Kommareddy Venkata Sadasiva Rao
Siddhartha College of Pharmaceutical Sciences
(AUTONOMOUS)
Pinnamaneni Polyclinic Road, Siddhartha Nagar, Vijayawada - 520010, AP, INDIA
(Sponsors : Siddhartha Academy of General & Technical Education)
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Application Format for Consistent Star Award for Perfect Attendance

(For Students Completing Full 4-Year B.Pharm & 6-Year PharmD program in AY 2025-26)

To be filled by the Student:

1. Full Name of the Student: _____
2. Enrollment Number: _____
3. Name of the Programme:----------
4. Batch (Year of Admission – Year of Completion): _____
5. Current Year/Semester: _____
6. Mobile Number: _____
7. Email ID: _____
8. Have you maintained perfect attendance in all academic sessions (lectures, practicals, seminars, etc.) throughout the entire program duration?
   ☐ Yes ☐ No
9. Brief Declaration by the Student:
   I hereby declare that I have maintained perfect attendance during the entire 4-year B.Pharm program and request consideration for the " **Consistent Star Award for Perfect Attendance** ". I understand that any false information may lead to rejection of my application.

Signature of the Student: _____
Date: _____

To be filled by the Academic Office / Class Coordinator / HOD:

Verified Attendance Records for:

Program completion year	Percentage of attendance (in (both the semesters)
1	
2	
3	
4	
5	
6	

Remarks (if any): _____

Verified by:
Name: _____
Designation: _____
Signature: _____
Date: _____

Final Recommendation by the Principal/Controller of Examinations:

☐ Approved ☐ Not Approved
Remarks: _____
Signature & Seal
Date: _____