

RATNAM INSTITUTE OF PHARMACY

(Approved by A.I.C.T.E. & P.C.I., New Delhi, Govt. of A.P., Affiliated to J.N.T. University, Anantapur. Recognized u/s 2(f) of the UGC Act 1956, New Delhi)

An ISO 9001:2015 certified Institution

NO. OF STUDENTS BENEFITTED BY RATNAM SCHOLARSHIP

Academic Year: 2022-2023

S.NO	Name of the Student	Name of the Parent	Hall Ticket No.	Course
1.	B. Vineela Sai	B. Ravi Kumar	22DM1S0101	M. Pharmacy
2.	S. Muni Sravani	S. Munindra	22DM1S0108	M. Pharmacy
3.	N. Vaishnavi	N. Srihari	22DM1S0106	M. Pharmacy
4.	P. Venkata Sushma	P. Venkateswarulu	22DM1S0109	M. Pharmacy
5.	V. Neelima	V. Venkata Subbaiah	22DM1S0314	M. Pharmacy
6.	Syed Aliya	Syed Sabhir Ahmed	22DM1T0027	Pharm D
7.	N. Pavani	N. Kamalakar	22DM1S0105	M. Pharmacy
8.	N. Praveen	N. Mohan	22DM1S0702	M. Pharmacy
9.	D. Anusha	D. Sreenivasulu	22DM1S0102	M. Pharmacy
10.	P. Nomilka Reddy	P. Sreenivasulu Reddy	22DM1S0308	M. Pharmacy
11.	T. Pavani	T. Aadiseshayaih	22DM1S0312	M. Pharmacy
12.	Y. Divya	Y. Venu	22DM1S0315	M. Pharmacy
13.	Shaik Ameesha	Shaik Khaja Vali	22DM1S0310	M. Pharmacy

Principal
PRINCIPAL
RATNAM INSTITUE OF PHARMACY

Pidathapolur, Nellore Dt.- 524 346

Date: 18 -08 -2022

Name of the student:	Nomika Roddu	Date.
Father's name:	//	
Occupation: Busin	4	
Program of Study:	harmay Cpharma	Centics)
	180308)	
Annual family income: Rs	Abon 3 Lakh	
Government/NGO Scholarship	received: Yes/No	
Any other information:		
I acknowledge that the above-g	iven information provided by m	e is true. I request you to consider my
O Monika Reddy Student's Signature		
Date: 18-08-2022		
For Office Use only	transportation	
The Candidate is sanctioned fee	concession in Academic Fee as	s the student fulfils the requirements
to avail the fee concession.		
Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	10,000	WAS SECURITION OF THE SECURITI
	St. OF PHARMAC	RATNAM INSTITUE OF PHARMACY

NIAA* bloy

Pidathapolur, Nellore Dt - 524 346

Date: 8/9/22

A 1	^	Date
Name of the student:	· Divya	
Father's name:	Venu	
Occupation: Private	employee	
	pharmacy (pharmace	uties)
	22 DMISD315)	
	3,90,000/-	
Government/NGO Scholarship	2001	_
Any other information: N_{i}^{ℓ}	(
I acknowledge that the above-gapplication for fee concession.	iven information provided by me	is true. I request you to consider my
Y. Divyou Student's Signature		
Date: 8/9/22		
	a	
For Office Use only	-	0
The Candidate is sanctioned fee	teansporta	he student fulfils the requirements
to avail the fee concession.	The second in Assauchines ee as t	ne student fulfils the requirements
Recommendation by the		8
Principal	Amount	Signature of the Principal
Yes/ No	TUE,000	mooniened &
	RAT	PRINCIPAL TNAM INSTITUE OF PHARMACY athapolur, Nellore Dt 524 346
	The off	

Date: 13-09-22

Name of the student: Nalapaneni Vaishnavi
Father's name: N. SriHari
Occupation: Tailor
Program of Study: M Pharmacy (Pharmaceutics)
Roll Number: Nill (22 DM IS 0 306)
Annual family income: Rs
Government/NGO Scholarship received: Yes/No
Any other information: Nill

I acknowledge that the above-given information provided by me is true. I request you to consider my

Vaishnavi Student's Signature

application for fee concession.

Date: 13-09-22

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	15,000/-	A 9
		Wo cecoust



Date: 14-9-2022

		Date: [
Name of the student:	B. Vineela Sai	
	· Ravi Kumar	
Occupation: Bus	iness	
Program of Study:M.pl	navmacy, Pharmac	ology
Roll Number:	- (22 PM 13 0 101)	0
Annual family income: Rs	Below 3 lakhs	
Government/NGO Scholarship	received: Yes/No	
Any other information:		
I acknowledge that the above-gapplication for fee concession.	given information provided by me	is true. I request you to consider my
Student's Signature		
Date: 14-9-2022		
For Office Use only	transportation	
The Candidate is sanctioned fee	concession in A cademic Fee as t	he student fulfils the requirements
to avail the fee concession.		
Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	15,000 THIE OF	(i) account
	Amount 15,000 HHTE OX	PRINCIPAL PROTITUE OF PHARMACY PROSTRANDOM Nellose Ot. 524-345
	11000	APA 10 - MOREO CO

Date: 14-9-2022

Name of the student: Vidavalluru Neclima
Father's name: V. Venkata Subbaiah
Occupation: Farmer
Program of Study: M. Pharmacy (Pharmaceutics)
Roll Number: Nill (22 DM 18 0314)
Annual family income: Rs
Government/NGO Scholarship received: Yes/No
Any other information: Nill
I acknowledge that the above-given information provided by me is true. I request you to consider my
application for fee concession.
Neclina Student's Signature
Date: 14-9-2022

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	15,000/-	MR ecount

POATHAPOL



Date: 16-09-2022

		Date:
Name of the student: P. V	FNKATA SUSHMA	
Father's name: P. VE	NKATESWARLU	
Occupation: PRIVATI	EMPLOYER	
Program of Study: M. Pha	rmacy [Pharmace	utics].
Roll Number: Ni((22DM160309)	
Annual family income: Rs.	elow 3 lakhs Perf	Annum.
Government/NGO Scholarship r		
Any other information: N1L		
I acknowledge that the above-g application for fee concession.	iven information provided by me i	is true. I request you to consider my
Student's Signature	sushma	24 H
Date: 16-09-2022		
For Office Use only		
The Candidate is sanctioned fee	transportation	he student fulfils the requirements
to avail the fee concession.		ne stadent runns the requirements
Recommendation by the	Amount	Signature of the Principal
Principal Yes/ No	A LITTE	We comment of the Frincipal
	MAAN	PRINCIPAL TNAM INSTITUE OF PHARMARY dethepolar, Meliare Bt 524 348
	The same of the sa	

Date: 16-09-22

Name of the students	SHAIK. AMEESH	Date
Father's name:	HAIK. KHAJAVAL	Ţ
Occupation:	ussines	
Program of Study:	1- pharmany Cpharm	10(atics)
Roll Number: 2		
Annual family income: Rs	3,200000	
Government/NGO Scholarship	received: Yes/No	
Any other information:		
I acknowledge that the above-gapplication for fee concession.	given information provided by me	is true. I request you to consider my
S. Amusha Student's Signature		
Date: 16 -09-29		~
For Office Use only	1 A	2.
The Candidate is sanctioned fee	teamportal	ton the student fulfils the requirements
to avail the fee concession.	The action of the second of th	the student fulfils the requirements
Recommendation by the	Amount	Signature of the Dai
Principal Yes/ No		Signature of the Principal
	15,000/-	MARINETEN



Date: 01-11-2022

	Date.
Name of the student: DABBUKOTTU · ANUSHA	
Father's name: D · SRFE NIVASULU	
Occupation: PRIVATE EMPLOYEE	
Program of Study: M. PHARMACY CPHARMACOLOGY)	
Roll Number: NILL (22DM 180102)	
Annual family income: Rs. BELOW 3 LAKHS PER ANNUM	
Government/NGO Scholarship received: Yes/No	
Any other information: NILL	
I acknowledge that the above-given information provided by me is true. I request you to coapplication for fee concession.	onsider my
Anusha. Student's Signature	
Date: 01-11-2022	

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

For Office Use only

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	15,000	(12) 0,000

Date: 61-11-2012

u sa it or a s	Date:
Name of the student: Navi boying · Pavani	
Father's name: No kamalakar	
Occupation: Tailor	
Program of Study: Pharmacology [M. Pharmacy]	
Roll Number: Nill (22 DN 180 105)	
Annual family income: Rs. 2 lakhs	
Government/NGO Scholarship received: Yes/No	
Any other information: Nill	
I acknowledge that the above-given information provided by me is true. I request you to application for fee concession.	onsider my
Student's Signature M. Pavany	
Date: 01-11-2022	
For Office Use only	
The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the req	Uiromonto
to avail the fee concession.	anements

Principal	Amount	Signature of the Principal
Yes/ No	15,000/-	me coon y

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RATNAMINSTITUE OF PHARMAEY Pidalnapolus, Nellors Dt. 524 346

Date: Tukz

Name of the student:	Civani	
Father's name:	dhisoshaich	
Occupation: Primite	e Empleyee	
Program of Study:	hum Charmace	bics)
Roll Number: 22		
Annual family income: Rs	30000	
Government/NGO Scholarship	received: Yes/No	
Any other information:		
I acknowledge that the above-g	iven information provided by me	is true. I request you to consider my
application for fee concession.		8
T. Pavani		
Student's Signature		an and
Date: 7 11 22		
For Office Use only	. 1	
The Candidate is sanctioned fee	concession in Academic Fee as t	he student fulfils the requirements
to avail the fee concession.		ne student fums the requirements
Recommendation by the	Amount	G:
Principal Yes/ No	15 port	Signature of the Principal
	(5,000 UTE OF MAR	PRINCIPAL PRINCY
	15,000 THE OF STEPS MACY X	RATNAM INSTITUTE OF PHARMACY Pidathapolur, Notice of 524 346

Date: 08 -11-22

Name of the student: <u>NAN</u>	WAM PRAVEEN	Date
	M. Mohan	
Occupation:Pvî vo	ate employe	
Program of Study:M.Ph	armacy CPharmaceutica	LAnalusis
Roll Number:N	in (2204180702)	
	below Blakks per	
Government/NGO Scholarship		
Any other information: Nill		
I acknowledge that the above- application for fee concession.	given information provided by me	is true. I request you to consider my
Student's Signature Date: 08 - 11 - 22		**
For Office Use only The Candidate is sanctioned fee	teansportation e concession in Academic Fee as t	he student fulfils the requirements
to avail the fee concession.	23 Land 1 dd da 1	The student fulfils the requirements
Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	15,000/-	(Was coomy

* PIDATHAPO

Date: 09-11-22

	Date:
Name of the student: S. Muni Syavani	
Father's name: S. Munindya	
Occupation:	
Program of Study: M. Pharmacy (pharmaceutics)	
Roll Number: - NIII - (22 DM S 0108)	
Annual family income: Rs	
Government/NGO Scholarship received: Yes/No	
Any other information: - Nill-	
I acknowledge that the above-given information provided by me is true. I request you to co	onsider my
application for fee concession.	
Student's Signature	
Date: 09-11-22	

For Office Use only

Transportation

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Amount	Signature of the Principal
5,000/-	(m) coord
	5,000/-

RATNAM INSTITUE OF PHARMAGY Priethapolur, Nelture Dt. - 524 346

Date: 14-11-2022

Name of the student:S	ied . Alina	Date
	Shabbir Ahmed	
Occupation: Privat	e Employee	
Program of Study: Ph		
Roll Number:		
Annual family income: Rs	below 3 lakhs pe	rannum
Government/NGO Scholarship		
Any other information: N1	\	
I acknowledge that the above-	given information provided by me	is true. I request you to consider my
application for fee concession.	,	to consider my
Sd Aliga Student's Signature		
Date: 14-11-2022		×.
1 (1 2022		
For Office Use only	1 motation	
The Candidate is sanctioned fee	transportation concession in Academic Fee as t	he student fulfils the requirements
o avail the fee concession.		,
Recommendation by the	Amount	Ciant Ca Take
Principal Yes/ No	15,000/	Signature of the Principal
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	113 A Maidaine	PRINCIPAL MINSTITUE OF PHARMACY MAPPELLY, Nellere Dt 524 346
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RATNAM INSTITUTE OF PHARMACY

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NO. OF STUDENTS BENEFITTED BY RATNAM SCHOLARSHIP

Academic Year: 2021-2022

S.NO	Name of the Student	Name of the Parent	Hall Ticket No.	Course
1.	O. Sannutha	O. Venkatesh	21DM1R0071	B. Pharmacy
2.	K. Grishma Sai	K. Ramana	21DM1R0050	B. Pharmacy
3.	B. Yavanika	B. Sreenivasulu	21DM1R0010	B. Pharmacy
4.	K. Poojitha	K. Chandra Sekhar	21DM1T0015	Pharm D

HSTITUTE OF PHARMACL

Principal

Date: 22/11/2021

Name of the student: O. Sannutha
Father's name: 0 · Ventare.Sh
Occupation: <u>Private employee</u>
Program of Study: B. phay macy
Roll Number: 21DM1R0071
Annual family income: Rs. 300,000 -
Government/NGO Scholarship received: Yes/No
Any other information:
I acknowledge that the above-given information provided by me is true. I request you to consider my application for fee concession.
O. Sanotho Student's Signature Date: タス/11/2021

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	7500 KOFPIN	in
	WANTED TO STANDED TO S	RATNAM INSTITUE OF PHARM Pidathapolur, Nellore Dt 524

Date: 25 |11 |201

Name of the student: K. Poojitha
Father's name: K. chandra Sekhar
Occupation: Teacher.
Program of Study: pharm -D
Roll Number: 21DMITODI5
Annual family income: Rs. 3,60,000
Government/NGO Scholarship received: Yes/No
Any other information: —

I acknowledge that the above-given information provided by me is true. I request you to consider my application for fee concession.

Student's Signature

Date: 25 11 2021

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	5,000 1-	MEST

Date: 27 -11-2021

K. Grösh Sai Student's Signature

Date: 27-11-2021

application for fee concession.

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	2000/-	JOSA

AND THE OF PHEN AND THE SOUTH OF THE SOUTH O

Name of the student: B. Javanika
Father's name: B. Sveeniva Sulv
Occupation: <u>Private</u> Employee
Program of Study: B. pharmacy
Roll Number: 21DM1R0010
Annual family income: Rs. 3, 80000/-
Government/NGO Scholarship received: Yes/No
Any other information: Nill -
I acknowledge that the above-given information provided by me is true. I request you to consider my
application for fee concession.

Student's Signature B. Waka

Date: 2.12.2021

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Ýes/ No	3000/f NSMOTE OF	4520
	12/ 12/	DEINCIPAL



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NO. OF STUDENTS BENEFITTED BY RATNAM SCHOLARSHIP

Academic Year: 2020-2021

S.NO	Name of the Student	Name of the Parent	Hall Ticket No.	-
1.	P. Anuhya			Course
2		P. Prasad	20DM1S0905	M. Pharmacy
۷.	G. Sai Sravya	G. Vemaiah	20DM1S0707	M. Pharmacy
3.	J.Vasundhara	J. Raj Kumar		
4.	M. Vishnu Vardhan		20DM1T0009	Pharm D
	ivi. visimu vardnan	M. Tamilselvan	20DM1T0028	Pharm D

RATNAM INSTITUE OF PHARMACY

Pidathapolur, Nellore Dt. 524 346

Date: 7-11-2020

Name of the student: P. Anuhya.
Father's name: proposed
Occupation: private enploye
Program of Study: M. pharmacy [pharmacy practice]
Roll Number: 20DM ISO 905
Annual family income: Rs. 3,00000./-
Government/NGO Scholarship received: Yes/No
Any other information: nil

I acknowledge that the above-given information provided by me is true. I request you to consider my application for fee concession.

Student's Signature

Date: 7 - 11 - 2020

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal	
Yes/ No	15,0007-	MEON	

Date: 20-11-2020

Name of the student:	61.	Sai	stavya	
Name of the student:	51.	Sai	20019a	

Father's name: Go Voma Cah

Occupation: 400108

Program of Study: M. Phasmacy (phasmaceutecal Analysis)

Roll Number: 200M 150707

Annual family income: Rs. 300,000 /-

Government/NGO Scholarship received: Yes/No

Any other information: -

I acknowledge that the above-given information provided by me is true. I request you to consider my application for fee concession.

Student's Signature

Date: 20-11-2020

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	15,000 /-	1281



Date: 23-11-2020

Student's Signature

Date: 23-11-2020

application for fee concession.

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	A.5000	1567

Date: 26-11-2020

Name of the student: M. Vishnovandham
Father's name: M. TamilSelvan
Occupation: Parivate Employe
Program of Study: Phann - D
Roll Number: 200M1T0028
Annual family income: Rs. 3,5 0,000 / -
Government/NGO Scholarship received: Yes/No
Any other information: Ali

I acknowledge that the above-given information provided by me is true. I request you to consider my application for fee concession.

Student's Signature

Date: 26-11-2020

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal	
Yes/ No	10,000/-	W. Zan	



RATNAM INSTITUTE OF PHARMACY

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NO. OF STUDENTS BENEFITTED BY RATNAM SCHOLARSHIP

Academic Year: 2019-2020

S.NO	Name of the Student	Name of the Parent	Hall Ticket No.	Course
1.	N. Prameela	N. Penchalaiah	19DM1R0050	B. Pharmacy
2.	M. Mallikarjuna	M. Ramesh	19DM1R0044	B. Pharmacy
3.	E. Manjusha	E. Mallikaerjuna	19DM1S0902	M. Pharmacy

STITUTE OF A STRANGUIST

Principal

Date: 11 11/2019

Name of the student: M. Karthik
Father's name: M. Ramesh
Occupation: <u>farmer</u>
Program of Study: B. Pharmacy
Roll Number: 19DMIROO44
Annual family income: Rs. 1,50,000/-
Government/NGO Scholarship received: Yes/No
Any other information: —
I acknowledge that the above-given information provided by me is true. I request you to consider my
application for fee concession.
M. Kanf
Student's Signature

For Office Use only

Date: ///11/2019

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal	
Yes/ No	Rs. 2500/-	1282	

ATHAPOLY

Date: 21 11 2019

Government/NGO Scholarship received: Yes/No

Any other information: -

I acknowledge that the above-given information provided by me is true. I request you to consider my application for fee concession.

Student's Signature

Date: 21/11/2019

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal	
Yes/ No	50001-	The Cox	

Date: 29/11/2019

Date. 2
Name of the student: E. Manjusha
Father's name: F. Mallikar juna
Occupation: private employee
Program of Study: M-Pharmacy (pharmacy practice)
Roll Number:
Annual family income: Rs. 2,80,000/-
Government/NGO Scholarship received: Yes/No
Any other information:
I acknowledge that the above-given information provided by me is true. I request you to consider my
application for fee concession.
Student's Signature
Date: 29/11/2019
For Office Use only transportation
The Candidate is sanctioned fee concession in Academic-Fee as the student fulfils the requirements
to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	15,000/-	Molan



RATNAM INSTITUTE OF PHARMACY

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NO. OF STUDENTS BENEFITTED BY RATNAM SCHOLARSHIP

Academic Year: 2018-2019

S.NO	Name of the Student	Name of the Parent	Hall Ticket No.	Course
1.	P. Kalyani	P. Rajaiah	18DM1R0062	B. Pharmacy
2.	K. Keerthi	K. Narayana	18DM1R0035	B. Pharmacy
3.	G. Naga Harika	G. Ramesh	18DM1R0017	B. Pharmacy

MANITUTE OF OHDATHAPOLISH

Principal

Date: 9/11/2018

Name of the student: G. Naga Harika	
Father's name: G. Romesh	
Occupation: TONOY	
Program of Study: B - Pharmacy	
Roll Number: 18DM1R0017	
Annual family income: Rs. 9, 20,000	
Government/NGO Scholarship received: Yes/No	
Any other information: Nitl	
I acknowledge that the above-given information provided by me is true. I request you to application for fee concession.	onsider my:
G. Naga Harwf Student's Signature	
Date: 9/11/2018	

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal	
Yes/ No	6,500	UPSA	

Date: 24/10/2018

Name of the student:
Father's name: P. Rajaiah
Occupation: Tailor
Program of Study: B. Pharmacy
Roll Number: 18DM1R0062
Annual family income: Rs. 150,000/-
Government/NGO Scholarship received: Yes/No
Any other information: —
I acknowledge that the above-given information provided by me is true. I request you to consider my application for fee concession.

Student's Signature

Date: 24 10 2018

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	50001-	(August

DATHAPOL

Date: 6/11/18

Name of the student: Keer thi	
Father's name: K. Navayana	
Occupation: Farmer	
Program of Study: B. Phay macy	
Roll Number: 18DM1RO035	-
Annual family income: Rs. 10000/-	
Government/NGO Scholarship received: Yes/No	
Any other information: \vec{1}	
I acknowledge that the above-given information provided by me is true. I request you to	consider my
application for fee concession.	

K. Reith

Date: 6/11/18

For Office Use only

The Candidate is sanctioned fee concession in Academic Fee as the student fulfils the requirements to avail the fee concession.

Recommendation by the Principal	Amount	Signature of the Principal
Yes/ No	7000/-	Just 6M
		PRINCIPA:

HARM INSTITUTE OF PHARM

RATNAM INSTITUE OF Phase Pidathapolur, Nellore Dt. - 524 346