

Ph.No.08413-202295

Mobile: 9493539631



C B C P

CHILKUR BALAJI COLLEGE OF PHARMACY

(Approved by AICTE, New Delhi, Govt of Telangana & Affiliated to JNT University, Hyderabad)

R.V.S. Nagar, Aziz Nagar (Post), Moinabad Road, Near: T.S.Police Academy

HYDERABAD - 500 075.

Effective welfare measures for teaching and non-teaching staff

Sno	Welfare measures
1.	Bus facilities
2.	Maternity Leaves Sanctioned
3.	Staff Leaves Sanctioned



PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Academy
HYDERABAD-500 075.

mail : cbcpedu.org@gmail.com

Website: www.chilkurbalajipharmacy.com



CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date :

I request that I may please be granted C.L. / E.L. for one day (s) from 4-03-2022

With permission to avail Holiday (s) (if any) on _____

Reason : Agrecature work

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
		Lab	2:20 to 3:20	Laxman	

May be Granted /

May be Rejected as _____

Yours Faithfully,

Signature : T. Raju
Name : T. RAJU
Designation : Lab-Technician
Department : Chemistry

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days

E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.



PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.

PRINCIPAL.

CHILKUR BALAJI COLLEGE OF PHARMACY

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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,

Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Date :

Sir,

I request that I may please be granted C.L. / E.L. for 01 day (s) from 24.03.22

to _____ With permission to avail Holiday (s) (if any) on _____

Reason : Going to relieve place with some urgent work

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
24/2	Pharm. - D.IV (Ch. pharmacy)		11.10 to 12.10 PM	Mrs. Sudhira	
	B-Pharm I yr (HAP-1)		9.30 - 10.20 AM	Mrs. Prasanna Reddy	

May be Granted /

May be Rejected as _____

Yours Faithfully,

Signature :
Name : A. Ramakrishna
Designation : Assoc. Professor
Department : Pharmacology

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days

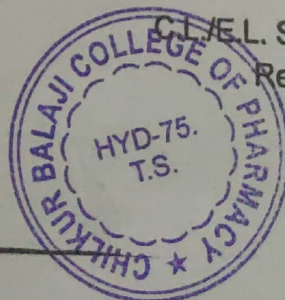
E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.



C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A.C. Sanctioned.

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Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date :

I request that I may please be granted C.L. / E.L. for 2 day (s) from 24/2/2022
to 25/02/2022 With permission to avail Holiday (s) (if any) on _____

Reason : Travelling to out of station.

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
24/2		Bio-chem (PharmD-I)	1:30-3:30	Shiraja Mam	Shiraja
25/2	Bio-chem (PharmD-I & II)		9:30-10:20	Shoutu mam	Shoutu
24/2	PharmD-IV		10:20-11:10	Nitish Sir	Nitish
	PharmD-IV		2:30-3:30	Indira Mam	
24/2	PharmD-IV		10:20-12:40	Nitish Sir	

May be Granted /

May be Rejected as _____

Yours Faithfully,

Signature : [Signature]
Name : Rajitha Sree
Designation : Asst. Professor
Department : Pharm D

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days

E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



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HYDERABAD - 500 075.

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Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,


Date: 29/02/2022

I request that I may please be granted C.L. / E.L. for 01 day (s) ^{on} 24/02/2022

With permission to avail Holiday (s) (if any) on 24/02/2022

Reason: Personal Work

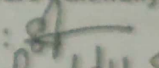
Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
24/2	① Exams III-IV sem (Req & supply)			Mr. Praveen Sir Mrs. Usha Mam	
	② Attendance				

May be Granted /

May be Rejected as _____

Yours Faithfully,

Signature: 
Name: Reddy Sharada
Designation: System Adm.
Department: Exam Branch

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A.L. Sanctioned.



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Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

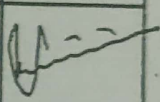
Date :

I request that I may please be granted C.L. / E.L. for 8 day (s) from 11/12/2021

13/12/2021 With permission to avail Holiday (s) (if any) on personal issue

Reason : _____

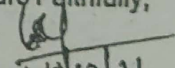
Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
13/12/2021	pharm D II year pathophysiology		11:30am 12:30pm	V. Srinivas sir	

May be Granted /

May be Rejected as _____

Yours Faithfully,

Signature : 
Name : chaitanya 13/12/21
Designation : Asst. professor
Department : pharm D

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days

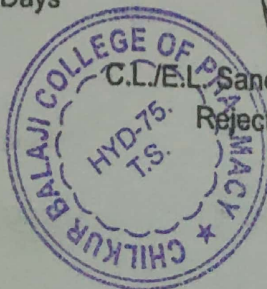
E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.



C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.

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Near : A.P. Police Academy, HYDERABAD - 500 075, A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Date : 8/12/2024

Sir,

I request that I may please be granted C.L. / E.L. for 9/12/2024 day (s) ^(1 day) ~~from~~ ^{on} 9/12/2024

With permission to avail Holiday (s) (if any) on Ph.D Duty

Reason : Going to University to submit Research paper.

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
9/12/24	Pharm.D 1 st yr.		9:30 - 10:30 am	E. Jagadeesh sir	
	Pharm.D 1 st yr		2:40 - 3:30 pm	Shruthi maam	

May be Granted /
May be Rejected as _____

H.O.D.

Yours Faithfully,

Signature : _____
Name : _____
Designation : Asst. Professor
Department : Pharm.D

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

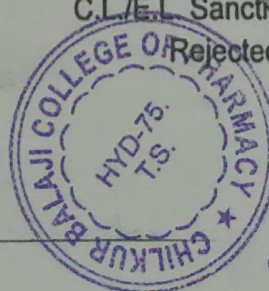
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



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Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,


Date :

I request that I may please be granted C.L. / E.L. for 1 day (s) from 12/12/2021

12/12/2021 With permission to avail Holiday (s) (if any) on Native Place

Reason :

Following arrangements are made to look after my duties during the above leave period

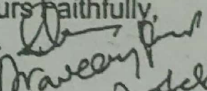
Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
<u>12/12/2021</u>	<u>Bipharon</u> <u>P.O.P.</u>	<u>1:50</u> <u>1:50</u>		<u>Srinivas Sir</u> <u>Hana Madan</u>	

May be Granted /

May be Rejected as _____

H.O.D.

Yours Faithfully,

Signature : 
Name : P. Maveen
Designation : Asst Professor
Department : P.O.P. Dept

For Office Use :

No. of days to his/her credit : C. L. :Days

E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.



C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A.L. Sanctioned.

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R.V.S. Nagar, Aziz Nagar (Post),
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HYDERABAD-500 075.

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Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date :

I request that I may please be granted C.L. / E.L. for 2 day (s) from 9/12/2021

10/12/2021 With permission to avail Holiday (s) (if any) on _____

Reason : Surgery for my child.

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
9/12/2021	B. Pharm III yr		10:30 - 11:30	A. Jyothi	D. Sushma
10/12/2021	IV yr		-	B. Vidya	D. Sushma

May be Granted /

May be Rejected as _____

H.O.D.

Yours Faithfully,

Signature : D. Sushma

Name : B. Sushma

Designation :

Department :

For Office Use :

No. of days to his/her credit : C. L. :Days

E. L. :Days

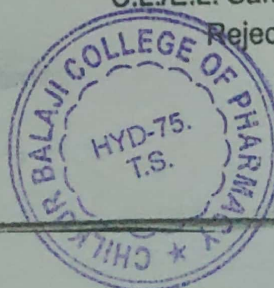
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



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R.V.S. Nagar, Aziz Nagar (Post),
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HYDERABAD-500 075.



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Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date : 17/12/2021

I request that I may please be granted C.L. / E.L. for 2 day (s) from 17/12/2021 ^{half day}

18/12/2021 With permission to avail Holiday (s) (if any) on personal reason

Reason : _____

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
17/12/2021	pharm IV year	Clinical toxicology	11:30 - 12:30	cancel seniors	[Signature]

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : [Signature]
Name : Shanthi
Designation : Asst professor
Department : pharm

H.O.D.

For Office Use :
No. of days to his/her credit : C. L. :Days
E. L. :Days
Now applied for..... : days C.L./E.L.
C.L. / E.L. may be sanctioned :
May be Sanctioned on L.O.P. :

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.

Admn. Officer.

PRINCIPAL.



PRINCIPAL
Chilkur Balaji College of Pharmacy
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HYDERABAD-500 075.

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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,

Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

Date :

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Sir,

I request that I may please be granted C.L. / E.L. for 1 day day (s) from 15-1-2020 to 15-1-2020 With permission to avail Holiday (s) (if any) on _____

Reason : To attend my sister marriage

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
15/1/2020	B Pharmacy Dyeal		9.30 - 10.30	Phareem SR	<i>[Signature]</i> 15/1/2020

May be Granted /
May be Rejected as _____

H.O.D.

Yours Faithfully,

Signature : *[Signature]*
Name : *[Signature]*
Designation : *[Signature]*
Department : *[Signature]*

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

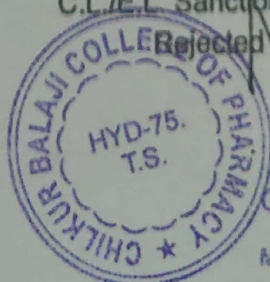
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned/ Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



PRINCIPAL.

PRINCIPAL
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HYDERABAD-500 075.

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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Date :

Sir,

I request that I may please be granted C.L. / E.L. for 2 day (s) from 10-2-2020
to 11-2-20 With permission to avail Holiday (s) (if any) on _____

Reason : function at home

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
10/2/20 20	Ph. Therapeutics		11:30 - 14:30	Dr. Shanthi	

May be Granted /

May be Rejected as _____

H.O.D.

Yours Faithfully,

Signature : Ajale
Name : A. Sujala
Designation : Asst. Professor
Department : Pharm.D

For Office Use :

No. of days to his/her credit : C. L. :Days

E. L. :Days

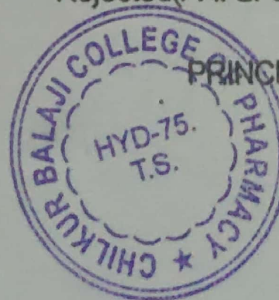
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



PRINCIPAL

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Chilkur Balaji College of Ph
R.V.S. Nagar, Aziz Nagar (P
Moinabad Road, Near Police A
HYDERABAD-500 075.



CHILKUR BALAJI COLLEGE OF PHARMACY

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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date : 12/2/2020

I request that I may please be granted C.L. / E.L. for 3 day (s) from 13/2/2020
to 15/2/2020 With permission to avail Holiday (s) (if any) on _____

Reason : Personal

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
14/2/20	2nd year		9:30-10:30	Dr. Murali Rao	
15/2/20	2nd year		10:30-11:30	Dr. Murali Rao	

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : D. Tomy Raju
Name : D. Tomy Raju
Designation : Sub. Professor
Department : Ph. Chemistry

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

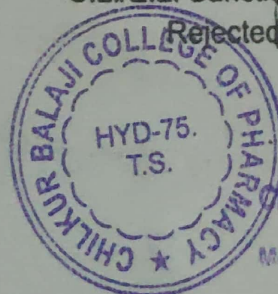
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

C.L./E.L. Sanctioned (Sanctioned on L.O.P. /
Rejected) / A. L. Sanctioned.

Admn. Officer.



PRINCIPAL.

PRINCIPAL
Chilkur Balaji College of Pharm
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police
HYDERABAD-500 075



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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

Date :

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Sir,

I request that I may please be granted C.L. / E.L. for ~~12~~ 3 day (s) from 13/02/2020 to 14/02/2020 With permission to avail Holiday (s) (if any) on _____

Reason : Marriage of Cousin

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
13/02	III yr B.ph.	*	1:00-1:50	A. Jyothi Reddy	Jyothi Damm Jyothi
14/02	IV yr B.ph.		7:30-10:30	K. Prasanna Reddy	
	III yr B.ph.		11:30-12:30	A. Jyothi Reddy	

May be Granted /

May be Rejected as _____

Yours Faithfully,

Signature : J. Indira T.

Name : Indira T.

Designation : Asst. Prof.

Department : Pharmaceuticals

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days

E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



PRINCIPAL.

PRINCIPAL

Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Academy
HYDERABAD-500 075.

CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,

Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To

The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

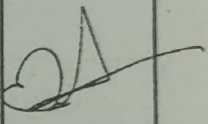
Date :

Sir,

I request that I may please be granted C.L. / E.L. for 01 day (s) from _____
to _____ With permission to avail Holiday (s) (if any) on 30/01/2020

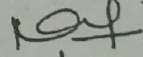
Reason : leaving to Basara on Vasanth Pochami

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
<u>30/1/20</u>	<u>Bpharm</u> <u>I year</u>		<u>01:00</u> <u>to 1:40</u>	<u>Venugopal</u> <u>Muralidharan</u>	

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : 
Name : P. Kishore Kumar
Designation : Asst. Prof.
Department : Pharmacy

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

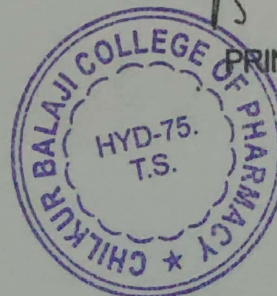
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



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R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Academy
HYDERABAD-500 075.

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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Date :

Sir,

I request that I may please be granted C.L. / E.L. for 2 day (s) from 30.03.2019
to 1.04.2019 With permission to avail Holiday (s) (if any) on _____

Reason : Going to village.

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
30/3/19	Pharm.D		9:30AM: to 12:40 PM	Mrs. Shaista madam	<i>[Signature]</i>
1/4/19	B-pharmacy		10:20 to 11:10	Ms. Sudha madam	<i>[Signature]</i>

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : *[Signature]*
Name : B. Mythra
Designation : Assistant Professor
Department : ph. Analysis

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

Now applied for..... : days C.L./E.L.

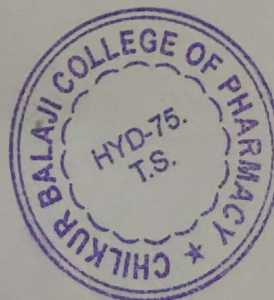
C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.

Admn. Officer.

PRINCIPAL.



PRINCIPAL
Chilkur Balaji College of Pharm
R.V.S. Nagar, Aziz Nagar (Post),
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HYDERABAD-500 075.

CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Date :

Sir,

I request that I may please be granted C.L. / E.L. for one day (s) from 10-04-19 to _____ With permission to avail Holiday (s) (if any) on _____

Reason : personal

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
09-04-19	PharmDI		1:20-3:40	Kishore Kumar	[Signature]

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : [Signature]
Name : K. Bhargava Lakshmi
Designation : Asst. Professor
Department : Ph. College

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

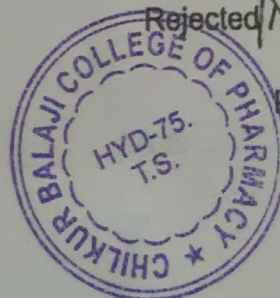
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



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R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Academy
HYDERABAD-500 075.

CHILKUR BALAJI COLLEGE OF PHARMACY

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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Date : 9/4/19

Sir,

I request that I may please be granted C.L. / E.L. for one day (s) from 10-4-19
to 11-4-19 With permission to avail Holiday (s) (if any) on _____

Reason : personal work

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : _____
Name : Shaista Jaraman
Designation : Asst Professor
Department : Pharmaceutics

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

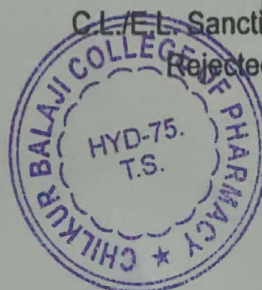
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



PRINCIPAL.

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Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Date : 16/4/19

Sir,

I request that I may please be granted C.L. / E.L. for two day (s) from 17th/19
to 18/4/19 With permission to avail Holiday (s) (if any) on _____

Reason : Personal

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
17/4/19	B-pharm II		2:10-3:00	D. Sudha Srinivasu	<i>[Signature]</i>
18/4/19	Pharmacy I			B. Jyothsna	<i>[Signature]</i>

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : *[Signature]*
Name : Sunitha Ravindri
Designation : Asst-professor
Department : P-Analytical & Inf

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

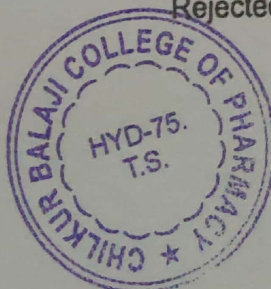
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



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Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date :

I request that I may please be granted C.L. / E.L. for one day (s) from 17/4/19
to 17/4/19 With permission to avail Holiday (s) (if any) on Wednesday
Reason : I have to attend a function

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			

May be Granted /
May be Rejected as _____

Yours Faithfully,
Signature : [Signature]
Name : U. Srinivas
Designation : Asst Prof
Department : Mathematics

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A.L. Sanctioned.



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PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD - 500 075.

CHILKUR BALAJI COLLEGE OF PHARMACY

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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date :

I request that I may please be granted C.L. / E.L. for 3 day (s) from 2/1/2018
to 4/1/2018 With permission to avail Holiday (s) (if any) on _____

Reason : Health issue Doctor's appointment.

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
2/1/2018	IV - I		9:30 - 10:20	} Switha Ravi Namm	
3/1/2018	IV - IV PE4		12:00 - 1:40		
4/1/2018	III - II PE10		10:20 - 10:00 Namm		

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : Switha Ravi
Name : Switha Ravi
Designation : Asst prof.
Department : Pharmaceutics

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

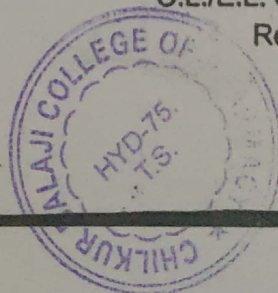
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.

Admn. Officer.



PRINCIPAL

PRINCIPAL

Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Academy
HYDERABAD-500 075.

CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date :

I request that I may please be granted C.L. / E.L. for 2 day (s) from 23/11/2017
to 24/11/2017 With permission to avail Holiday (s) (if any) on _____

Reason : _____

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
23/11/2017	I year		9:30 to 10:20	- engaged by V Anusha	
24/11/2017	I peid		10:20	engaged by Harikrishna	
	III year		10:20		
	IV peid		10:00		

May be Granted /

May be Rejected as _____

Yours Faithfully,

Signature : Sunitha Ravi
Name : Sunitha Ravi
Designation : Asst prof
Department : Pharmaceutics

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days

E. L. :Days

Now applied for..... : days C.L./E.L.

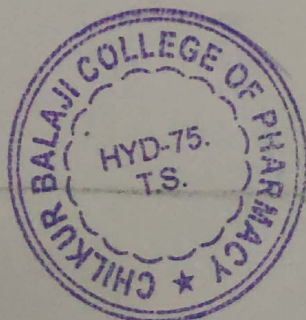
C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /

Rejected / A. L. Sanctioned.

Admn. Officer.



PRINCIPAL.

PRINCIPAL

Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Academy
HYDERABAD-500 075.



CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

Date :

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

I request that I may please be granted C.L. / E.L. for 1 day (s) from 27/11/2017
to _____ With permission to avail Holiday (s) (if any) on _____

Reason : Having some personal work

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
27/11/2017	III year IV		12:00 12:40	engaged by U. Srinivas.	

May be Granted /

May be Rejected as _____

Yours Faithfully,

Signature : Raj Kumar

Name : Raj Kumar

Designation : Associate prof

Department : Medicinal

Chemistry

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days

E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /

Rejected / A. L. Sanctioned.

Admn. Officer.

PRINCIPAL.



CHILKUR BALAJI COLLEGE OF PHARMACY

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R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date :

I request that I may please be granted C.L. / E.L. for 1 day (s) from 4/11/2017
to _____ With permission to avail Holiday (s) (if any) on _____

Reason : _____

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
4/11/2017	IT period		10:20 11:00	engaged by Raj Kumar sir	

May be Granted /
May be Rejected as _____

Yours Faithfully,
Signature : U. Seetha
Name : U. Seetha
Designation : Lecturer
Department : Maths.

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

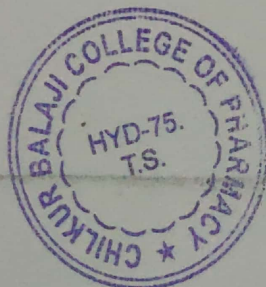
Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.

Admn. Officer.



PRINCIPAL

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Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Ac.
HYDERABAD-500 075.



CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

Date :

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.

Sir,

I request that I may please be granted C.L. / E.L. for 1 day (s) from 4/11/2016
to 4/11/2016 With permission to avail Holiday (s) (if any) on _____

Reason : For my personal work

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
4/11/2016	Iperiod		9:30 10:20	sushma mam	
	Iyear				

May be Granted /
May be Rejected as _____

Yours Faithfully,

Signature : Ramarao A
Name : Ramarao A
Designation : Associate prof
Department : ph.ology

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

Admn. Officer.

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.



PRINCIPAL.

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Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR.)

R. V. S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near : A.P. Police Academy, HYDERABAD - 500 075. A. P.

To
The Principal,
CBCP, R.V.S. Nagar,
HYDERABAD.
Sir,

Date :

I request that I may please be granted C.L. / E.L. for 3 day (s) from 2/11/2016
to 4/11/2016 With permission to avail Holiday (s) (if any) on _____

Reason : Going to my Native (village)

Following arrangements are made to look after my duties during the above leave period

Date	Work to be Attended		Timings	Name of the Staff to Attend	Signature
	Class	Lab			
<u>2/11/2016</u> to <u>4/11/2016</u>	<u>I year</u> <u>II year</u> <u>III year</u>			<u>Engaged with work for this three day (engaged by V. Anushaman)</u>	

May be Granted /
May be Rejected as _____

Yours Faithfully,
Signature : Jeetha Rao
Name : Jeetha Rao
Designation : Asst prof
Department : Medicinal Chemistry

H.O.D.

For Office Use :

No. of days to his/her credit : C. L. :Days
E. L. :Days

Now applied for..... : days C.L./E.L.

C.L. / E.L. may be sanctioned :

May be Sanctioned on L.O.P. :

C.L./E.L. Sanctioned / Sanctioned on L.O.P. /
Rejected / A. L. Sanctioned.

Admn. Officer.



PRINCIPAL.

PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

Ph : 08413-235341, 235342
 Fax : 08413-235343

C B C P
CHILKUR BALAJI COLLEGE OF PHARMACY

(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOR)
 (Approved by AICTE, PIC, New Delhi, Affiliated to JNTUH, Hyd., T.S.)
 R.V.S. Nagar, Aziz Nagar, (Post), Moinabad Road,
 Near T.S. Police Academy, HYDERABAD - 500 075.



PAYMENT VOUCHER

Date : 5/3/21

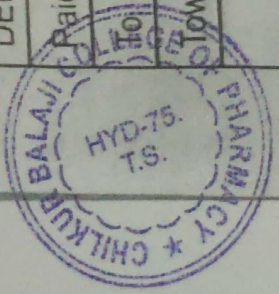
DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No. <i>cash.</i>	52000/-	
To <i>Narasimhan Reddy,</i>		
<i>Towards Feb 21 - month</i>		
RUPEES	<i>Fifty two thousand only</i>	

Rs. 52000/-

Payment Received
A. S. S. S. S.

Authorised Signatory

Cashier



PRINCIPAL
 Chilkur Balaji College of Pharmacy
 R.V.S. Nagar, Aziz Nagar (Post)
 Moinabad Road, Near Police Academy,
 HYDERABAD-500 075.

Ph : 08413-235341, 235342
Fax : 08413-235343

CBCP CHILKUR BALAJI COLLEGE OF PHARMACY



(SPONSORED BY SRINIVASA EDUCATIONAL ACADEMY, CHITTOOR)
(Approved by AICTE, PCI, New Delhi, Govt. of A.P. & Affiliated to JNT University, Hyderabad.)
R.V.S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

Date: 13/3/2020

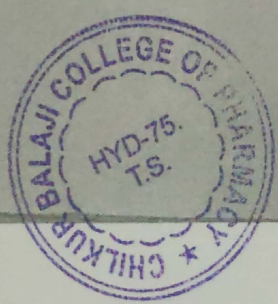
Voucher No.

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No. Cash.	50,000	
To Navsimba Raddy		
Towards January 20 bus amount paid		
RUPEES	50,000	
Rs. 50,000/-		

A 502002786
Payment Received

Authorised Signatory.

Cashier.



PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

Ph : 08413-235341, 235342
Fax : 08413-235343

CBCP CHILKUR BALAJI COLLEGE OF PHARMACY



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R.V.S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

Voucher No.

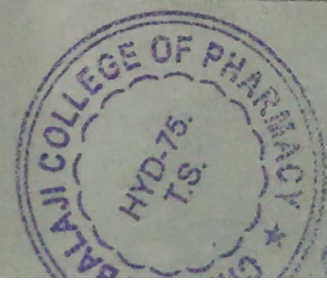
Date: 15/2/2020

DEBIT TO	Rs,	Ps.
Paid By Cash / Cheque No. <i>Cash.</i>		
To <i>Nandimha Reddy</i>	<i>70,000/-</i>	
Towards <i>November bus amount paid</i>		
<i>Principal online payment</i>		
RUPEES <i>Seventy thousand only</i>	<i>70,000/-</i>	

Rs. *70,000/-*

A. S. R. Reddy
Payment Received
Authorised Signatory.

Cashier.



PRINCIPAL
Chilkur Balaji College of Pharmacy

Ph : 08413-235341, 235342
Fax : 08413-235343

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PAYMENT VOUCHER

Voucher No. _____ Date : 23 / 1 / 2020

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No. <i>Cash</i>	<i>20,000/-</i>	
To <i>Navsindha Rudby</i>		
Towards <i>November 19. balance amount</i>		
RUPEES <i>Twenty thousand only</i>	<i>20,000/-</i>	

20,000/-
Payment Received

Rs. *20,000/-*

Authorised Signatory.

Cashier.



PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

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R.V.S. Nagar, Aziz Nagar (Post), Moinabad Road,

Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

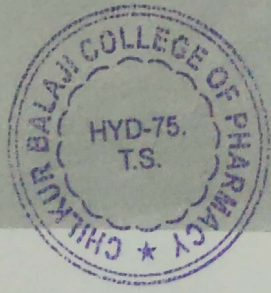
Date : 1-8-19

Voucher No.

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No.		
To A. Nagalinga Reddy		
Towards BUS MONTHLY OF APRIL 2019		
RUPEES ONE LAKH ONLY	100000	00

Rs. 1,00,000/-

A. S. S. Reddy
Payment Received.



PRINCIPAL

Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

Cashier.

Authorised Signatory.

Ph : 08413-235341, 235342
Fax : 08413-235343

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CHILKUR BALAJI COLLEGE OF PHARMACY



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Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

Voucher No.

Date: 27-9-19

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No.		
To A. NARASIMHA REDDY		
Towards Buy Payment Month of		
June 2019		
RUPEES ONE LAKH ONLY	100000	00
Rs. 100000		

A 28305104
Payment Received

Cashier.

Authorised Signatory.



Ph : 08413-235341, 235342
Fax : 08413-235343

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Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

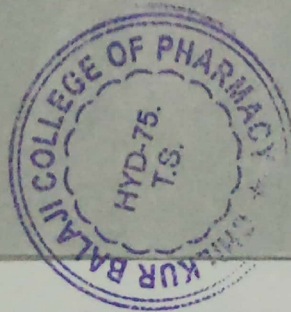
Voucher No.

Date: 31-10-19

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No.		
To A. NARAYANHA REDDY		
Towards July Month 2019		
RUPEES Seventy five thousand	75000	00

Rs. 75000/-
Payment Received
Authorised Signatory.

Cashier.



PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Academy
HYDERABAD-500 075.

Ph : 08413-235341, 235342

Fax : 08413-235343

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Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

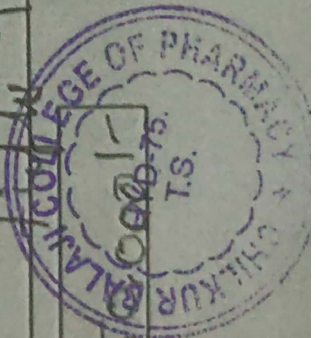
Voucher No.

Date : 26 / 11 / 19.

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No. <i>Cash.</i>		
To <i>Principal.</i>	<i>50,000/-</i>	
Towards <i>Bus amount returned to Principal.</i>		
RUPEES	<i>50,000/-</i>	

Rs. *50,000/-*

Five thousand only



[Signature] Payment Received
PRINCIPAL
Authorised Signatory, Balaji College of Pharm
V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

Cashier.





Ph : 08413-235341, 235342
 Fax : 08413-235343

CBCP CHILKUR BALAJI COLLEGE OF PHARMACY

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 Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

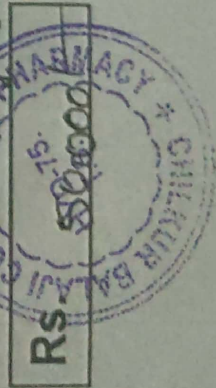
PAYMENT VOUCHER

Voucher No.

Date: 9/1/19

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No. Cash.	50,000/-	
To Maxinba Reddy		
Towards November month 2019 amount paid		
RUPEES Fifty thousand only	50,000/-	

A. Srinivasulu Reddy
 Payment Received



Cashier.

Authorised Signatory
 Principal
 R.V.S. Nagar, Aziz Nagar (Post),
 Moinabad Road, Near Police Academy,
 HYDERABAD-500 075

Ph : 08413-235341, 235342
Fax : 08413-235343

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Near A.P. Police Academy, HYDERABAD - 500 075. A.P.



Date : 28 | 12 | 14

PAYMENT VOUCHER

Voucher No.

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No. <i>Cash</i>	15000	
To <i>Narsimha Reddy</i>		
Towards <i>October month balance paid</i>		
<i>Fifteen thousand only</i>	15000	

RUPEES



N. Chinnappa
Authorised Signatory
PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar, Hyderabad - 500 075.

RS. 15000

Cashier.

CBCP

Ph : 08413-235341, 235342
Fax : 08413-235343



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 Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

Date : 26/9/18

Voucher No.

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No. <u>Cash.</u> Date :		
To <u>Mr. Narsimha Reddy</u>	75,000	
Towards <u>August Month advance Payment</u>		
	75,000	



RUPEES

75,000

Seventy Five thousand only

Payment Received

A. S. S. S. S. S.

Authorized Signatory

Cashier.

Principal

Siddhi College of Pharmacy,
 V.S. Nagar, Aziz Nagar (Post),
 Moinabad Road, Near Police Academy,
 HYDERABAD-500 075.

Ph : 08413-235341, 235342
Fax : 08413-235343

CBCP

CHILKUR BALAJI COLLEGE OF PHARMACY



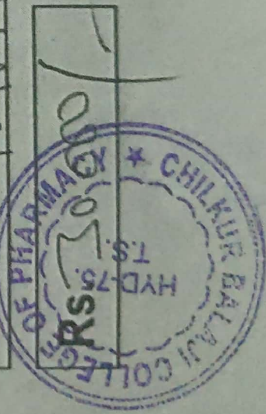
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Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

Voucher No.

Date: 12-10-18

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No.		
To M. NARSIMHA REDDY		
Towards By Sept 2018		
RUPEES Thirty thousand only	30000	00



A.S. Narasimha Reddy
Principal
Payment Received

Cashier.

Authorised Signatory: *A.S. Narasimha Reddy*
S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

Ph: 08413-235341, 235342
Fax: 08413-235343

CBGP CHILKUR BALAJI COLLEGE OF PHARMACY



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R.V.S. Nagar, Aziz Nagar (Post), Moinabad Road,
Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

Voucher No.

PAYMENT VOUCHER.

Date: 28 / 8 / 18

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No.		
To Navincha Reddy		
Towards June Month bal	50,000/-	
July "	1,00,000/-	
TOTAL	1,50,000/-	

A. S. R. S. D. S.
Payment Received

RUPEES one lakh fifty thousand only
Rs. 1,50,000/-
CHILKUR BALAJI COLLEGE OF PHARMACY
HYD-75

Cashier.

Authorised Signatory: *[Signature]*
PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD - 500 075.

Ph : 08413-235341, 235342
Fax : 08413-235343

CBCP CHILKUR BALAJI COLLEGE OF PHARMACY



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Near A.P. Police Academy, HYDERABAD - 500 075. A.P.

PAYMENT VOUCHER

Voucher No.

Date : 22/12/2017

DEBIT TO	Rs.	Ps.
Paid By Cash / Cheque No. Cash	49,800/-	
To Mr. Narsimha Reddy		
Towards Paid to December month bus payment		

RS. 49,800/-
CHILKUR BALAJI COLLEGE OF PHARMACY
HYDERABAD

Forty Nine thousand eight hundred only 49,800/-

[Signature]
Principal
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy

Payment Received

Cashier

Maternity Leave Application

1-oct-2021,
Hyderabad.

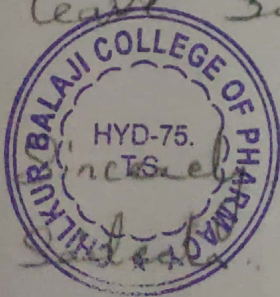
To,
The Respected Principal Sir,
Chilkur Balaji College of Pharmacy,
Aziz Nagar,
Moinabad.

Subject :- Request for Early Maternity Leave Letter
for 16 weeks from 1st oct 2021.

Sir,

I am Gadde Saileela, working as an assistant professor, Dept of Pharmacology in CBCP. I request you to provide early maternity leave for 16 weeks from 1st oct 2021, as my doctor strongly recommended me to take bed rest to avoid complications in my pregnancy, so please grant me leave sir.

Thanking You.



PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

Maternity Leave Application

1 - Feb - 2022,
Hyderabad.

To,
The Respected Principal Sir,
Chilkur Balaji College of Pharmacy,
Aziz Nagar,
Moinabad.

Subject :- Request for Maternity Leave extension
for 3 months (Post delivery leave).

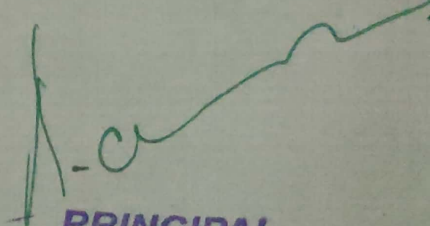
Sir,

I am Gadge Saileela, an assistant professor, Dept
of Pharmacology in CBCP. I request you to
extend my maternity leave for 3 months from
1st Feb 2022 to 1st May 2022, as I delivered a
baby, so please grant me leave sir.

Thanking You,

Yours Sincerely,
Gadge Saileela




PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 675.



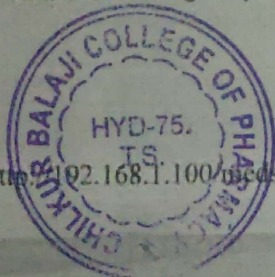
Phone : 23315055/23307350
Res : 23307373

**VIJAY MARIE HOSPITAL &
EDUCATIONAL SOCIETY**
Khairtabad, Hyderabad -500 004.
E-mail : vmhhyd60@yahoo.co.in

DISCHARGE SUMMARY

Reg.No	2021100771	Admission Date	24/01/2022
Name	Mrs.G.SAILEELA	Discharge Date	27/01/2022
Age / Sex	27 / Female	Delivery / OP Date	25/01/2022
Department	OBG	Doctor	Dr Neelima

Mode of Delivery : Emergency LSCS
High Risk Factor : Premature rupture of membranes + Grade 3 MSL
Indication : Primi at 39+3 weeks GA with Premature rupture of membranes with Grade 3 MSI
Operative Findings :
1. Joel Cohen incision given
2. Bladder normal, Lower segment
3. Vascular liquor grade 3 MSL, less
4. Delivered an alive female baby as cephalic
5. Placenta ant low lying uterine cavity & Bilateral Adnexa healthy
6. Uterus closed in-2 layers
7. Mild atonic PPH controlled with prostasin + methergine
Date & Time of Delivery : 25/01/2022, 12.45Am
Baby Details : Sex: Female
Weight : Wt3.19kgs
Investigation : HB 9.6gms
Wound healthy
Treatment Given :
1. Inj Taxim 1gm IV BD
2. Inj Metrogl 100ml IV TID
3. Inj Rantac 2cc IV BD
4. Inj Dynapar 1M BD
Advice on Discharge :
1. T.Taxim O 200mg-BD...3 days *TA*
2. T.Rantac 150mg-BD...3 days *BBF, TA*
3. T.Metrogl 400mg-TID...3 days *TA, N*
4. T.Combiflam-TID...3 days *TA, N*
5. T.Livogen-BD...90 days *TA, N*
6. T.Shelcal-OD...90 days *AF*
7. T.Limcee OD 10 days *AF*
8. T.Zincovit-OD...1 month *AF*
9. T Bact Ointment for L/A
10. High protein diet, Daily bathing, exclusive breast feeding for 6 months
11. Spacing for 2yrs
Follow up : Review to OPD 6 weeks with HB report
Incase Of Emergency : Kindly contact Casualty/emergency Department Ph. No. 4023307350, Ext. 213.



T. Neelima
PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

<http://192.168.1.100/medsys8/fckeditor/editor/fckeditor.html?InstanceName=chilkur> on 27-01-2022

LEAVE LETTER.

30/12/16
Hyderabad

To

The Principal,
Chilkur Balaji College of Pharmacy,
Moinabad.


Sub: Request for Maternity leave

Respected Sir,

I am writing letter to inform you that I wish to take maternity leave starting from 01-01-2017. As you are aware I am pregnant and the baby is due on date 04-04-2017. I would like to avail the entire maternity leave and benefits.

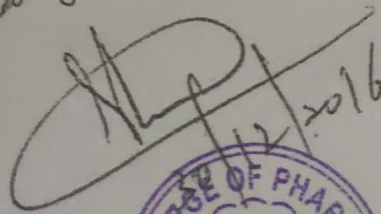
Thanking you Sir,

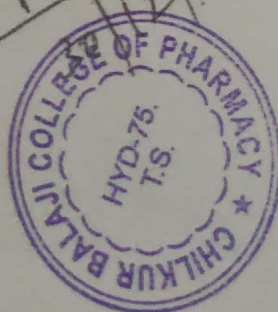
Yours sincerely,


30/12/16

T. Indira Prasadastim
Asst. Professor
Dept. of Pharmaceutics

Permitted to take Maternity leave
as per the management decision


20/16



PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy
HYDERABAD-500 075.

Hyderabad
9/4/2022

TO
The principal,
Chilkur Balaji College of Pharmacy,
R222 Nagar,
Hyderabad 500018

Subject: Request for OD for VIPER conference

I. A. Ayathi, Assistant professor from department of B. Pharmacy hereby request you to give permission & grant OD as I'm attending International conference [day] Aushadh-2022 which is going to be held on 11/4/2022 (Monday) at Vishnu Institute of Pharmaceutical Education & Research (VIPER), Narasapur, Sangareddy.

So, I kindly request you to grant me on duty.

Thanking you,

Yours sincerely,

A. Ayathi,

PRINCIPAL Assistant Professor,

Chilkur Balaji College of Pharmacy

R.V.S. Nagar, Aziz Nagar (P.O.)
Moinabad Road, Near Police Station
HYDERABAD-500 075.

CRP,
Ayathi,

6305246139.



Hyderabad,
01/04/2022.

To.
The Principal,
Chilkur Balaji College of Pharmacy,
Aziz Nagar,
R.R Dist.

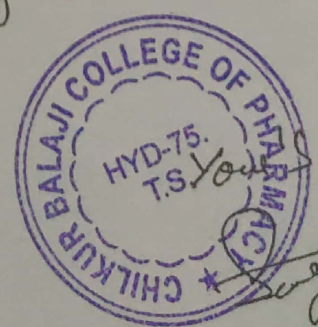
[Sub: Application for OP for attending
Seminar in VIPER on 11/4/22.]

Respected Sir, J. (E. Jagadish Kumar) working as an
Assistant Professor in our college. He is an
attending a seminar in VIPER on 11/04/22 on
(Monday). So please grant me a OD

for the above reason.
P.C. Kumar

Thanking You Sir

PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.



obidently.
E. Jagadish Kumar.

Date: 19/4/22,
Hyderabad.

To:
The Principal,
Chilkur Balaji College of
Pharmacy
Aziz nagar
R.R.dier

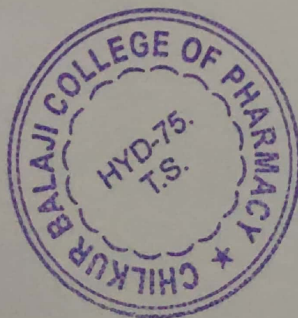
Sub: Application for OD to go to attend
for the seminar in VIPER
dated 11-4-22

Respected Sir,

I, Dr. S. Sandhya Rani, working as Associate Professor in CBCP. I need to attend for International Seminar conducted by VIPER, Narsapur. Please grant me permission to attend for that and give me on duty for that.

Thanking you. Yours,
Sincerely,

Dr. S. Sandhya Rani,
Assoc. Professor
PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post)
Moinabad Road, Near Police Ac:
HYDERABAD-500 075



[Handwritten signature]

Hyderabad,
09/09/2022.

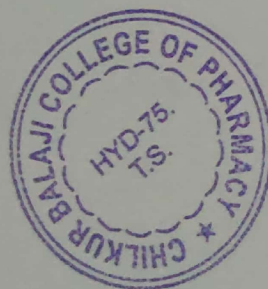
To
The Principal,
Chilkur Balaji College of Pharmacy,
Aziz Nagar,
Hyderabad-500078.

Subject: Request for OD for VIPER conference

I S. Shanthi, Assistant Professor from
Department of Pharm D hereby request you to give
permission & grant OD as I'm attending international
Conference ^(1 day) Aukhadh-2K22 which is going to be held
on 11/09/22 (Monday) at Vishnu Institute of Pharmaceutical
Education & Research (VIPER), Nagisapur, Sanga Reddy. So
I kindly request you to grant me on duty.

Thanking You,

R.O. Shanthi



Yours Sincerely,
Dr S. Shanthi,
Assistant Professor,
CBEP.

By
S. Shanthi

-8008379813

PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.

09/04/2022,
Hyderabad.

To,
The Principal,
Chilkur Balaji College of Pharmacy,
Hyderabad.

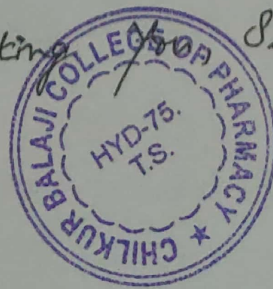
- Req. Reg:- Grant permission to attend International Conference to be held at VIPER.-AUSHAD-22.

Respected Sir,

I. Sushma Desai, Dept. of Pharmaceutics,
presenting Oral presentation on Saxagliptin
Microspheres. behalf of College. at VIPER on
11 April 2022.

I request you to allow me to present
at Venue and give me O.D. status on 11 April
2022.

Thanking you Sir.
S. Desai



Yours
Sincerely
Sushma Desai
PRINCIPAL
Chilkur Balaji College of Pharmacy
R.V.S. Nagar, Aziz Nagar (Post),
Moinabad Road, Near Police Academy,
HYDERABAD-500 075.