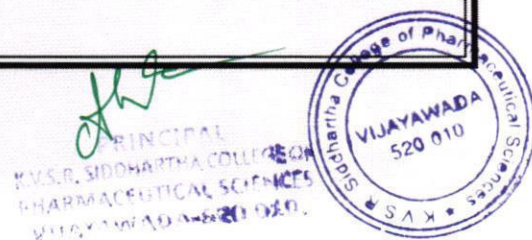
Official transcripts from schools in the U.S. must be provided directly from the issuing school to UW-Milwaukee either by mail, in person in a sealed envelope with the school stamp on the seal, or electronically. If submitting by mail, please ask them to be sent to PO Box 340, Milwaukee, WI 53201. Official transcripts from schools outside the U.S. should be brought to the Center for International Education (Garland Hall 138) upon arrival to campus.

Other Important Information:

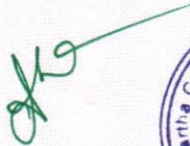
• PAWS is the online system you will use for class registration, financial aid, tuition billing, academic records and maintain personal contact information. To start using PAWS, go to epantherid.uwm.edu to activate your ePanther ID and establish your password. You will use the Campus ID above to activate your ePanther ID. After activating your PAWS account, you will be prompted to use your "UWM email address" to login to PAWS. Simply add @uwm.edu to the end of your assigned ePantherID and enter your password to gain access to your account. Log into PAWS at paws.uwm.edu.

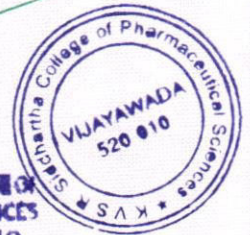
Sign on to PAWS at your earliest convenience, and keep a record of your ePanther ID and password. If you have problems, call the UWM Help Desk at 414-229-4040, or use the PAWS Help Form at paws.uwm.edu. Staff are available to help Monday through Friday, 7:00 a.m. to 12:00 a.m. (CST), Saturday 8:00 a.m. to 8:00 p.m. (CST) and Sunday, 9:00 a.m. to 12:00 a.m. (CST).

• **PROGRAM REPRESENTATIVE CONTACT:** Questions regarding your graduate studies should be directed to the graduate representative for your program. You can find the contact information at uwm.edu/graduateschool/rep-list

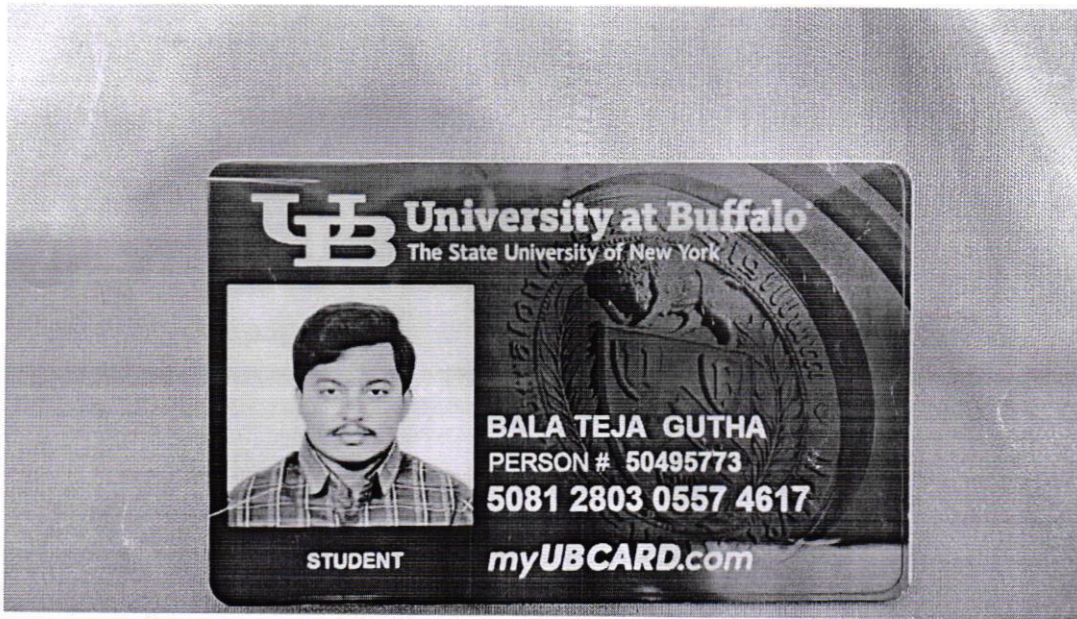


- **NEXT STEPS:** To find more information about your next steps, and get quick and easy access to key resources for newly admitted graduate students, visit our webpage uwm.edu/graduateschool/current-students/admitted-students/
- **LOOKING FOR HOUSING?** The UWM Neighborhood Housing office (NHO) can assist through a number of online resources and in-person events including the Annual Housing Fair, the Preferred Tenant Program, Roommate Speed Meet, and Tour of Homes. For more information and resources visit: uwm.edu/neighborhoodhousing


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.




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3 of 4




 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.



Gutha

10/02/2023 at 09:13



SEVIS ID: N0033519916

SURNAME/PRIMARY NAME Gutha	GIVEN NAME Bala Teja	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Bala Teja Gutha	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Pedhapulivarru	DATE OF BIRTH 05 MAY 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Wisconsin Milwaukee University of Wisconsin Milwaukee	SCHOOL ADDRESS PO Box 413, Milwaukee, WI 53201
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Andrea Joseph Student Services Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F20308000 15 JANUARY 2003

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 24 DECEMBER 2022
START OF CLASSES 23 JANUARY 2023	PROGRAM START/END DATE 23 JANUARY 2023 - 23 SEPTEMBER 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 32,176	Personal Funds	\$ 0
Living Expenses	\$ 15,000	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Funds	\$ 48,869
Health Insurance	\$ 1,693	On-Campus Employment	\$ 0
TOTAL	\$ 48,869	TOTAL	\$ 48,869

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 Andrea Joseph **DATE ISSUED** 24 August 2022 **PLACE ISSUED** Milwaukee, WI

SIGNATURE OF: Andrea Joseph, Student Services 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.**

X

SIGNATURE OF: Bala Teja Gutha **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**



SEVIS ID: N0033519916 (F-1)

NAME: Bala Teja Gutha

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
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





October 21, 2022

Ms. BHARGHAVI PODILI
5-6, VENUGOPALAPURAM, GARIKAPARRU
THOTLAVALURU, KRISHNA
VUYYURU, ANDPRA 521165,
India

Dear Ms. PODILI:

Congratulations! I am pleased to confirm your official admission to graduate study at Indiana University-Purdue University Indianapolis (IUPUI) for the spring 2023 term to pursue a Health Informatics MS degree.

Welcome to our community! IUPUI students are as diverse as the city around them; coming from many walks of life and varied ethnic cultures, they bring with them different personal, academic, and professional goals. IUPUI has over 30,000 students representing all 50 states and 141 countries. In addition to being a part of two world-class universities, our students also have unparalleled opportunities and resources at their fingertips by living in downtown Indianapolis, the nation's 13th largest city.

IUPUI does everything possible to make students feel at home on campus. This culture of welcoming starts before arrival and goes beyond graduation. Please review the attached documents to learn more about the services available to you regarding orientation, enrollment, housing, and setting up your IUPUI accounts.

Congratulations again on your admission. As you review the enclosed information, please stay in touch and let us know if there is any way we can be helpful to you. You can e-mail us with questions at oiagrad@iupui.edu. We hope to welcome you to Indianapolis soon.

Sincerely,

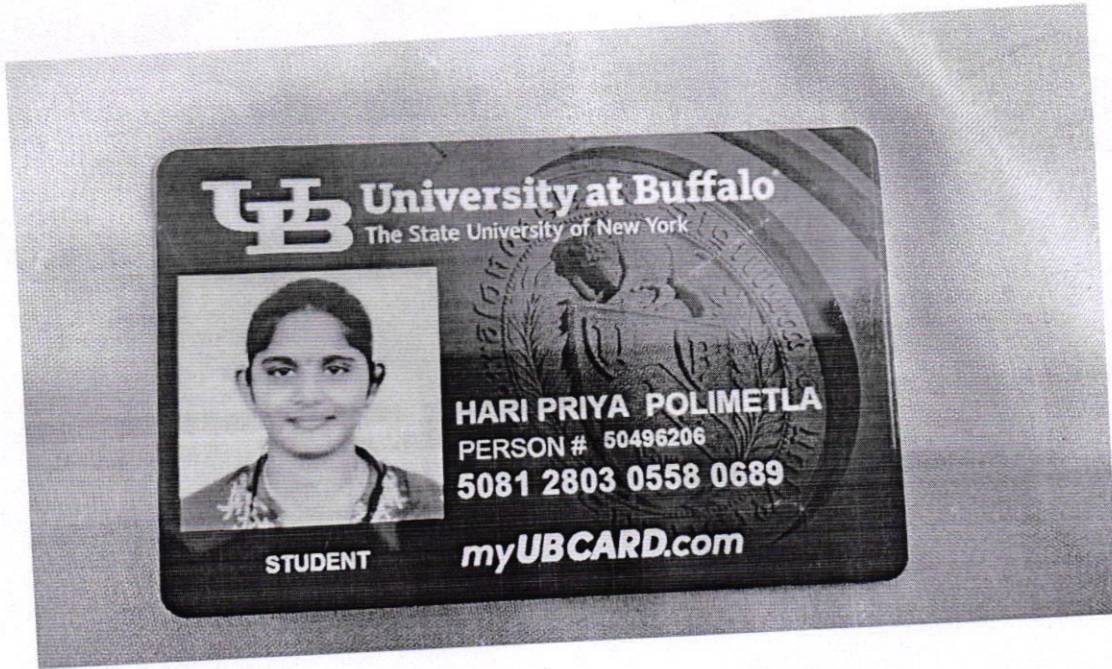
John Mann

Director of International Admissions

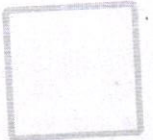
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PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 020.





2 of 4



Gutha

10/02/2023 at 09:13



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



SEVIS ID: N0033714615

SURNAME/PRIMARY NAME Polimetla	GIVEN NAME Hari Priya	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Hari Priya Polimetla	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 07 DECEMBER 1998	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL NAME State University of New York at Buffalo State University of New York at Buffalo	SCHOOL ADDRESS 210 Talbert Hall, Buffalo, NY 14260
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Amy Matikosh Assistant Director	SCHOOL CODE AND APPROVAL DATE BUF214F00010000 28 JANUARY 2003

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 31 DECEMBER 2022
START OF CLASSES 30 JANUARY 2023	PROGRAM START/END DATE 30 JANUARY 2023 - 01 FEBRUARY 2025	

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 28,830	Personal Funds	\$ 0
Living Expenses	\$ 17,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Family	\$ 45,830
Other	\$	On-Campus Employment	\$
TOTAL	\$ 45,830	TOTAL	\$ 45,830

REMARKS
Costs are estimated and subject to change; increases may be expected.

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 Amy K. Matikosh **SIGNATURE OF:** Amy Matikosh, Assistant Director **DATE ISSUED** 03 November 2022 **PLACE ISSUED** Buffalo, NY

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:** Hari Priya Polimetla **DATE**

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

[Handwritten Signature]
PRINCIPAL
K.V.S.R. SIDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



SEVIS ID: N0033714615 (F-1)

NAME: Hari Priya Polimetla

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
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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.

Handwritten signature
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-820 010.



416PHD140022



Jacobs School of Medicine
and Biomedical Sciences
University at Buffalo

October 13, 2022

Hari Priya Polimetla

Dear Dr. Polimetla:

I am pleased to inform you that our Admissions Committee has recommended your acceptance into the Master's Program in Biomedical Informatics at the Jacobs School of Medicine and Biomedical Sciences, University at Buffalo, beginning in the spring 2023 semester. Please note that this offer of admission is provisional pending final approval by the Office of International Admissions.

As a master's degree student, please be advised that the department does not offer a tuition scholarship or a Teaching Assistantship with stipend. You will be responsible for all tuition and fees throughout the course of your study. Our M.S. degree program takes approximately two years to complete, excluding summer months.

PLEASE NOTE: You will receive a very important "Congratulations" message through your application portal. Please read the entire message carefully because it provides very important instructions on how to complete your application, including the "Reply to Offer of Admission" and any items on your checklist that still need to be submitted. Please email Winanne Conway, at winanne.conway@buffalo.edu and myself at diane@buffalo.edu, by October 20, 2022 to respond to our offer.

When you have completed all the items on your checklist, please email Winanne. She will review the documents and forward your application to the Office of International Admissions. As stated above, your offer of admission is provisional pending final approval of your application by the Office of International Admissions. Any communication regarding your I-20 will come from International Admissions. If official, final documents are required to finalize your acceptance, International Admissions will email instructions for electronic submission prior to your enrollment. If there are family members who will accompany you, additional financial documentation may be required.

I offer my congratulations to you and look forward to the prospect of working with you as you pursue this important and exciting next step in your career. For more information on our program please visit our website at: <http://medicine.buffalo.edu/departments/biomedical-informatics/>

Sincerely yours,

Diane G. Schwartz

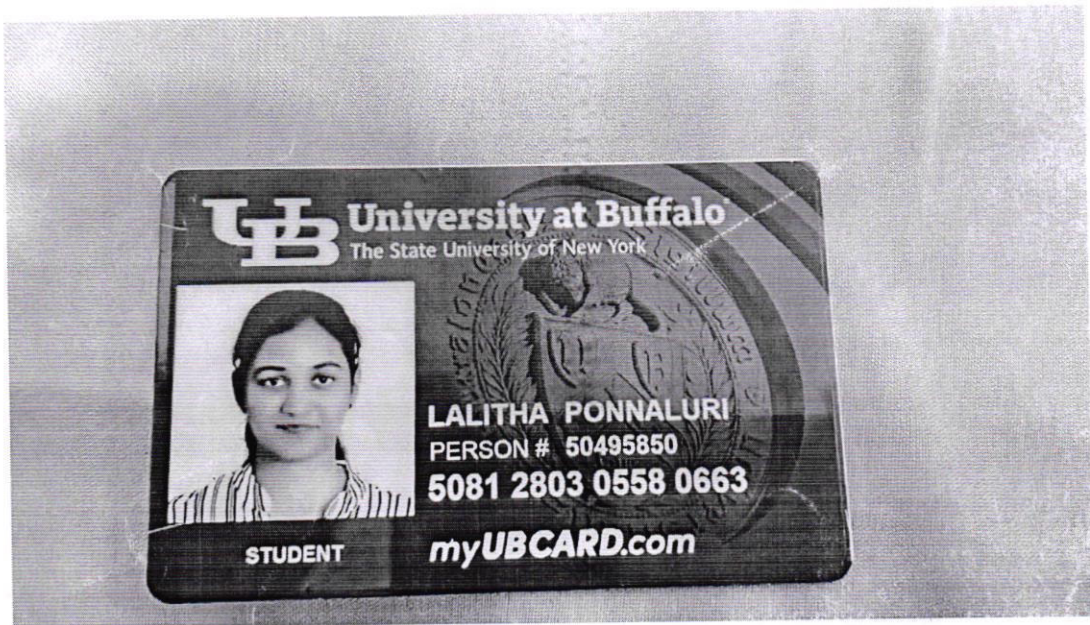
Diane G. Schwartz, MLS, FMLA
Co-Director, Master's Degree Program

Department of Biomedical Informatics

UB Downtown Gateway Building, 77 Goodell Street, Suite 540, Buffalo, NY 14260-2173
Phone 716.7292 (F) 716.842.4170
<http://medicine.buffalo.edu/departments/biomedical-informatics.html>
<http://buffalo.edu>

PRINCIPAL
Y.M.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 020





1 of 4



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**PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.**



SEVIS ID: N0033680277

SURNAME/PRIMARY NAME Ponnaluri	GIVEN NAME Lalitha	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Lalitha Ponnaluri	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 10 JUNE 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME State University of New York at Buffalo State University of New York at Buffalo	SCHOOL ADDRESS 210 Talbert Hall, Buffalo, NY 14260
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Amy Matikosh Assistant Director	SCHOOL CODE AND APPROVAL DATE BUF214F00010000 28 JANUARY 2003

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 31 DECEMBER 2022
START OF CLASSES 30 JANUARY 2023	PROGRAM START/END DATE 30 JANUARY 2023 - 01 FEBRUARY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 28,830	Personal Funds	\$ 3,830
Living Expenses	\$ 17,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Family	\$ 42,000
Other	\$	On-Campus Employment	\$
TOTAL	\$ 45,830	TOTAL	\$ 45,830

REMARKS

Costs are estimated and subject to change; increases may be expected.

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 Amy K. Matikosh **DATE ISSUED** 25 October 2022 **PLACE ISSUED** Buffalo, NY
SIGNATURE OF: Amy Matikosh, Assistant Director

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: Lalitha Ponnaluri **DATE**
NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

[Signature]
PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010



SEVIS ID: N0033680277 (F-1)

NAME: Lalitha Ponnaluri

EMPLOYMENT AUTHORIZATIONS

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CHANGE OF STATUS/CAP-GAP EXTENSION

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AUTHORIZED REDUCED COURSE LOAD

--


CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
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TRAVEL ENDORSEMENT

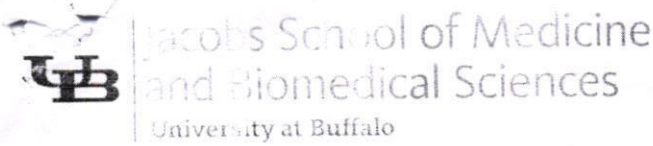
This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

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


 PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.



416phd 10023



October 13, 2022

Dr. Lalitha Ponnaluri

Dear Dr. Ponnaluri:

I am pleased to inform you that our Admissions Committee has recommended your acceptance into the Master's Program in Biomedical Informatics at the Jacobs School of Medicine and Biomedical Sciences, University at Buffalo, beginning in the spring 2023 semester. Please note that this offer of admission is provisional pending final approval by the Office of International Admissions.

As a master's degree student, please be advised that the department does not offer a tuition scholarship or a Teaching Assistantship with stipend. You will be responsible for all tuition and fees throughout the course of your study. Our M.S. degree program takes approximately two years to complete, excluding summer months.

PLEASE NOTE: You will receive a very important "Congratulations" message through your application portal. Please read the entire message carefully because it provides very important instructions on how to complete your application, including the "Reply to Offer of Admission" and any items on your checklist that still need to be submitted. Please email Winanne Conway, at wwconway@buffalo.edu and myself at digs@buffalo.edu, by October 20, 2022 to respond to our offer.

When you have completed all the items on your checklist, please email Winanne. She will review the documents and forward your application to the Office of International Admissions. As stated above, our offer of admission is provisional pending final approval of your application by the Office of International Admissions. Any communication regarding your I-20 will come from International Admissions. If official, final documents are required to finalize your acceptance, International Admissions will email instructions for electronic submission prior to your enrollment. If there are family members who will accompany you, additional financial documentation may be required.

I offer my congratulations to you and look forward to the prospect of working with you as you pursue this important and exciting next step in your career. For more information on our program please visit our website at: <http://medicine.buffalo.edu/departments/biomedical-informatics.html>

Sincerely yours,

Diane G. Schwartz

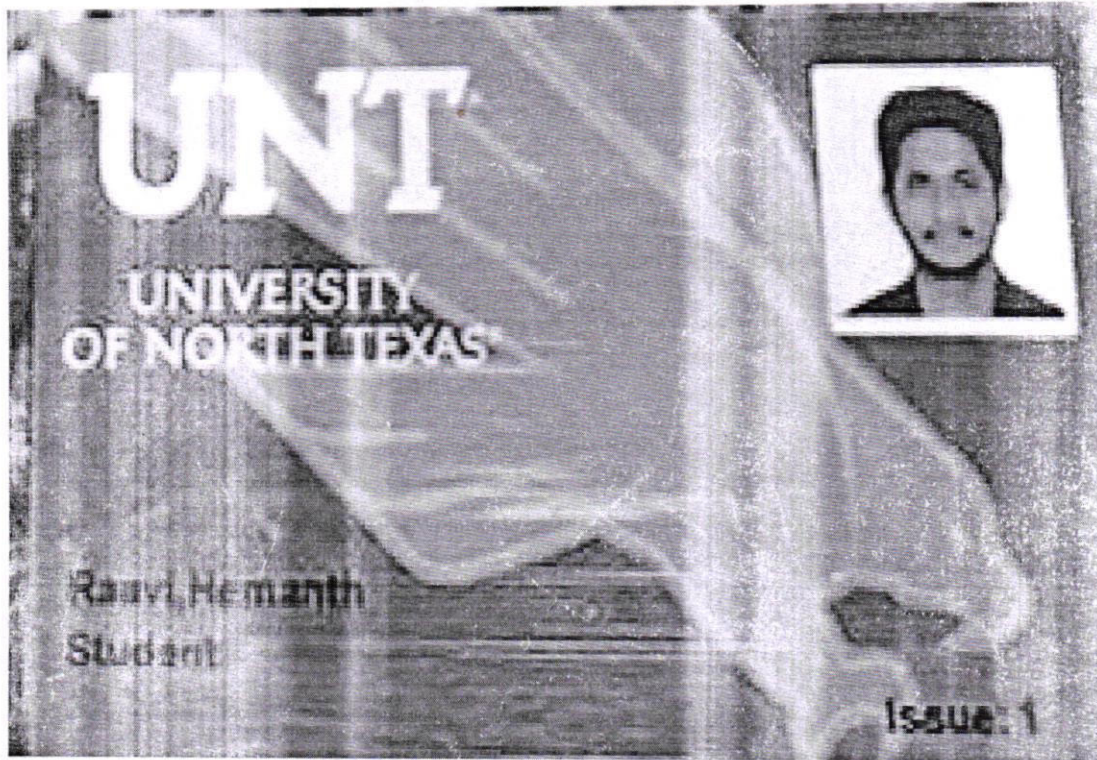
Diane G. Schwartz, MLS, FMLA
Co-Director, Master's Degree Program

Cc: Winanne Conway

Department of Biomedical Informatics

[Handwritten Signature]
PRINCIPAL
K.V.S.R. SIDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





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PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

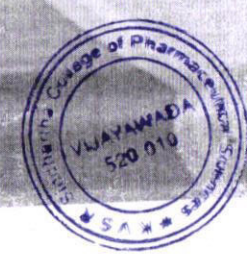


UNIVERSITY OF NORTH TEXAS



Maavi, Hemanth
Student

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PRINCIPAL
K.V.S.R. NDD-HARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Issue: 1

416P hd 140024

SEVIS ID: N0033226635

SURNAME/PRIMARY NAME Raavi	GIVEN NAME Hemanth	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Hemanth Raavi	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Bodhan	DATE OF BIRTH 27 FEBRUARY 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Adriana Paola Santiago Rivera International Student and Scholar Services Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science-/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 27 JULY 2022
START OF CLASSES 29 AUGUST 2022	PROGRAM START/END DATE 26 AUGUST 2022 - 13 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,254	Personal Funds	\$ 34,343
Living Expenses	\$ 13,967	Funds From This School	\$
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Books, Insurance	\$ 4,122	On-Campus Employment	\$
TOTAL	\$ 34,343	TOTAL	\$ 34,343

REMARKS

Tuition/fees subject to change.

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.

Adriana Santiago Rivera Digitally signed by Adriana Santiago Rivera
Date: 2022.05.25 09:41:37 -05'00' **DATE ISSUED** 25 May 2022 **PLACE ISSUED** Denton, TX


SIGNATURE OF: Adriana Paola Santiago Rivera, International Student and Scholar Services Advisor


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: Hemanth Raavi **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



SEVIS ID: N0033226635 (F-1)

NAME: Hemanth Raavi

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
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



SEVIS ID: N0033736580

SURNAME/PRIMARY NAME Redravuthu	GIVEN NAME Kavya	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Kavya Redravuthu	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Pedakonduru	DATE OF BIRTH 02 NOVEMBER 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME MCPHS University MCPHS University Boston	SCHOOL ADDRESS 179 Longwood Ave, Boston, MA 02115
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Emily Anderson Director of Immigration & International Student Support	SCHOOL CODE AND APPROVAL DATE BOS214F00218000 12 MARCH 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Public Health, General 51.2201	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 10 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 09 JANUARY 2023 - 31 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 24,930	Personal Funds	\$ 53,504
Living Expenses	\$ 19,520	Funds From This School	\$
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Insurance, transportation, supplies	\$ 9,054	On-Campus Employment	\$
TOTAL	\$ 53,504	TOTAL	\$ 53,504

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.

SIGNATURE OF: Emily Anderson, Director of Immigration & International Student Support **DATE ISSUED** **PLACE ISSUED**
09 November 2022 Boston, MA

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: Kavya Redravuthu **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

[Handwritten Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



SEVIS ID: N0033736580 (F-1)

NAME: Kavya Redravuthu

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
<i>Emily Anderson</i>	<i>Final Director</i>	<i>[Signature]</i>	<i>11/9/2022</i>	<i>Boston, MA</i>
		X		
		X		
		X		

[Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Decision Letter



MASSACHUSETTS COLLEGE of PHARMAC
and HEALTH SCIENCES

November 1, 2022

Kavya Redravuthu
Flat 501, Ratna Residency, Net
First Right, Patamatalanka
Vijayawada Andhra Pradesh
India

Dear Kavya:

Congratulations! It is with great pleasure that I offer **Massachusetts College of Pharmacy and Health Sciences**. Your ambition, dedication, and passion reflect our institution's core values.

By becoming an MCPHS student, you are entering a community that will prepare you to provide high-quality patient care and promote the importance of healthcare in society, and the global impact of our profession.

During your time at MCPHS, our dedicated faculty will teach you our unique interprofessional educational model, prioritizing your world experience with clinical rotations at top-ranked medical institutions.

If you have required outstanding coursework to complete your application, please contact the admissions office at admissions@mcphs.edu. Proof of registration for our courses for the fall 2022, and final transcripts for these courses, as well as a deposit of \$1,000, by December 15, 2022.

Learn more about us at mcphs.edu/accepted, then take your deposit at portal.mcphs.edu by November 14, 2022.

On behalf of everyone here, congratulations on your acceptance!

Sincerely,

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



416phd140030

SEVIS ID: N0033210099

SURNAME/PRIMARY NAME Ala	GIVEN NAME Venkata NS Lakshmi Keerthana	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Venkata NS Lakshmi Keerthana Ala	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Vijayawada	DATE OF BIRTH 01 JANUARY 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Wisconsin Milwaukee University of Wisconsin Milwaukee	SCHOOL ADDRESS PO Box 413, Milwaukee, WI 53201
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Andrea Joseph Student Services Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F20308000 15 JANUARY 2003

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 07 AUGUST 2022
START OF CLASSES 06 SEPTEMBER 2022	PROGRAM START/END DATE 06 SEPTEMBER 2022 - 06 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 32,176	Personal Funds	\$ 0
Living Expenses	\$ 15,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 48,931
Health Insurance	\$ 1,755	On-Campus Employment	\$
TOTAL	\$ 48,931	TOTAL	\$ 48,931

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 Andrea Joseph **DATE ISSUED** 23 May 2022 **PLACE ISSUED** Milwaukee, WI

SIGNATURE OF: Andrea Joseph, Student Services 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(e) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X

SIGNATURE OF: Venkata NS Lakshmi Keerthana Ala **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

Handwritten Signature
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

SEVIS ID: N0033210099 (F-1)

NAME: Venkata NS Lakshmi
Keerthana Ala

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

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


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010





राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान (नाईपर) अहमदाबाद
National Institute of Pharmaceutical Education and Research (NIPER) Ahmedabad

औषध विभाग, रसायन एवं उर्वरक मंत्रालय, भारत सरकार

Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Govt. of India

पहचान-पत्र / Identity card



विद्यार्थी का नाम : हरसन सुथार

Name of the Student : Harsan Suthar

अनुक्रमांक / Roll No. : NIPERA2224MBA06

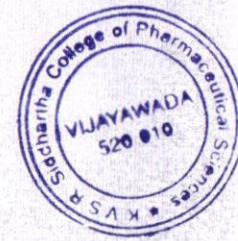
वैधता समाप्त : 30/06/2024

End of Validity

Harsan Suthar

विद्यार्थी के हस्ताक्षर
Student's signature

[Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



[Signature]
जारीकर्ता
Issuing authority



NIPER JOINT ENTRANCE EXAMINATION - 2022

CONDUCTED BY NIPER, HYDERABAD



Department of
Pharmaceuticals



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 Ahmedabad 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.

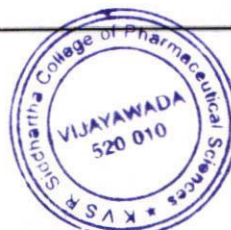
Application No	11810056663	
Secret Code	5752EE77811	
Hall Ticket No	2218113189	
Candidate's Name	HARSAN SUTHAR	
All India Rank	477	
Category Allotted	OBC	
Course Allotted	M.B.A. (Pharm.) Pharmaceutical Management	
Institute Allotted	NIPER Ahmedabad	Candidate's Signature

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
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 020.



11/23/22
1173257
Ravindra Nath Kamineni
(Represented by: IDP Education (Canada))
LIG-54, APIIC Colony, Vijayawada Vijayawada, Andhra Pradesh
India 520010

Letter of Admission

Deadline Date for Fees Payment (MM/DD/YY): 12/23/22

Dear **Ravindra Nath Kamineni**,

Congratulations! You are being offered admission to Fanshawe College for your post-secondary studies in Canada. This letter contains information that you can use to apply for a Study Permit and should be submitted to Immigration, Refugees and Citizenship Canada (IRCC).

Fanshawe College Student ID	: 1173257
Date of Birth	: 07/20/99 (MM/DD/YY)
Type of School	: Public; Member, CIGan www.collegesinstitutes.ca ; DLI # O19361039982
Program of Study	: HCT1B - Health Care Administration Management, London South Campus
Academic Status	: Full Time
Level of Study	: Graduate Certificate
Semester of Study	: Level Year 1
Program Start Date	: 05/01/23 (MM/DD/YY)
Length of Program	: 2 Years (4 Levels)
Co-Op/Work Term	: N/A
Expected Date of Completion	: 12/31/24 (MM/DD/YY)
Fees	: C\$17692.33
Fees Due	: C\$17692.33 (Approximate and subject to change)
Fees Payment Deadline	: 12/23/22 (MM/DD/YY)
Condition(s) (if applicable)	: NA. Student accepted under SDS.
Last date to update your visa	: 04/20/23 (MM/DD/YY)
Last date for registration	: 04/29/23 (MM/DD/YY)

Program fees for International students for are listed here by Program Name:
https://www.fanshawec.ca/sites/default/files/2021-06/international_fees_2021.pdf

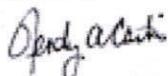
The Deadline Date is important, as your seat is not confirmed until full payment has been made. Your seat will be confirmed subject to availability of seats in your program at the time of your payment. To hold your place, the fee of **C\$17692.33** must be received by the "deadline date" mentioned above. Payment should be made in Canadian dollars through Flywire ONLY. The fee receipt can be downloaded from your Flywire account approximately 48-72 hours after making the payment.

Arrival Services are provided at no additional charge to all new international students. This includes pre-departure briefings, transportation from Pearson Airport to London (or a Fanshawe regional campus), and preferred rates at Fanshawe partner hotels.

In the most recent Ontario College Key Performance Indicators (KPI) survey, Fanshawe ranked above the provincial average for Graduate Employment Rate (85.8%), Graduate Satisfaction Rate (80.8%), Employer Satisfaction Rate (95.8%) and Graduation Rate (69.7%).

Once your visa is approved, you MUST email atandon@fanshawec.ca before 04/20/23 (MM/DD/YY). We look forward to seeing you in Canada at Fanshawe College.

Sincerely,



Wendy Curtis,
Dean, Fanshawe International Centre



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Program Fee Details

Name: Ravindra Nath Kamineni;
Student #: 1173257
Program: HCT1B - Health Care Administration Management

The following is the approximate breakdown of the cost of living for a twelve-month period for a student studying in Canada and living on his/her own:

Living Expenses (approximate)

Sub Total - Living Expenses: \$10000

School Fees (Estimated figures subject to change without prior notice):

To be paid to the college

- | | |
|--|------------|
| 1. Tuition | \$15495.84 |
| 2. Mandatory Non-Tuition Fees | \$1932.79 |
| (Includes Athletics Fee, Health Insurance Fee, Incidental Fee, Student Activity Fee, Student Building Fee, Technology Fee) | |
| 3. Additional Program Fee | \$355.06 |
| 4. Co-op Fee | \$0.00 |

Not to be paid to the college, to be spent during the program

- | | |
|--|----------|
| 5. General Expenses | \$597.70 |
| (Includes Books which are Mandatory, Expendable Supplies, Uniforms & Minor Equipment, Field Trips & Local Transportation, Major Equipment, Professional Association Exam Fees, Other and Optional Expenses). This fee is not to be paid to the college directly, but nonetheless will have to be spent by the student every year for the expenses mentioned. | |

Sub Total - School Fees: \$18290.03

Total C\$28290.03 (Approximate and subject to change)

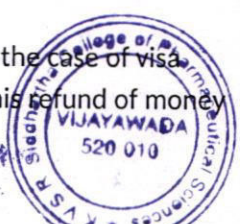
You have to pay **C\$17692.33** by 12/23/22 (MM/DD/YY). This fee amount is for first two levels and is subject to change. For the most updated fee for Level 3 (if applicable) or onwards, please visit: www.fanshawec.ca/fees.

Students can pay **C\$2300** as a refundable deposit before the deadline to be considered as paid students and will be required to pay the rest before will be required to pay the rest before **03/15/23** (MM/DD/YYYY). Refund is possible only if the student is unable to fulfil the conditions.

Please review the College's withdrawal and refund policy information, found here: <https://www.fanshawec.ca/international/student-services/international-student-withdrawal-and-refund-process>

There will be a C\$250 deduction and the remaining amount will be refunded ONLY in the case of visa refusal. If the visa refusal cannot be provided, there will be a deduction of C\$2300. This refund of money will take a processing time of 90 days.

[Handwritten Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



FACULTY OF PHARMACEUTICAL SCIENCES

HN Campus, Bengaluru - 560050

Name ... A. Anushya

Address ... 5-209(B), Nehru Nagar

... Kankipadu, Vijayawada, Andhra

... Pradesh, Pin code: 521151

Class. M-Pharm ... Sem: I

S.R.N. No. PE.S3.PG.2.2.PL.00.4



[Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



A. Anushya
Signature of Student

Y18BP1140014

SEVIS ID: N0033684103

SURNAME/PRIMARY NAME Bojja	GIVEN NAME Revanth	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Revanth Bojja	PASSPORT NAME Bojja Revanth	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Duggirala	DATE OF BIRTH 13 AUGUST 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Indiana University Indiana U Purdue U Indianapolis	SCHOOL ADDRESS International Affairs, 902 W New York St, ES 2126, Indianapolis, IN 46202
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Joslyn Britten Senior Credentials Evaluator, Graduate	SCHOOL CODE AND APPROVAL DATE CHI214F10103008 21 JANUARY 2003

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 03 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 02 JANUARY 2023 - 31 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 20,934	Personal Funds	\$ 0
Living Expenses	\$ 16,342	Department Funds	\$ 4,500
Expenses of Dependents (0)	\$	Family Funds	\$ 32,776
Other	\$	On-Campus Employment	\$
TOTAL	\$ 37,276	TOTAL	\$ 37,276

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>Joslyn Britten</i>	DATE ISSUED 26 October 2022	PLACE ISSUED Indianapolis, IN
SIGNATURE OF: Joslyn Britten, Senior Credentials Evaluator, Graduate		

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

Handwritten signature
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

SEVIS ID: N0033684103 (F-1)

NAME: Revanth Bojja

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
K.V.S.R. SIDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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.

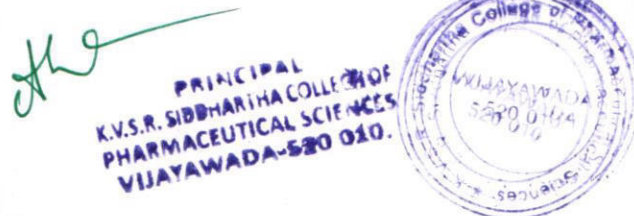
ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the 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.





October 24, 2022

Mr. Revanth Bojja
Near Jendachettu
Duggirala
Guntur, ANDPRA 522330,
India

Dear Mr. Bojja:

Congratulations! I am pleased to confirm your official admission to graduate study at Indiana University-Purdue University Indianapolis (IUPUI) for the spring 2023 term to pursue a Health Informatics MS degree.

Welcome to our community! IUPUI students are as diverse as the city around them; coming from many walks of life and varied ethnic cultures, they bring with them different personal, academic, and professional goals. IUPUI has over 30,000 students representing all 50 states and 141 countries. In addition to being a part of two world-class universities, our students also have unparalleled opportunities and resources at their fingertips by living in downtown Indianapolis, the nation's 13th largest city.

IUPUI does everything possible to make students feel at home on campus. This culture of welcoming starts before arrival and goes beyond graduation. Please review the attached documents to learn more about the services available to you regarding orientation, enrollment, housing, and setting up your IUPUI accounts.


Congratulations again on your admission. As you review the enclosed information, please stay in touch and let us know if there is any way we can be helpful to you. You can e-mail us with questions at oiagrad@iupui.edu. We hope to welcome you to Indianapolis soon.

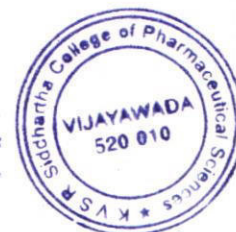
Sincerely,

John Mann

Director of International Admissions

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PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Y18BPH 140015

SEVIS ID: N0033634385

SURNAME/PRIMARY NAME Bolisetty	GIVEN NAME Pooja Sree	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Pooja Sree Bolisetty	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Guntur	DATE OF BIRTH 26 JULY 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Michigan Technological University Michigan Technological University	SCHOOL ADDRESS 1400 Townsend Drive, Houghton, MI 49931
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Faye Dompier Graduate School Administrative Assistant	SCHOOL CODE AND APPROVAL DATE DET214F00343000 17 JANUARY 2003

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 06 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 05 JANUARY 2023 - 30 APRIL 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,074	Personal Funds	\$ 0
Living Expenses	\$ 9,878	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Family	\$ 33,552
books & supplies	\$ 600	On-Campus Employment	\$
TOTAL	\$ 33,552	TOTAL	\$ 33,552

REMARKS

Health insurance is required upon registration. Student is required to register full time during Fall and Spring semesters.

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"/>	DATE ISSUED 12 October 2022	PLACE ISSUED Houghton, MI
SIGNATURE OF: Faye Dompier, Graduate School Administrative Assistant		

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

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.

SEVIS ID: N0033634385 (F-1)

NAME: Pooja Sree Bolisetty

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

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Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Faye Dompier	DSO		10/12/2022	Houghton, MI
		X		
		X		
		X		



PRINCIPAL
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INSTRUCTIONS TO STUDENTS

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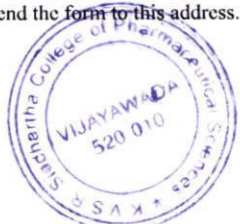
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REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather 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.

the
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





Michigan
Technological
University

Graduate School

Pooja Sree Bolisetty
MRR Street, RR Nagar, VD Puram, A 104 Sri Nila Apartments
Vijayawada, Andhra Pradesh 520012
India
Dear Pooja Sree,

Congratulations! I am pleased to notify you of your acceptance into the Health Informatics Master's program for Spring 2023. You have been admitted into the coursework degree option as a self-supported student. The Graduate Director <<http://www.mtu.edu/gradschool/prospective/directors/>> for your program will be your initial advisor.

The Graduate School at Michigan Tech is recognized worldwide as a leading public research university known for innovative education and research amidst the breathtaking scenery and abundant recreational opportunities in Michigan's Upper Peninsula, on the shores of Lake Superior. As a Michigan Tech student, you will be able to interact with fellow scholars from all 50 states and from more than 60 countries.

As you celebrate your admission, we will continue to communicate with you regarding finalizing your admission, submission of your official documents, required trainings <<https://www.mtu.edu/gradschool/resources-for/students/academic/rcr/>>, and our Orientation to Graduate Studies and Research Program <<https://www.mtu.edu/gradschool/resources-for/admitted/orientation/>>. We are excited for you to join us on this journey to Michigan Tech.

We look forward to welcoming you to the Michigan Tech Graduate School and wish you continued success in your academic career.

Sincerely,

Jacque Smith
Director of Graduate School Operations and Enrollment Services



414 Administration Building | 1400 Townsend Drive, Houghton, MI 49931-1295
906-487-2327 | f. 906-487-2284 | mtu.edu/gradschool

Michigan Technological University is an equal opportunity educational institution/equal opportunity employer that provides equal opportunity for all, including protected veterans and individuals with disabilities.



ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGET - 2022

Hall Ticket Number:	7190370131	Rank:	694
Candidate Name:	DHADALA PRAVACHANA	Father's Name:	DHADALA ABBAI
Gender:	FEMALE	Caste / Region:	SC / AU

PROVISIONAL ALLOTMENT ORDER (for PGET CANDIDATES) PHASE-II

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, gender, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

JNTUK COLLEGE OF PHARMACY (JNKP1) KAKINADA , EG
in **PHARMACOLOGY (PHCOLG) (RGS)** , under **ST_GIRLS_AU** category.

Tuition Fee fixed for the college/course is Rs.50000 /-.
Tuition Fee to be paid by the candidate is Rs. 0 /-.**

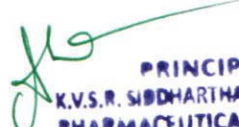
**Tuition fee exempted under fee reimbursement category.

Tuition fee exempted under fee reimbursement category the students belonging to SC/ ST/ BC/ EBC/ Disabled/ Minority categories will be considered for Full Reimbursement of Tuition Fee under Jagananna Vidya Deevana (RTF) scheme subject to verification and eligibility criteria prescribed by State Government of Andhra Pradesh vide G.O.M.S.NO:66 dated 08/09/2010 of Social welfare (SW.EDN.2) Dept., G.O.M.S.NO:115 dated 13/11/2019 of Social Welfare (EDN) Dept., G.O.M.S.NO:72 dated 18/10/2014 of social welfare (SW.EDN.2) department, G.O.Ms.No. 77 Social Welfare dept., dated 25.12.2020 and relevant instructions issued by Social Welfare and Higher Education Dept., Govt. of A.P. from time to time . In the event of the candidate found not eligible for fee reimbursement at a later date, the candidate shall have to repay the total fee as prescribed by the Competent authority.

Students who are eligible for tuition fee reimbursement under the Jagananna Vidya Deevana Scheme, tuition fee will be paid to concerned mother's bank account in four quarters. Hence, you are required to pay the tuition fee amount within one week to the college from the date of receiving the tuition fee amount from the Government.

Instructions to Candidates:

1. Reporting through 'Candidates Login' from the website <https://pget-sche1.aptonline.in> through self-reporting system or from a nearby help line center.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for self reporting and reporting at the allotted College is **14.11.2022 (before 5.00PM)**. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. If the academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates, who got more than one allotment by virtue of their eligibility, can choose one college/course allotment through self-reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counseling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. **All the Principals are requested to verify the original certificates viz caste, study, income and Degree/Equivalent certificates of the admitted candidates thoroughly and request to bring to the notice of the Convener, APPGET - 2022 Admissions for any deviation.**
11. Class work will commence from 14/11/2022


PRINCIPAL
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VIJAYAWADA-520 010.



CONVENOR
APPGET - ADMISSIONS 2022



ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGET - 2022

Hall Ticket Number:	7190370142	Rank:	784
Candidate Name:	DONDAPATI ANUSHA	Father's Name:	DONDAPATI SOMULU
Gender:	FEMALE	Caste / Region	SC / AU

PROVISIONAL ALLOTMENT ORDER (for PGET CANDIDATES) PHASE-I

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, sex, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

**UNIVERSITY COLL OF PHARMACEUTICAL SCIENCES-ANU-SELF FINANCE (ANUPSF1)
in PHARMACEUTICS (PHCETS) (SFS) , under SC_GIRLS_AU category.**

**Tuition Fee fixed for the college/course is Rs.110000 /-.
Tuition Fee to be paid by the candidate is Rs. 0 /-.****

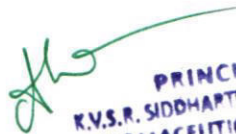
**Tuition fee exempted under fee reimbursement category.

Tuition fee exempted under fee reimbursement category the students belonging to SC/ ST/ BC/ EBC/ Disabled/ Minority categories will be considered for Full Reimbursement of Tuition Fee under Jagananna Vidya Deevana (RTF) scheme subject to verification and eligibility criteria prescribed by State Government of Andhra Pradesh vide G.O.M.S.NO:66 dated 08/09/2010 of Social welfare (SW.EDN.2) Dept., G.O.M.S.NO:115 dated 13/11/2019 of Social Welfare (EDN) Dept., G.O.M.S.NO:72 dated 18/10/2014 of social welfare (SW.EDN.2) department, G.O.Ms.No. 77 Social Welfare dept., dated 25.12 2020 and relevant instructions issued by Social Welfare and Higher Education Dept., Govt. of A.P. from time to time . In the event of the candidate found not eligible for fee reimbursement at a later date, the candidate shall have to repay the total fee as prescribed by the Competent authority.

Students who are eligible for tuition fee reimbursement under the Jagananna Vidya Deevana Scheme, tuition fee will be paid to concerned mother's bank account in four quarters. Hence, you are required to pay the tuition fee amount within one week to the college from the date of receiving the tuition fee amount from the Government.

Instructions to Candidates:

1. Reporting through 'Candidates Login' from the website <https://pget-sche1.aptonline.in> through self-reporting system or from a nearby help line center.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for self reporting and reporting at the allotted College is **29.10.2022 (before 5.00PM)**. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. If the academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates, who got more than one allotment by virtue of their eligibility, can choose one college/course allotment through self-reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counselling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. **All the Principals are requested to verify the original certificates viz caste, study, income and Diploma/Degree certificates of the admitted candidates thoroughly and request to bring to the notice of the Convener, APPGET - 2022 Admissions for any deviation.**

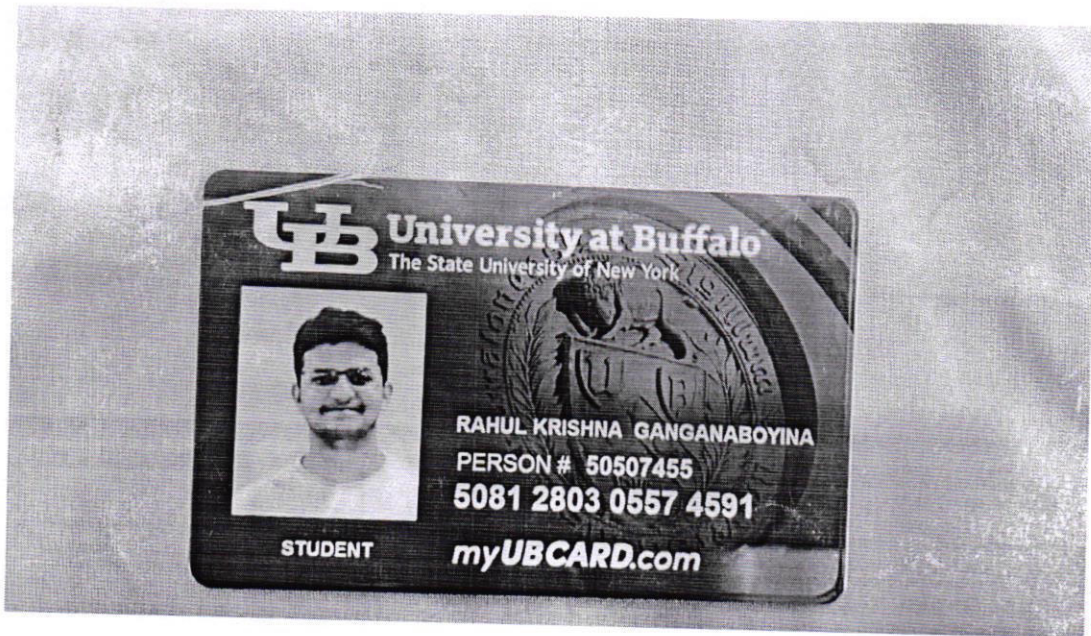

**PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 011**



CONVENER

APPGET - ADMISSIONS 2022

*** This computer generated Provisional Allotment Order does not require any authentication. *** 22/10/2022 04:14 PM




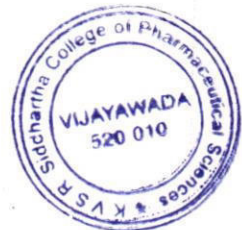
4 of 4



Gutha

10/02/2023 at 09:13


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





Jacobs School of Medicine
and Biomedical Sciences
University at Buffalo

November 18, 2022

Rahul Krishna Ganganaboyina

Dear Mr. Ganganaboyina,

I am pleased to inform you that our Admissions Committee has recommended your acceptance into the Master's Program in Biomedical Informatics at the Jacobs School of Medicine and Biomedical Sciences, University at Buffalo, beginning in the spring 2023 semester. Please note that this offer of admission is provisional pending final approval by the Office of International Admissions.

As a master's degree student, please be advised that the department does not offer a tuition scholarship or a Teaching Assistantship with stipend. You will be responsible for all tuition and fees throughout the course of your study. Our M.S. degree program takes approximately two years to complete, excluding summer months.

PLEASE NOTE: You will receive a very important "Congratulations" message through your application portal. Please read the entire message carefully because it provides very important instructions on how to complete your application, including the "Reply to Offer of Admission" and any items on your checklist that still need to be submitted. Please email Winanne Conway, at wwconway@buffalo.edu and myself at digs@buffalo.edu, by November 24, 2022 to respond to our offer.

When you have completed all the items on your checklist, please email Winanne. She will review the documents and forward your application to the Office of International Admissions. As stated above, our offer of admission is provisional pending final approval of your application by the Office of International Admissions. Any communication regarding your I-20 will come from International Admissions. If official, final documents are required to finalize your acceptance, International Admissions will email instructions for electronic submission prior to your enrollment. If there are family members who will accompany you, additional financial documentation may be required.

I offer my congratulations to you and look forward to the prospect of working with you as you pursue this important and exciting next step in your career. For more information on our program please visit our website at: <http://medicine.buffalo.edu/departments/biomedical-informatics.html>


Sincerely yours,

Diane G. Schwartz

Diane G. Schwartz, MLS, FMLA
Co-Director, Master's Degree Program

Department of Biomedical Informatics

UB Downtown Gateway Building, 77 Goodell Street, Suite 540, Buffalo, NY 14203-1243
716.816.7292 (F) 716.842.4170
<http://medicine.buffalo.edu/departments/biomedical-informatics.html>
www.buffalo.edu


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 030.



SEVIS ID: N0033854008

SURNAME/PRIMARY NAME Ganganaboyina	GIVEN NAME Rahul Krishna	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Rahul Krishna Ganganaboyina	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 29 SEPTEMBER 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME State University of New York at Buffalo State University of New York at Buffalo	SCHOOL ADDRESS 210 Talbert Hall, Buffalo, NY 14260
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Katherine Szymaszek Admissions Assistant	SCHOOL CODE AND APPROVAL DATE BUF214F00010000 28 JANUARY 2003

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 31 DECEMBER 2022
START OF CLASSES 30 JANUARY 2023	PROGRAM START/END DATE 30 JANUARY 2023 - 01 JANUARY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 28,830	Personal Funds	\$ 0
Living Expenses	\$ 17,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Family	\$ 45,830
Other	\$	On-Campus Employment	\$
TOTAL	\$ 45,830	TOTAL	\$ 45,830

REMARKS

University costs are estimated and subject to change. Tuition increase expected.

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 Katherine Szymaszek **DATE ISSUED** 19 December 2022 **PLACE ISSUED** Buffalo, NY
SIGNATURE OF: Katherine Szymaszek, Admissions Assistant

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: Rahul Krishna Ganganaboyina **DATE**
NAME OF PARENT OR GUARDIAN X SIGNATURE ADDRESS (city/state or province/country) DATE


PRINCIPAL
 K.V.S.P. SIDDHARTHA COLLEGE
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010



SEVIS ID: N0033854008 (F-1)

NAME: Rahul Krishna
Ganganaboyina

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
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Y18BPH140024

SEVIS ID: N0033660484

SURNAME/PRIMARY NAME Gudiseva	GIVEN NAME Sucharitha	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Sucharitha Gudiseva	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Vijayawada	DATE OF BIRTH 28 NOVEMBER 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Justin Permenter ISSS Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 14 DECEMBER 2022
START OF CLASSES 17 JANUARY 2023	PROGRAM START/END DATE 13 JANUARY 2023 - 31 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,254	Personal Funds	\$ 0
Living Expenses	\$ 13,967	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 34,343
Books, Insurance	\$ 4,122	On-Campus Employment	\$
TOTAL	\$ 34,343	TOTAL	\$ 34,343

REMARKS

Tuition/fees subject to change.

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"/> Justin Permenter <small>Digitally signed by Justin Permenter Date: 2022.10.19 11:16:57 -05'00'</small>	DATE ISSUED 19 October 2022	PLACE ISSUED Denton, TX
SIGNATURE OF: Justin Permenter, ISSS Advisor		

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

Handwritten signature

PRINCIPAL
Sucharitha Gudiseva
Sucharitha College of Pharmaceutical Sciences
Vijayawada, India

Sucharitha College of Pharmaceutical Sciences
VIJAYAWADA
520 010

SEVIS ID: N0033660484 (F-1)

NAME: Sucharitha Gudiseva

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
K.V.S.R. SIDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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.

[Handwritten Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010





Student Name: Sucharitha Gudiseva
Student Id: 11642165
Semester: 2023 Spng
Tuition: Foreign Non Resident
Major (Program/Plan): INSC-MS

August 25, 2022

Dear Ms. Gudiseva,

Congratulations! You have been admitted to the Information Science program. The University of North Texas provides an exciting place to pursue your graduate education, and we are committed to your success. At UNT you will find the education and support you need to realize your goals and expand your horizons.

SUCCESSFUL COMPLETION

You are now eligible to register during your upcoming enrollment period. Please visit your student portal at my.unt.edu for important information about enrollment dates, registration and class schedules.

F-1, F-2, and J-1 International students must confirm enrollment requirements based on their visa type, and must complete their immigration document check in with the ISSS office after arrival in the U.S. For questions about enrollment requirements based on your student immigration status, please visit international.unt.edu/immigration.

I look forward to having you as a graduate student at UNT, as you join the excitement of discovering real solutions, creating new opportunities and making a difference in the world. At UNT, we expect you to pursue academic excellence in a rigorous, yet caring environment. This [Graduate Student Success Manual](#) is designed to provide a wealth of information to facilitate your smooth and successful transition to UNT. Please contact us if you have any questions about making the most of your graduate education.

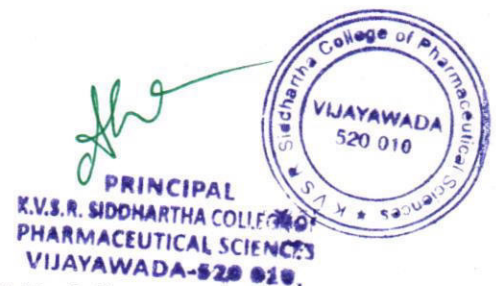
Sincerely,

Michael Sanders

Michael Sanders, M.Ed
 Associate Vice President of Enrollment

Victor Prybutok

Dr. Victor Prybutok,
 Vice Provost for Graduate Education and
 Dean of the Toulouse Graduate School



[Disclaimer](#) | [AA/EOE/ADA](#) | [Privacy Statement](#) | [Web Accessibility Policy](#)

418 BPH 140031

SEVIS ID: N0033608699

SURNAME/PRIMARY NAME Kakumanu	GIVEN NAME Harika	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Harika Kakumanu	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Vijayawada	DATE OF BIRTH 16 NOVEMBER 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Michigan Technological University Michigan Technological University	SCHOOL ADDRESS 1400 Townsend Drive, Houghton, MI 49931
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Faye Dompier Graduate School Administrative Assistant	SCHOOL CODE AND APPROVAL DATE DET214F00343000 17 JANUARY 2003

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 06 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 05 JANUARY 2023 - 30 APRIL 2025	

FINANCIALS

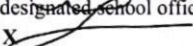
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,074	Personal Funds	\$ 0
Living Expenses	\$ 9,878	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Family	\$ 33,552
books & supplies	\$ 600	On-Campus Employment	\$
TOTAL	\$ 33,552	TOTAL	\$ 33,552

REMARKS

Health insurance is required upon registration. Student is required to register full time during Fall and Spring semesters.

SCHOOL ATTESTATION

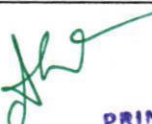
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, 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.

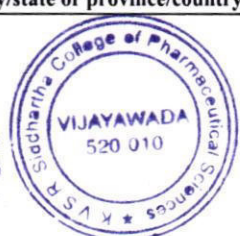
	DATE ISSUED 04 October 2022	PLACE ISSUED Houghton, MI
SIGNATURE OF: Faye Dompier, Graduate School Administrative Assistant		

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


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL
VIJAYAWADA



SEVIS ID: N0033608699 (F-1)

NAME: Harika Kakumanu

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
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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
Faye Dompier	DSO		10/04/2022	Houghton, MI
		X		
		X		
		X		


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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.





Michigan
Technological
University

Graduate School

Harika Kakumanu
D No: 3-174,Gkr Complex,
Kankipadu, Andhra Pradesh 521151
India Michigan Tech Student ID: M08092825
Dear Harika,

Congratulations! I am pleased to notify you of your acceptance into the Health Informatics Master's program for Spring 2023. You have been admitted into the coursework degree option as a self-supported student. The Graduate Director <<http://www.mtu.edu/gradschool/prospective/directors/>> for your program will be your initial advisor.


The Graduate School at Michigan Tech is recognized worldwide as a leading public research university known for innovative education and research amidst the breathtaking scenery and abundant recreational opportunities in Michigan's Upper Peninsula, on the shores of Lake Superior. As a Michigan Tech student, you will be able to interact with fellow scholars from all 50 states and from more than 60 countries.

As you celebrate your admission, we will continue to communicate with you regarding finalizing your admission, submission of your official documents, required trainings <<https://www.mtu.edu/gradschool/resources-for/students/academic/rcr/>>, and our Orientation to Graduate Studies and Research Program <<https://www.mtu.edu/gradschool/resources-for/admitted/orientation/>>. We are excited for you to join us on this journey to Michigan Tech.

We look forward to welcoming you to the Michigan Tech Graduate School and wish you continued success in your academic career.

Sincerely,

Jacque Smith
Director of Graduate School Operations and Enrollment Services


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 020.



414 Administration Building | 1400 Townsend Drive, Houghton, MI 49931-1295
906-487-2327 | f. 906-487-2284 | mtu.edu/gradschool

Michigan Technological University is an equal opportunity educational institution/equal opportunity employer that provides equal opportunity for all, including protected veterans and individuals with disabilities.

Y18BDH140034

SEVIS ID: N0033591547

SURNAME/PRIMARY NAME Kankanampati	GIVEN NAME Krishna Tulasi	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Krishna Tulasi Kankanampati	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Narasaraopet	DATE OF BIRTH 03 NOVEMBER 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Wisconsin Milwaukee University of Wisconsin Milwaukee	SCHOOL ADDRESS PO Box 413, Milwaukee, WI 53201
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Andrea Joseph Student Services Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F20308000 15 JANUARY 2003

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 24 DECEMBER 2022
START OF CLASSES 23 JANUARY 2023	PROGRAM START/END DATE 23 JANUARY 2023 - 23 SEPTEMBER 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 32,176	Personal Funds	\$ 0
Living Expenses	\$ 15,000	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Funds	\$ 48,869
Health Insurance	\$ 1,693	On-Campus Employment	\$ 0
TOTAL	\$ 48,869	TOTAL	\$ 48,869

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.

Andrea Joseph
SIGNATURE OF: Andrea Joseph, Student Services Coordinator **DATE ISSUED** 27 September 2022 **PLACE ISSUED** Milwaukee, WI

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: Krishna Tulasi Kankanampati **DATE** _____

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

Handwritten Signature
PRINCIPAL
R.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

SEVIS ID: N0033591547 (F-1)

NAME: Krishna Tulasi
Kankanampati

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD


CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

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


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



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[Handwritten Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



8/16/2022

Krishna Tulasi Kankanampati
flat no: 203 vyshnavi plaza appartments, bharampet, nar
Narasaraopet, AP India

Mitchell Hall
P.O. Box 340
Milwaukee, WI
53201-0340
uwm.edu/graduateschool

Dear Krishna Tulasi Kankanampati:

It is with great enthusiasm that I inform you that you have been granted admission to the University of Wisconsin – Milwaukee as a graduate student! There is no better time to be a part of the UWM graduate student community.

UWM has earned a top-tier research R1 classification from the Carnegie Institutes of Higher Education. UWM is now one of 115 universities in the United States that is classified as having the highest level of research activity. By accepting this admission, you may work alongside the faculty at UWM who are leading the charge in conducting research in many fields that will make an impact on our local and global cultures and economies.

UWM is located within the heart of Milwaukee. We are less than five minutes from the beaches of Lake Michigan and 10 minutes from downtown Milwaukee. There are more than 10 Fortune 500 companies located within the metro-Milwaukee area. UWM has partnerships with many local companies, businesses, schools, non-profit agencies, cultural organizations, and health institutions that will help provide experience in your field.


In addition, the Graduate School makes many efforts to encourage our graduate students to strengthen their career path with professional development activities. We offer "Preparing Future Faculty and Professionals," a graduate-specific course geared at providing training and insight to our students to help them prepare for their future careers both in and out of academia.

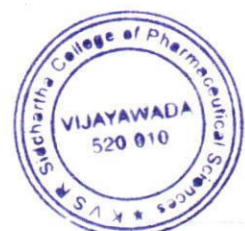
Enclosed is your official Certificate of Admission which lists your program, your Campus ID, your department contact information, and any admission conditions that you would need to satisfy to fully complete your admission. We ask that you please log in to your Panthera application at <http://graduateschool-apply.uwm.edu/> to accept or decline your admission offer to UWM.

We would be delighted to have you become a part of our UWM graduate student community, and we look forward to hearing from you soon.



Mark Harris
Vice Provost for Research and Dean of the Graduate School


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K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010





Graduate School

Dear Krishna Tulasi Kankanampati,

This certificate of admission is to provide you with information related to your recent admission to the University of Wisconsin-Milwaukee and any outstanding requirements.

Degree Program: Health Care Informatics MS

Term: Spring 2023

Campus ID: 991444960

Conditions of Admission:

- **TRANSCRIPTS:** Your application was completed by uploading unofficial transcripts. Now you must submit an official bachelor's degree transcript with the degree and date awarded by the second week of classes. Additional official transcripts may also be required. Log into your PAWS account and look for the "To-Do" section for a list of specific transcripts needed.

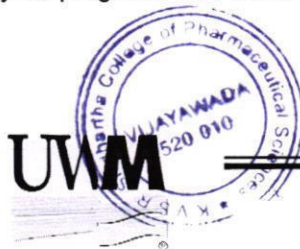
Official transcripts from schools in the U.S. must be provided directly from the issuing school to UW-Milwaukee either by mail, in person in a sealed envelope with the school stamp on the seal, or electronically. If submitting by mail, please ask them to be sent to PO Box 340, Milwaukee, WI 53201. Official transcripts from schools outside the U.S. should be brought to the Center for International Education (Garland Hall 138) upon arrival to campus.

Other Important Information:

- PAWS is the online system you will use for class registration, financial aid, tuition billing, academic records and maintain personal contact information. To start using PAWS, go to epantherid.uwm.edu to activate your ePanther ID and establish your password. You will use the Campus ID above to activate your ePanther ID. After activating your PAWS account, you will be prompted to use your "UWM email address" to login to PAWS. Simply add @uwm.edu to the end of your assigned ePantherID and enter your password to gain access to your account. Log into PAWS at paws.uwm.edu.

Sign on to PAWS at your earliest convenience, and keep a record of your ePanther ID and password. If you have problems, call the UWM Help Desk at 414-229-4040, or use the PAWS Help Form at paws.uwm.edu. Staff are available to help Monday through Friday, 7:00 a.m. to 12:00 a.m. (CST), Saturday 8:00 a.m. to 8:00 p.m. (CST) and Sunday, 9:00 a.m. to 12:00 a.m. (CST).

- **PROGRAM REPRESENTATIVE CONTACT:** Questions regarding your graduate studies should be directed to the graduate representative for your program. You can find the contact information at uwm.edu/graduateschool/rebs-list



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- **NEXT STEPS:** To find more information about your next steps, and get quick and easy access to key resources for newly admitted graduate students, visit our webpage uwm.edu/graduateschool/current-students/admitted-students/
- **LOOKING FOR HOUSING?** The UWM Neighborhood Housing office (NHO) can assist through a number of online resources and in-person events including the Annual Housing Fair, the Preferred Tenant Program, Roommate Speed Meet, and Tour of Homes. For more information and resources visit: uwm.edu/neighborhoodhousing



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ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGE CET - 2022 ADMISSIONS

Hall Ticket Number:	8210000570	Rank:	4533
Candidate Name:	KETUBOYINA SRAVANI	Father's Name:	KETUBOYINA VENKATESWARA RAO
Gender:	Female	Caste / Region :	BC_D / AU

PROVISIONAL ALLOTMENT ORDER (for GATE/GPAT/PGE CET CANDIDATES)

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, sex, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

AU COLLEGE OF PHARMACEUTICAL SCIENCES (AUCP1)
in **PHARMACEUTICAL ANALYSIS (PHANL.S)** , under **OC_GIRLS_AU** category.

Tuition Fee fixed for the college/course is Rs.40000 /-.

Tuition fee to be paid by the candidate at the time of admission is Rs. 40000 /-.**

Instructions to Candidates:

1. Reporting through 'Candidates Login' from the website <https://pgecet-sche.aptonline.in/PGE CET/Views/index.html> through self-reporting system or from a nearby help line center.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both Self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for Self reporting and reporting at the allotted College from **10.10.2022 to 13.10.2022 (before 5.00PM)**. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. If the academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates who got more than one allotment by virtue of their eligibility, can choose one college / course allotment through self-reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counselling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. **All the Principals are requested to verify the original certificates viz caste, study, income and Diploma/Degree certificates of the admitted candidates thoroughly and request to bring to the notice of the Convenor, APPGE CET – 2022 Admissions for any deviation.**



CONVENOR
APPGE CET-2022 ADMISSIONS

*** This computer generated Provisional Allotment Order does not require any authentication. *** 08/10/2022 09:07 PM

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



11/24/22
1173326
Krishnaveni Reddy Konda
(Represented by: IDP Education (Canada))
5-379, LP Road, Darsi, Prakasam Darsi, Andhra Pradesh
India 523247

Letter of Admission

Deadline Date for Fees Payment (MM/DD/YY): 12/24/22

Dear **Krishnaveni Reddy Konda**,

Congratulations! You are being offered admission to Fanshawe College for your post-secondary studies in Canada. This letter contains information that you can use to apply for a Study Permit and should be submitted to Immigration, Refugees and Citizenship Canada (IRCC).

Fanshawe College Student ID : 1173326
Date of Birth : 10/02/99 (MM/DD/YY)
Type of School : Public; Member, CICan www.collegesinstitutes.ca; DLI # O19361039982
Program of Study : HSY2 - Health Systems Management, London Campus
Academic Status : Full Time
Level of Study : Graduate Certificate
Semester of Study : Level Year 1
Program Start Date : 05/01/23 (MM/DD/YY)
Length of Program : 1 Year (2 Levels)
Co-Op/Work Term : N/A
Expected Date of Completion : 12/31/23 (MM/DD/YY)
Fees : C\$17437.27
Fees Due : C\$17437.27 (Approximate and subject to change)
Fees Payment Deadline : 12/24/22 (MM/DD/YY)
Condition(s) (if applicable) : NA. Student accepted under SDS.
Last date to update your visa : 04/20/23 (MM/DD/YY)
Last date for registration : 04/29/23 (MM/DD/YY)

Program fees for International students for are listed here by Program Name:

https://www.fanshawec.ca/sites/default/files/2021-06/international_fees_2021.pdf

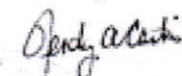
The Deadline Date is important, as your seat is not confirmed until full payment has been made. Your seat will be confirmed subject to availability of seats in your program at the time of your payment. To hold your place, the fee of C\$17437.27 must be received by the "deadline date" mentioned above. Payment should be made in Canadian dollars through Flywire ONLY. The fee receipt can be downloaded from your Flywire account approximately 48-72 hours after making the payment.

Arrival Services are provided at no additional charge to all new international students. This includes pre-departure briefings, transportation from Pearson Airport to London (or a Fanshawe regional campus), and preferred rates at Fanshawe partner hotels.

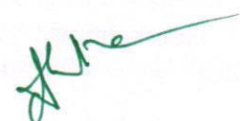
In the most recent Ontario College Key Performance Indicators (KPI) survey, Fanshawe ranked above the provincial average for Graduate Employment Rate (85.8%), Graduate Satisfaction Rate (80.8%), Employer Satisfaction Rate (95.8%) and Graduation Rate (69.7%).

Once your visa is approved, you MUST email atandon@fanshawec.ca before 04/20/23 (MM/DD/YY). We look forward to seeing you in Canada at Fanshawe College.

Sincerely,



Wendy Curtis,
Dean, Fanshawe International Centre


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Program Fee Details

Name: Krishnaveni Reddy Konda;
Student #: 1173326
Program: HSY2 - Health Systems Management

The following is the approximate breakdown of the cost of living for a twelve-month period for a student studying in Canada and living on his/her own:

Living Expenses (approximate)

Sub Total - Living Expenses: \$10000

School Fees (Estimated figures subject to change without prior notice):

To be paid to the college

- | | |
|---|------------|
| 1. Tuition | \$15495.84 |
| 2. Mandatory Non-Tuition Fees
(Includes Athletics Fee, Health Insurance Fee, Incidental Fee, Student Activity Fee, Student Building Fee, Technology Fee) | \$1932.79 |
| 3. Additional Program Fee | \$100.00 |
| 4. Co-op Fee | \$0.00 |

Not to be paid to the college, to be spent during the program

- | | |
|---|-----------|
| 5. General Expenses
(Includes Books which are Mandatory, Expendable Supplies, Uniforms & Minor Equipment, Field Trips & Local Transportation, Major Equipment, Professional Association Exam Fees, Other and Optional Expenses). This fee is not to be paid to the college directly, but nonetheless will have to be spent by the student every year for the expenses mentioned. | \$1027.70 |
|---|-----------|

Sub Total - School Fees: \$18464.97

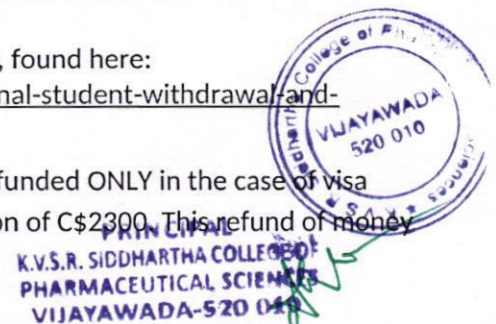
Total C\$28464.97 (Approximate and subject to change)

You have to pay **C\$17437.27** by 12/24/22 (MM/DD/YY). This fee amount is for first two levels and is subject to change. For the most updated fee for Level 3 (if applicable) or onwards, please visit: www.fanshawec.ca/fees.

Students can pay **C\$2300** as a refundable deposit before the deadline to be considered as paid students and will be required to pay the rest before will be required to pay the rest before **03/15/23** (MM/DD/YYYY). Refund is possible only if the student is unable to fulfil the conditions.

Please review the College's withdrawal and refund policy information, found here: <https://www.fanshawec.ca/international/student-services/international-student-withdrawal-and-refund-process>

There will be a C\$250 deduction and the remaining amount will be refunded ONLY in the case of visa refusal. If the visa refusal cannot be provided, there will be a deduction of C\$2300. This refund of money will take a processing time of 90 days.





ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGET - 2022

Hall Ticket Number:	7190370381	Rank:	1147
Candidate Name:	MANDA NAGAMANI	Father's Name:	MANDA KOTAIAH
Gender :	FEMALE	Caste / Region:	SC / AU

PROVISIONAL ALLOTMENT ORDER (for PGET CANDIDATES) PHASE-II

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, gender, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

JNTUA COLLEGE OF ENGG. ANANTAPURAMU-SELF FINANCE (JNTASF1) ANANTAPURAMU , ATP
in NANO TECHNOLOGY (JANANO) (SFN) , under SC_GEN_UR category.

from **S V UNIVERSITY COLLEGE OF SCIENCES-SELF FINANCE (SVUPSF1) TIRUPATHI , CTR**
in PHARMACEUTICS (PHCETS) (SFN) , under SC_GIRLS_UR category.

Tuition Fee fixed for the college/course is Rs.50000 /-.

Tuition Fee to be paid by the candidate is Rs. 0 /-.**


**Tuition fee exempted under fee reimbursement category.

Tuition fee exempted under fee reimbursement category the students belonging to SC/ ST/ BC/ EBC/ Disabled/ Minority categories will be considered for Full Reimbursement of Tuition Fee under Jagananna Vidya Deevana (RTF) scheme subject to verification and eligibility criteria prescribed by State Government of Andhra Pradesh vide G.O.M.S.NO:66 dated 08/09/2010 of Social welfare (SW.EDN.2) Dept., G.O.M.S.NO:115 dated 13/11/2019 of Social Welfare (EDN) Dept., G.O.M.S.NO:72 dated 18/10/2014 of social welfare (SW.EDN.2) department, G.O.Ms.No. 77 Social Welfare dept., dated 25.12.2020 and relevant instructions issued by Social Welfare and Higher Education Dept., Govt. of A.P. from time to time . In the event of the candidate found not eligible for fee reimbursement at a later date, the candidate shall have to repay the total fee as prescribed by the Competent authority.

Students who are eligible for tuition fee reimbursement under the Jagananna Vidya Deevana Scheme, tuition fee will be paid to concerned mother's bank account in four quarters. Hence, you are required to pay the tuition fee amount within one week to the college from the date of receiving the tuition fee amount from the Government.

Instructions to Candidates:

1. Reporting through 'Candidates Login' from the website <https://pget-sche1.aptonline.in> through self-reporting system or from a nearby help line center.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for self reporting and reporting at the allotted College is **14.11.2022 (before 5.00PM)**. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. If the academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates, who got more than one allotment by virtue of their eligibility, can choose one college/course allotment through self-reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counselling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. **All the Principals are requested to verify the original certificates viz caste, study, income and Degree/Equivalent certificates of the admitted candidates thoroughly and request to bring to the notice of the Convener, APPGET – 2022 Admissions for any deviation.**
11. Class work will commence from 14/11/2022


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



CONVENOR
APPGET - ADMISSIONS 2022



ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGET - 2022

Hall Ticket Number:	7190370388	Rank:	353
Candidate Name:	MANI SAI RAJA SRI NITISH JILLELLA	Father's Name:	JILLELLA VIJAYASEKHAR
Gender:	MALE	Caste / Region	OC / AU

PROVISIONAL ALLOTMENT ORDER (for PGET CANDIDATES) PHASE-I

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, sex, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

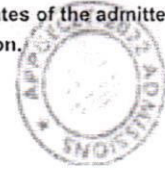
K V S R SIDDHARTHA COLLEGE OF PHARMACEUTICAL SCI.S (VRSP1)
in **PHARMACEUTICS (PHCETS) (SFN)**, under **OC_GEN_AU** category.

Tuition Fee fixed for the college/course is Rs.54400 /-.

Tuition Fee to be paid by the candidate is Rs. 54400 /-.**

Instructions to Candidates:

1. Reporting through 'Candidates Login' from the website <https://pget-sche1.aptonline.in/> through self-reporting system or from a nearby help line center.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for self reporting and reporting at the allotted College is **29.10.2022 (before 5.00PM)**. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. If the academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates, who got more than one allotment by virtue of their eligibility, can choose one college/course allotment through self-reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counseling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. **All the Principals are requested to verify the original certificates viz caste, study, income and Degree certificates of the admitted candidates thoroughly and request to bring to the notice of the Convenor, APPGET- 2022 Admissions for any deviation.**

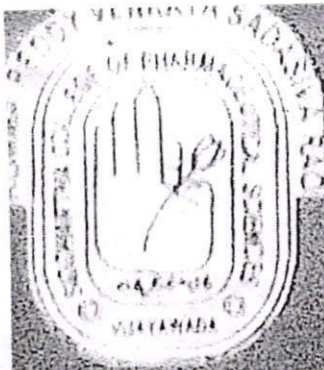


CONVENOR
APPGET - ADMISSIONS 2022

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PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





KONNAREDDY VENKATA BADASIVA RAO
**SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES**

(Sponsors : Siddhartha Academy of General &
Technical Education)

Vijayawada - 520 010. Ph : 0866-2479775, Fax : 0866-2476086



MANI SAI RAJA SRI NITISH JILLELLA

Roll No : Y22MPH140005

Course : M.PHARMACY

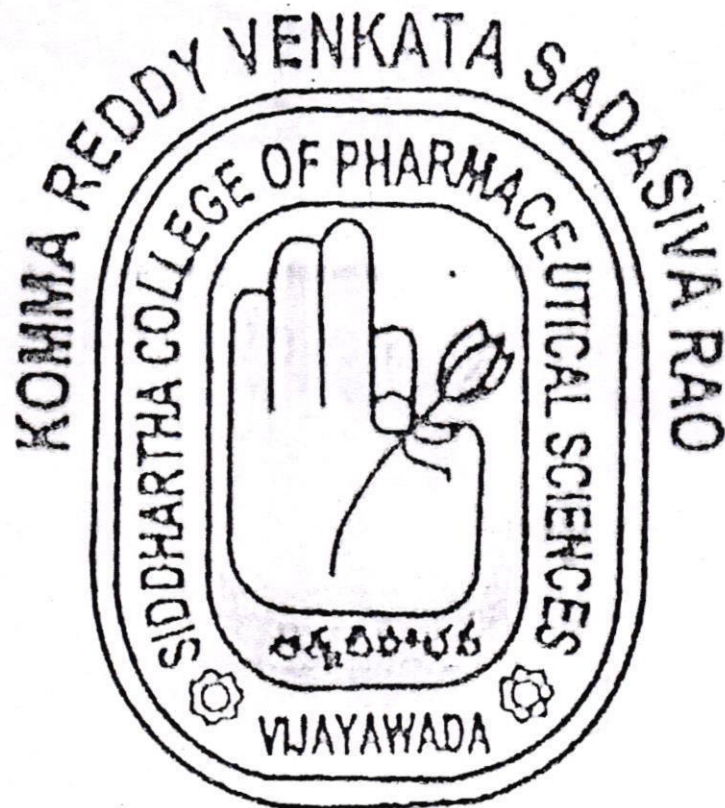
Valid Upto : 2022-2024

Principal

Date of Birth : 15-08-2001

Blood Group : O+ve

Contact No : 9493250935



-
1. This card must be produced while entering the college and to access all facilities of the college like Library, Laboratories, Exam Hall, Transportation, Sports, Classrooms, Etc.,
 2. Should carry at all times while in the campus.

Finder : Please handover this card at college office or drop in any post box.

PROTECT IT FROM WATER

11/24/22
1173260
Harshavardhan Meka
(Represented by: IDP Education (Canada))
2-66, Venugopala Swami Temple Street, Guntupalli, Krishna
Vijayawada, Andhra Pradesh
India 521241

Letter of Admission

Deadline Date for Fees Payment (MM/DD/YY): 12/24/22

Dear **Harshavardhan Meka**,

Congratulations! You are being offered admission to Fanshawe College for your post-secondary studies in Canada. This letter contains information that you can use to apply for a Study Permit and should be submitted to Immigration, Refugees and Citizenship Canada (IRCC).

Fanshawe College Student ID	: 1173260
Date of Birth	: 02/02/00 (MM/DD/YY)
Type of School	: Public; Member, CICan www.collegesinstitutes.ca ; DLI # O19361039982
Program of Study	: HCT1B - Health Care Administration Management, <u>London South Campus</u>
Academic Status	: Full Time
Level of Study	: Graduate Certificate
Semester of Study	: Level Year 1
Program Start Date	: 05/01/23 (MM/DD/YY)
Length of Program	: 2 Years (4 Levels)
Co-Op/Work Term	: N/A
Expected Date of Completion	: 12/31/24 (MM/DD/YY)
Fees	: C\$17692.33
Fees Due	: C\$17692.33 (Approximate and subject to change)
Fees Payment Deadline	: 12/24/22 (MM/DD/YY)
Condition(s) (if applicable)	: NA. Student accepted under SDS.
Last date to update your visa	: 04/20/23 (MM/DD/YY)
Last date for registration	: 04/29/23 (MM/DD/YY)

Program fees for International students for are listed here by Program Name:

https://www.fanshawec.ca/sites/default/files/2021-06/international_fees_2021.pdf

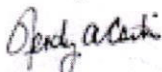
The Deadline Date is important, as your seat is not confirmed until full payment has been made. Your seat will be confirmed subject to availability of seats in your program at the time of your payment. To hold your place, the fee of **C\$17692.33** must be received by the "deadline date" mentioned above. Payment should be made in Canadian dollars through Flywire ONLY. The fee receipt can be downloaded from your Flywire account approximately 48-72 hours after making the payment.

Arrival Services are provided at no additional charge to all new international students. This includes pre-departure briefings, transportation from Pearson Airport to London (or a Fanshawe regional campus), and preferred rates at Fanshawe partner hotels.


In the most recent Ontario College Key Performance Indicators (KPI) survey, Fanshawe ranked above the provincial average for Graduate Employment Rate (85.8%), Graduate Satisfaction Rate (80.8%), Employer Satisfaction Rate (95.8%) and Graduation Rate (69.7%).

Once your visa is approved, you MUST email atandon@fanshawec.ca before 04/20/23 (MM/DD/YY). We look forward to seeing you in Canada at Fanshawe College.

Sincerely,



Wendy Curtis,
Dean, Fanshawe International Centre


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Program Fee Details

Name: Harshavardhan Meka;
 Student #: 1173260
 Program: HCT1B - Health Care Administration Management

The following is the approximate breakdown of the cost of living for a twelve-month period for a student studying in Canada and living on his/her own:

Living Expenses (approximate)

Sub Total - Living Expenses: \$10000

School Fees (Estimated figures subject to change without prior notice):

To be paid to the college

- | | |
|---|------------|
| 1. Tuition | \$15495.84 |
| 2. Mandatory Non-Tuition Fees
(Includes Athletics Fee, Health Insurance Fee, Incidental Fee, Student Activity Fee, Student Building Fee, Technology Fee) | \$1932.79 |
| 3. Additional Program Fee | \$355.06 |
| 4. Co-op Fee | \$0.00 |

Not to be paid to the college, to be spent during the program

- | | |
|---|----------|
| 5. General Expenses
(Includes Books which are Mandatory, Expendable Supplies, Uniforms & Minor Equipment, Field Trips & Local Transportation, Major Equipment, Professional Association Exam Fees, Other and Optional Expenses). This fee is not to be paid to the college directly, but nonetheless will have to be spent by the student every year for the expenses mentioned. | \$597.70 |
|---|----------|

Sub Total - School Fees: \$18290.03

Total **C\$28290.03 (Approximate and subject to change)**

You have to pay **C\$17692.33** by 12/24/22 (MM/DD/YY). This fee amount is for first two levels and is subject to change. For the most updated fee for Level 3 (if applicable) or onwards, please visit: www.fanshawec.ca/fees.

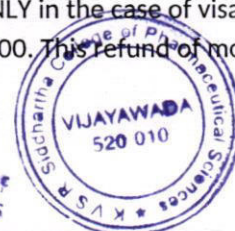
Students can pay **C\$2300** as a refundable deposit before the deadline to be considered as paid students and will be required to pay the rest before will be required to pay the rest before **03/15/23** (MM/DD/YYYY). Refund is possible only if the student is unable to fulfil the conditions.

Please review the College's withdrawal and refund policy information, found here: <https://www.fanshawec.ca/international/student-services/international-student-withdrawal-and-refund-process>

There will be a C\$250 deduction and the remaining amount will be refunded ONLY in the case of visa refusal. If the visa refusal cannot be provided, there will be a deduction of C\$2300. This refund of money will take a processing time of 90 days.

K

PRINCIPAL
 K.V.S.R. SIDDHARTHA COLLEGE OF
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.





ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGE CET - 2022

Hall Ticket Number:	7190370448	Rank:	7
Candidate Name:	NALLAJERU MOUNIKA	Father's Name:	NALLAJERU KRISHNA RAO
Gender:	FEMALE	Caste / Region	OC / AU

PROVISIONAL ALLOTMENT ORDER (for PGE CET CANDIDATES) PHASE-I

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, sex, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

UNIVERSITY COLL OF PHARMACEUTICAL SCIENCES-ANU-SELF FINANCE (ANUPSF1)
in **PHARMACEUTICS (PHCETS) (SFS)**, under **OC_GEN_AU** category.

Tuition Fee fixed for the college/course is Rs.110000 /-.

Tuition Fee to be paid by the candidate is Rs. 0 /-.**

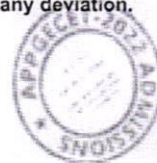
**Tuition fee exempted under fee reimbursement category.

Tuition fee exempted under fee reimbursement category the students belonging to SC/ ST/ BC/ EBC/ Disabled/ Minority categories will be considered for Full Reimbursement of Tuition Fee under Jagananna Vidya Deevana (RTF) scheme subject to verification and eligibility criteria prescribed by State Government of Andhra Pradesh vide G.O.M.S.NO:66 dated 08/09/2010 of Social welfare (SW.EDN.2) Dept., G.O.M.S.NO:115 dated 13/11/2019 of Social Welfare (EDN) Dept., G.O.M.S.NO:72 dated 18/10/2014 of social welfare (SW.EDN.2) department, G.O.Ms.No. 77 Social Welfare dept., dated 25.12.2020 and relevant instructions issued by Social Welfare and Higher Education Dept., Govt. of A.P. from time to time . In the event of the candidate found not eligible for fee reimbursement at a later date, the candidate shall have to repay the total fee as prescribed by the Competent authority.

Students who are eligible for tuition fee reimbursement under the Jagananna Vidya Deevana Scheme, tuition fee will be paid to concerned mother's bank account in four quarters. Hence, you are required to pay the tuition fee amount within one week to the college from the date of receiving the tuition fee amount from the Government.


Instructions to Candidates:

1. Reporting through 'Candidates Login' from the website <https://pgecet-sche1.aptonline.in> through self-reporting system or from a nearby help line center.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for self reporting and reporting at the allotted College is **29.10.2022 (before 5.00PM)**. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. If the academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates, who got more than one allotment by virtue of their eligibility, can choose one college/course allotment through self-reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counselling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. **All the Principals are requested to verify the original certificates viz caste, study, income and Diploma/Degree certificates of the admitted candidates thoroughly and request to bring to the notice of the Convener, APPGE CET – 2022 Admissions for any deviation.**



CONVENOR
APPGE CET - ADMISSIONS 2022

*** This computer generated Provisional Allotment Order does not require any authentication. *** 22/10/2022 04:14 PM


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



418BPH140052

SEVIS ID: N0033583859

SURNAME/PRIMARY NAME Nayani	GIVEN NAME Bhavana	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Bhavana Nayani	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Vijayawada	DATE OF BIRTH 07 SEPTEMBER 2000	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Justin Permenter ISSS Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 14 DECEMBER 2022
START OF CLASSES 17 JANUARY 2023	PROGRAM START/END DATE 13 JANUARY 2023 - 31 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,254	Personal Funds	\$ 0
Living Expenses	\$ 13,967	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 34,343
Books, Insurance	\$ 4,122	On-Campus Employment	\$
TOTAL	\$ 34,343	TOTAL	\$ 34,343

REMARKS

Tuition/fees subject to change.

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"/> Justin Permenter <small>Digitally signed by Justin Permenter Date: 2022.09.23 11:04:22 -0500</small>	DATE ISSUED 23 September 2022	PLACE ISSUED Denton, TX
SIGNATURE OF: Justin Permenter, ISSS Advisor		

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

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



SEVIS ID: N0033583859 (F-1)

NAME: Bhavana Nayani

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		

[Handwritten Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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.

Shk
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.





Student Name: Bhavana Nayani
Student Id: 11641615
Semester: 2023 Spng
Tuition: Foreign Non Resident
Major (Program/Plan): INSC-MS

August 25, 2022

Dear Ms. Nayani,

Congratulations! You have been admitted to the Information Science program. The University of North Texas provides an exciting place to pursue your graduate education, and we are committed to your success. At UNT you will find the education and support you need to realize your goals and expand your horizons.

SUCCESSFUL COMPLETION

You are now eligible to register during your upcoming enrollment period. Please visit your student portal at my.unt.edu for important information about enrollment dates, registration and class schedules.

F-1, F-2, and J-1 International students must confirm enrollment requirements based on their visa type, and must complete their immigration document check in with the ISSS office after arrival in the U.S. For questions about enrollment requirements based on your student immigration status, please visit international.unt.edu/immigration.

I look forward to having you as a graduate student at UNT, as you join the excitement of discovering real solutions, creating new opportunities and making a difference in the world. At UNT, we expect you to pursue academic excellence in a rigorous, yet caring environment. This [Graduate Student Success Manual](#) is designed to provide a wealth of information to facilitate your smooth and successful transition to UNT. Please contact us if you have any questions about making the most of your graduate education.

Sincerely,

Michael Sanders

Michael Sanders, M.Ed
 Associate Vice President of Enrollment

Victor Prybutok

Dr. Victor Prybutok,
 Vice Provost for Graduate Education and
 Dean of the Toulouse Graduate School



Handwritten signature
 K.V.S.R. SIDDHARTHA COLLEGE
 PHARMACEUTICAL SCIENCES
 VIJAYAWADA-520 010.



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ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGECET - 2022 ADMISSIONS

Hall Ticket Number:	8210000854	Rank:	3238
Candidate Name:	PALLI AJAY KUMAR	Father's Name:	PALLI ANJANEYULU
Gender:	Male	Caste / Region :	SC / AU

PROVISIONAL ALLOTMENT ORDER (for GATE/GPAT/PGECET CANDIDATES)

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, sex, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

AU COLLEGE OF PHARMACEUTICAL SCIENCES (AUCP1)
in **PHARMACEUTICS (PHCETS)** , under **SC_GEN_AU** category.

Tuition Fee fixed for the college/course is Rs.40000 /-.

Tuition fee to be paid by the candidate at the time of admission is Rs. 40000 /-.**

Instructions to Candidates:


1. Reporting through 'Candidates Login' from the website <https://pgecet-sche.aptonline.in/PGECET/Views/index.html> through self-reporting system or from a nearby help line center.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both Self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for Self reporting and reporting at the allotted College from **10.10.2022 to 13.10.2022 (before 5.00PM)**. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. If the academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates who got more than one allotment by virtue of their eligibility, can choose one college / course allotment through self-reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counselling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. **All the Principals are requested to verify the original certificates viz caste, study, income and Diploma/Degree certificates of the admitted candidates thoroughly and request to bring to the notice of the Convenor, APPGECET – 2022 Admissions for any deviation.**



CONVENOR

APPGECET-2022 ADMISSIONS

*** This computer generated Provisional Allotment Order does not require any authentication. *** 08/10/2022 09:07 PM


PRINCIPAL
K.V.S.R. SIDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



Y18BP H1400 63

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: N0033593809

SURNAME/PRIMARY NAME Raavi	GIVEN NAME Jashwanthi	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Jashwanthi Raavi	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Kalluru	DATE OF BIRTH 21 FEBRUARY 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Northeastern University Northeastern University	SCHOOL ADDRESS 360 HUNTINGTON AVE, C/O Office of Global Services, BOSTON, MA 02115
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Chelsea Leigh Litalien International Student and Scholar Advisor	SCHOOL CODE AND APPROVAL DATE BOS214F00257000 22 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Industrial and Physical Pharmacy and Cosmetic Sciences 51.2009	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 10 DECEMBER 2022
START OF CLASSES 09 JANUARY 2023	PROGRAM START/END DATE 09 JANUARY 2023 - 19 DECEMBER 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 20,814	Personal Funds	\$ 0
Living Expenses*	\$ 26,370	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Family Funds	\$ 47,184
Other	\$	On-Campus Employment	\$
TOTAL	\$ 47,184	TOTAL	\$ 47,184

REMARKS

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 Chelsea Leigh Litalien DATE ISSUED 28 September 2022 PLACE ISSUED BOSTON, MA
SIGNATURE OF: Chelsea Leigh Litalien, International Student and Scholar Advisor

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 Jashwanthi Raavi DATE 11/10/2022
SIGNATURE OF: Jashwanthi Raavi

X Satyavathi Sutta DATE 11/10/22
SIGNATURE OF: Satyavathi Sutta

X B. Satyavathi ADDRESS (city/state or province/country) Amratharajal, Vijayawada.
SIGNATURE OF: B. Satyavathi

[Signature]
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



SEVIS ID: N0033593809 (F-1)

NAME: Jashwanthi Raavi

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
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



N Northeastern College of Professional Studies

Jashwanthi Raavi
74-27/2-1/2, Neeladhri Nilayam, 3rd Road End Ayyappa Nagar
Vijayawada, 520007
India



2000/01/01
Vijayawada
ATK...
...

N Northeastern College of Professional Studies

July 28, 2022

NUID: 002614416

Campus: Boston

Dear Jashwanthi:

It is my pleasure to inform you that you have been accepted into Northeastern University's College of Professional Studies Master of Science in Regulatory Affairs program for the Winter 2023 term at the Boston campus with a January start date.

Our regionally accredited programs provide an educational experience that is founded on proven scholarship strengthened through practical application and sustained by academic excellence. Here at the College of Professional Studies, we are committed to providing you with a high level of academic excellence and superior service.

Your acceptance to the College of Professional Studies is granted under the following condition(s):

You must submit your official transcript with degree conferral within your first term of course enrollment. Please refer to the following website on requirements:

- <https://cps.northeastern.edu/admissions-aid/international-admissions/applications/>

Additionally, your offer of admission is contingent upon your satisfaction of all local, state, and federal laws.

Upon successfully meeting the condition of your acceptance, you will be formally accepted into the program and admitted to the University. If the condition is not met, your conditional admittance will be rescinded and you will not be able to continue to register for classes. Should any changes to your condition of acceptance and/or program requirements occur, you will be notified of the changes and be held to any new standards put in place.

Now that you have been accepted, please confirm that you plan to attend by completing the enrollment confirmation form. This is also a great time to visit our website for accepted students which will help guide you through the enrollment confirmation process and important next steps such as activating your myNortheastern account, submitting official transcripts, and exploring program curriculum.

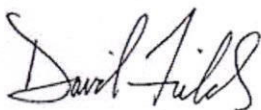
In addition, you can view our current course offerings online at <https://registrar.northeastern.edu/group/catalog/>. It is important to note that you are required to follow the program curriculum that is in effect during the Winter 2023 term. Please review the curricula at the beginning of your start term to be sure you have the most up to date information.

Registration will open six weeks prior to the start term. Once registration is open for the Winter 2023 term, you should create your myNortheastern account. myNortheastern is a portal where you will receive critical information from the University and College, access billing and course information, and several other student related items. Once you have created your account you can proceed to register for classes via the student portal.


All admitted students who will be studying with an F-1 visa would need a Form I-20. Please contact the office of Global Services to begin your I-20 process at <https://international.northeastern.edu/ogs/getting-started/>

On behalf of the faculty and administration at Northeastern University, I would like to congratulate you on your admission. I am sure you will find the College of Professional Studies an exciting and intellectually challenging place to further your education.

Sincerely,



David Fields, Ph.D.
Senior Associate Dean
Academic and Faculty Affairs
Professional Programs
College of Professional Studies
Northeastern University



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



N Northeastern College of Professional Studies

FOR ALL STUDENTS

Students admitted to Northeastern will have access to limited services through the myNortheastern portal. As you transition from an admitted to an enrolled student, your access to myNortheastern services is automatically modified.

Student Account Claim:

Students eligible for a Northeastern online account will receive an automated account claim email 1 business day after decision is published. Eligibility is based on admission data in university systems. Students can follow the steps below to claim their online account.

To claim a student account:

1. Open Account Claim email.
2. Click on the "Claim your Northeastern online account now" claim token in email
3. Follow the prompt to enroll in Duo, the university's two-factor authentication provider.
4. Complete the "Student Account Claim" form.
5. Review and accept the "Northeastern University Appropriate Use Policy"
6. Create a password.

If you are unable to claim your student account:

There are several reasons why you may not be able to claim your student account, including:

- University admission data on file indicates that you are not eligible for a myNortheastern account and have not been sent an account claim email.
- You have not accepted the Northeastern University Appropriate Use Policy for Computer Network Resources.
- Your password doesn't meet the minimum length requirement.

If you need additional support with the account claim process, the IT Service Desk is available 24/7. Call 617. 373.HELP [4357] or email help@northeastern.edu.


Admissions Support

To complete your official admissions file, [visit this website](#) for information. For admissions questions, [visit this website](#) to submit an inquiry:

Advising & Student Support

The Office of Academic Advising is here to support you as you begin your academic journey with the College of Professional Studies. For information regarding course registration, academic requirements or Orientation, please contact our Learner Services team. Your advisors and student support team look forward to meeting you at Orientation!

Email: learnerservices@northeastern.edu
Phone: 1-833-685-3276


PRINCIPAL
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PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010





ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGET - 2022

Hall Ticket Number:	7190370600	Rank:	784
Candidate Name:	SHAIK SAJANA	Father's Name:	SHAIK MASTAN VALI
Gender :	FEMALE	Caste / Region:	BC_E / AU

PROVISIONAL ALLOTMENT ORDER (for PGECET CANDIDATES) PHASE-II

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, gender, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

JNTUA COLLEGE OF ENGG. ANANTAPURAMU-SELF FINANCE (JNTASF1) ANANTAPURAMU , ATP
in NANO TECHNOLOGY (JANANO) (SFN) , under OC_GIRLS_SVU category.

from **UNIVERSITY COLL OF PHARMACEUTICAL SCIENCES-ANU-SELF FINANCE (ANUPSF1) GUNTUR , GTR**
in PHARMACEUTICS (PHCETS) (SFS) , under BC_E_GEN_AU category.

Tuition Fee fixed for the college/course is Rs.50000 /-.

Tuition Fee to be paid by the candidate is Rs. 50000 /-.**

Instructions to Candidates:

1. Reporting through 'Candidates Login' from the website <https://pgcet-sche1.aptonline.in/> through self-reporting system or from a nearby help line center.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for self reporting and reporting at the allotted College is **14.11.2022 (before 5.00PM)**. Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be cancelled and you have no claim on the seat allotted.
5. If the academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY]
7. Candidates, who got more than one allotment by virtue of their eligibility, can choose one college/course allotment through self-reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counselling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. **All the Principals are requested to verify the original certificates viz caste, study, income and Degree certificates of the admitted candidates thoroughly and request to bring to the notice of the Convenor, APPGET- 2022 Admissions for any deviation.**
11. Class work will commence from 14/11/2022




PRINCIPAL
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PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



CONVENOR
APPGET - ADMISSIONS 2022

YRBPH140076

SEVIS ID: N0033623970

SURNAME/PRIMARY NAME Vemugunta	GIVEN NAME Naga Vineesha	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Naga Vineesha Vemugunta	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Gudivada	DATE OF BIRTH 18 AUGUST 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Justin Permenter ISSS Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 14 DECEMBER 2022
START OF CLASSES 17 JANUARY 2023	PROGRAM START/END DATE 13 JANUARY 2023 - 31 MAY 2025	

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS	STUDENT'S FUNDING FOR: 9 MONTHS
Tuition and Fees \$ 16,254	Personal Funds \$ 0
Living Expenses \$ 13,967	Funds From This School \$
Expenses of Dependents (0) \$	Family Funds \$ 34,343
Books, Insurance \$ 4,122	On-Campus Employment \$
TOTAL \$ 34,343	TOTAL \$ 34,343

REMARKS
Tuition/fees subject to change.

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"/> Justin Permenter <small>Digitally signed by Justin Permenter Date: 2022.10.07 16:30:44 -05'00'</small>	DATE ISSUED 07 October 2022	PLACE ISSUED Denton, TX
SIGNATURE OF: Justin Permenter, ISSS Advisor		

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

Handwritten signature in green ink

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-820 010.



SEVIS ID: N0033623970 (F-1)

NAME: Naga Vineesha Vemugunta

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
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCE
VIJAYAWADA-520 010



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.





Student Name: Naga Vineesha Vemugunta
Student Id: 11641614
Semester: 2023 Spng
Tuition: Foreign Non Resident
Major (Program/Plan): INSC-MS

August 25, 2022

Dear Ms. Vemugunta,

Congratulations! You have been admitted to the Information Science program. The University of North Texas provides an exciting place to pursue your graduate education, and we are committed to your success. At UNT you will find the education and support you need to realize your goals and expand your horizons.

You are now eligible to register during your upcoming enrollment period. Please visit your student portal at my.unt.edu for important information about enrollment dates, registration and class schedules.

F-1, F-2, and J-1 International students must confirm enrollment requirements based on their visa type, and must complete their immigration document check in with the ISSS office after arrival in the U.S. For questions about enrollment requirements based on your student immigration status, please visit international.unt.edu/immigration.

I look forward to having you as a graduate student at UNT, as you join the excitement of discovering real solutions, creating new opportunities and making a difference in the world. At UNT, we expect you to pursue academic excellence in a rigorous, yet caring environment. This [Graduate Student Success Manual](#) is designed to provide a wealth of information to facilitate your smooth and successful transition to UNT. Please contact us if you have any questions about making the most of your graduate education.

Sincerely,

Michael Sanders

Michael Sanders, M.Ed
Associate Vice President of Enrollment

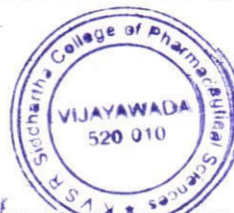
Victor Prybutok

Dr. Victor Prybutok,
Vice Provost for Graduate Education and
Dean of the Toulouse Graduate School



[Disclaimer](#) | [AA/EOE/ADA](#) | [Privacy Statement](#) | [Web Accessibility Policy](#)

[Handwritten Signature]



PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

Y18BP140084

SEVIS ID: N0033755688

SURNAME/PRIMARY NAME Talluri	GIVEN NAME Sravanthi	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Sravanthi Talluri	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Karamchedu	DATE OF BIRTH 20 NOVEMBER 1998	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of Wisconsin Milwaukee University of Wisconsin Milwaukee	SCHOOL ADDRESS PO Box 413, Milwaukee, WI 53201
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Andrea Joseph Student Services Coordinator	SCHOOL CODE AND APPROVAL DATE CHI214F20308000 15 JANUARY 2003

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 24 DECEMBER 2022
START OF CLASSES 23 JANUARY 2023	PROGRAM START/END DATE 23 JANUARY 2023 - 23 SEPTEMBER 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 32,176	Personal Funds	\$ 48,869
Living Expenses	\$ 15,000	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$ 0
Health Insurance	\$ 1,693	On-Campus Employment	\$ 0
TOTAL	\$ 48,869	TOTAL	\$ 48,869

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 Andrea Joseph **DATE ISSUED** 15 November 2022 **PLACE ISSUED** Milwaukee, WI
SIGNATURE OF: Andrea Joseph, Student Services 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.**

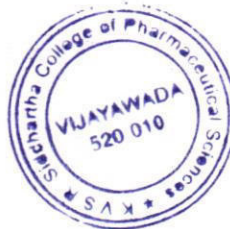
X

SIGNATURE OF: Sravanthi Talluri **DATE**

X

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



SEVIS ID: N0033755688 (F-1)

NAME: Sravanthi Talluri

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

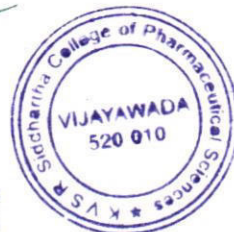
TRAVEL ENDORSEMENT

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
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



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.

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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.

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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.

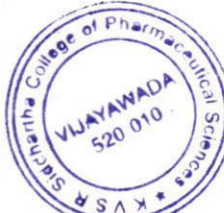
ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes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

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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.

Handwritten signature
PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010



10/13/2022

Sravanthi Talluri
near brahamam swami temple
Daggupadu, Karamchedu (Mandal), 523190
India

Mitchell Hall
P.O. Box 340
Milwaukee, WI
53201-0340
uwm.edu/graduateschool

Dear Sravanthi Talluri:

It is with great enthusiasm that I inform you that you have been granted admission to the University of Wisconsin – Milwaukee as a graduate student! There is no better time to be a part of the UWM graduate student community.

UWM has earned a top-tier research R1 classification from the Carnegie Institutes of Higher Education. UWM is now one of 115 universities in the United States that is classified as having the highest level of research activity. By accepting this admission, you may work alongside the faculty at UWM who are leading the charge in conducting research in many fields that will make an impact on our local and global cultures and economies.

UWM is located within the heart of Milwaukee. We are less than five minutes from the beaches of Lake Michigan and 10 minutes from downtown Milwaukee. There are more than 10 Fortune 500 companies located within the metro-Milwaukee area. UWM has partnerships with many local companies, businesses, schools, non-profit agencies, cultural organizations, and health institutions that will help provide experience in your field.


In addition, the Graduate School makes many efforts to encourage our graduate students to strengthen their career path with professional development activities. We offer "Preparing Future Faculty and Professionals," a graduate-specific course geared at providing training and insight to our students to help them prepare for their future careers both in and out of academia.

Enclosed is your official Certificate of Admission which lists your program, your Campus ID, your department contact information, and any admission conditions that you would need to satisfy to fully complete your admission. We ask that you please log in to your Panthera application at <http://graduateschool-apply.uwm.edu/> to accept or decline your admission offer to UWM.

We would be delighted to have you become a part of our UWM graduate student community, and we look forward to hearing from you soon.



Mark Harris
Vice Provost for Research and Dean of the Graduate School


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010.



Dear Sravanthi Talluri,

This certificate of admission is to provide you with information related to your recent admission to the University of Wisconsin-Milwaukee and any outstanding requirements.

Degree Program: Health Care Informatics MS

Term: Spring 2023

Campus ID: 991449090

Conditions of Admission:

• **TRANSCRIPTS:** Your application was completed by uploading unofficial transcripts. Now you must submit an official bachelor's degree transcript with the degree and date awarded by the second week of classes. Additional official transcripts may also be required. Log into your PAWS account and look for the "To-Do" section for a list of specific transcripts needed.

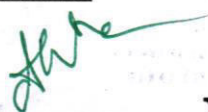
Official transcripts from schools in the U.S. must be provided directly from the issuing school to UW-Milwaukee either by mail, in person in a sealed envelope with the school stamp on the seal, or electronically. If submitting by mail, please ask them to be sent to PO Box 340, Milwaukee, WI 53201. Official transcripts from schools outside the U.S. should be brought to the Center for International Education (Garland Hall 138) upon arrival to campus.

Other Important Information:

• PAWS is the online system you will use for class registration, financial aid, tuition billing, academic records and maintain personal contact information. To start using PAWS, go to epantherid.uwm.edu to activate your ePanther ID and establish your password. You will use the Campus ID above to activate your ePanther ID. After activating your PAWS account, you will be prompted to use your "UWM email address" to login to PAWS. Simply add @uwm.edu to the end of your assigned ePantherID and enter your password to gain access to your account. Log into PAWS at paws.uwm.edu.

Sign on to PAWS at your earliest convenience, and keep a record of your ePanther ID and password. If you have problems, call the UWM Help Desk at 414-229-4040, or use the PAWS Help Form at paws.uwm.edu. Staff are available to help Monday through Friday, 7:00 a.m. to 12:00 a.m. (CST), Saturday 8:00 a.m. to 8:00 p.m. (CST) and Sunday, 9:00 a.m. to 12:00 a.m. (CST).


• **PROGRAM REPRESENTATIVE CONTACT:** Questions regarding your graduate studies should be directed to the graduate representative for your program. You can find the contact information at uwm.edu/graduateschool/rebs-list


PRINCIPAL
K.V.S.R. SIDDHARTHA COLLEGE OF
PHARMACEUTICAL SCIENCES
VIJAYAWADA-520 010

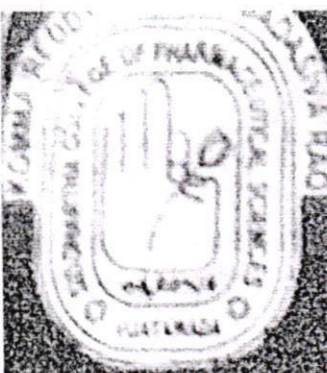
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- **NEXT STEPS:** To find more information about your next steps, and get quick and easy access to key resources for newly admitted graduate students, visit our webpage uwm.edu/graduateschool/current-students/admitted-students/
- **LOOKING FOR HOUSING?** The UWM Neighborhood Housing office (NHO) can assist through a number of online resources and in-person events including the Annual Housing Fair, the Preferred Tenant Program, Roommate Speed Meet, and Tour of Homes. For more information and resources visit: uwm.edu/neighborhoodhousing


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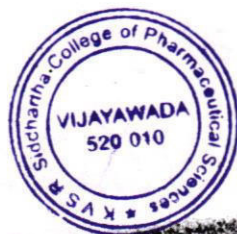


SHAIK.KARISHMA

Roll No : Y22MPH140007

Course : M.PHARMACY

Valid Upto : 2022-2024



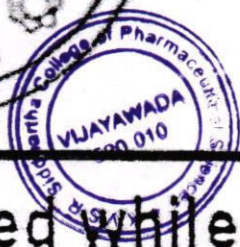
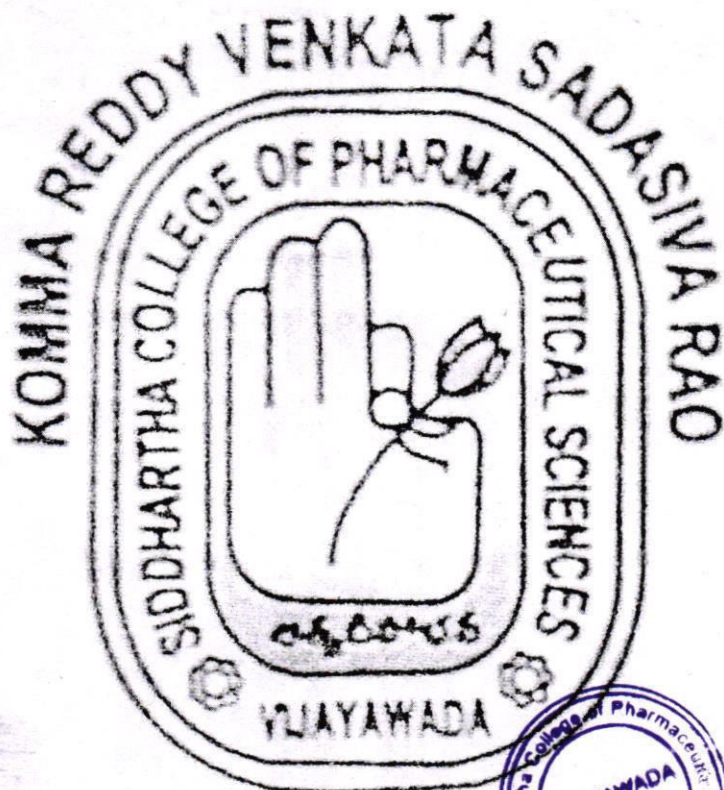
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Principal

Date of Birth : 10-12-1999

Blood Group : B+ve

Contact No : 9959143042



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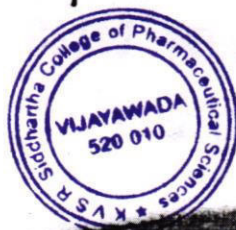
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GANTASALA.HARI KRISHNA

Roll No : Y22MPH140002

Course : M.PHARMACY

Valid Upto : 2022-2024



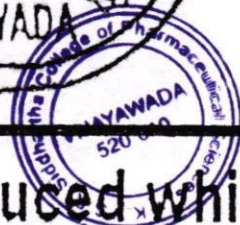
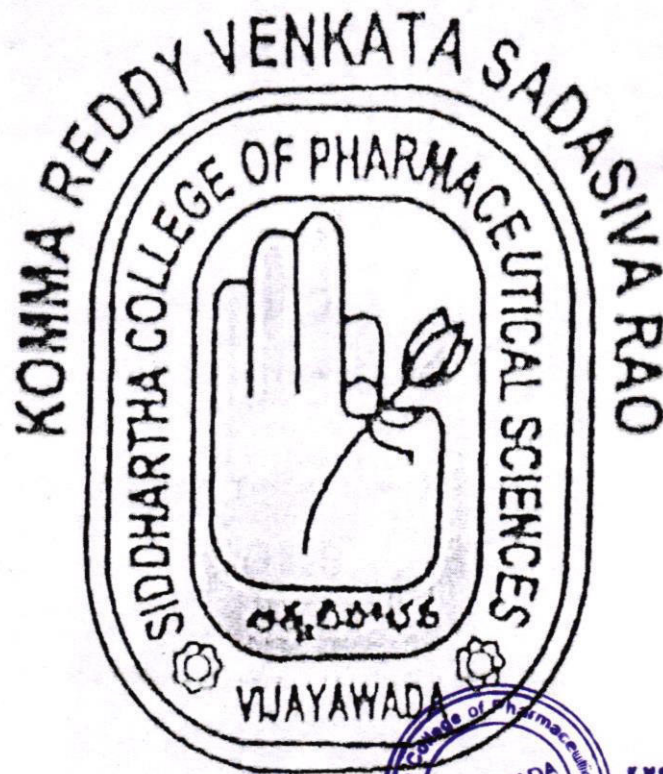
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Signature
Principal

Date of Birth : 02-12-1999

Blood Group : AB+ve

Contact No : 8790775266

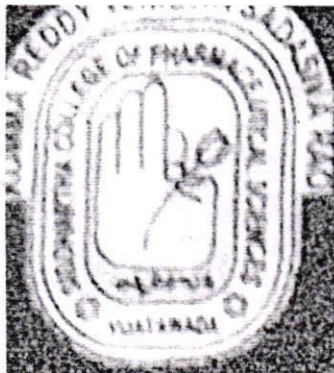



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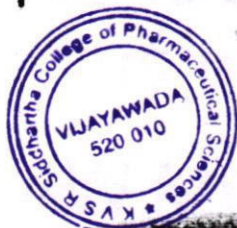



K.LAKSHMI NARAYANA

Roll No : Y22MPH140004

Course : M.PHARMACY

Valid Upto : 2022-2024



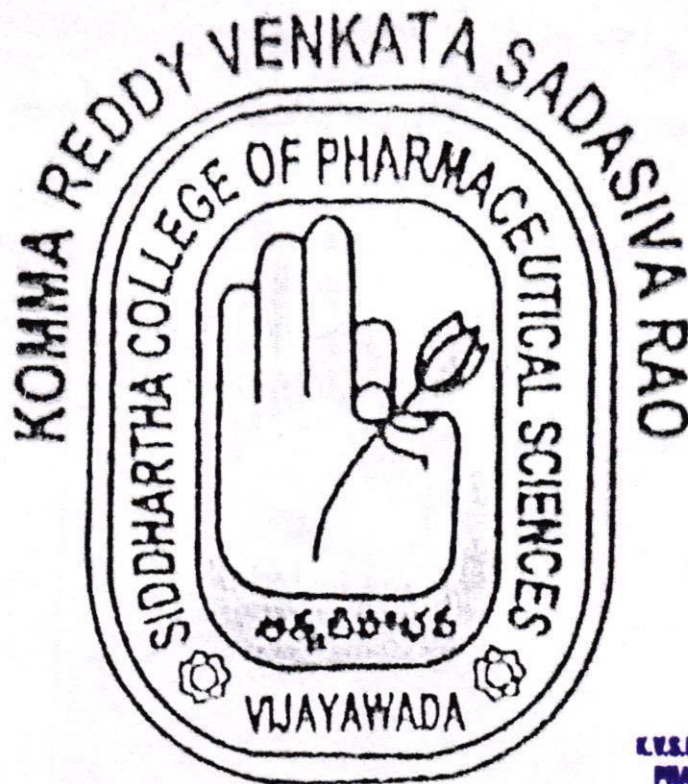

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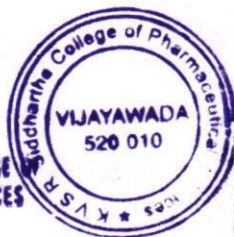
Date of Birth : 30-08-2001

Blood Group : O+ve

Contact No : 6300665395



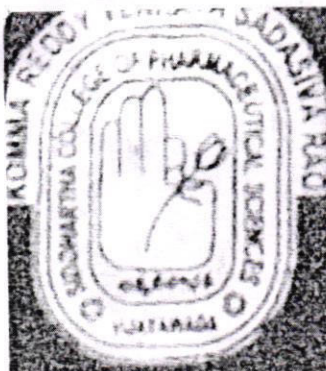
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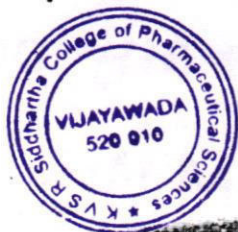


SHAIK. ANWAR SADIQ

Roll No : Y22MPH140006

Course : M.PHARMACY

Valid Upto : 2022-2024



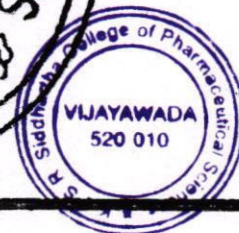
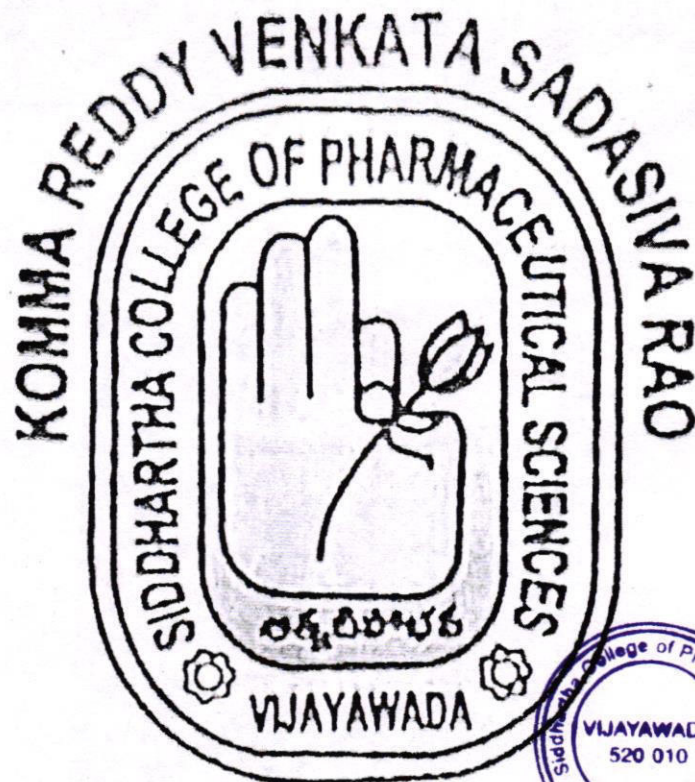
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Principal

Date of Birth : 07-02-2001

Blood Group : B+ve

Contact No : 9515970952



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