



NATIONAL COLLEGE OF PHARMACY

Approved by Pharmacy Council of India, AICTE, DME & Govt of Kerala
Affiliated to Kerala University of Health Sciences, Accredited by NBA

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the information given in the attached documents are verified by me and is true to the best of my knowledge.

Dr. Sujith Varma.K **PRINCIPAL**
Principal National College of Pharmacy
Manassery, Kozhikode
National College of Pharmacy
Manassery, Mukkam, Kozhikode





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Criterion 6	GOVERNANCE, LEADERSHIP AND MANAGEMENT
Key Indicator: 6.3	Faculty Empowerment Strategies

Metric	Parameter
Metric No: 6.3.2	Percentage of teachers provided with financial support to attend conferences/workshop and towards membership fee of professional bodies during the last five years

SL.NO	DETAILS
1.	FINANCIAL REQUEST FORM
2.	CERTIFICATE COPIES
3.	CASH RECEIPT COPY



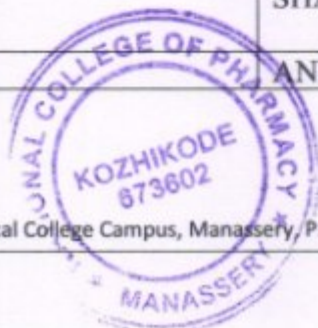
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Criterion 6		GOVERNANCE, LEADERSHIP AND MANAGEMENT
Key Indicator: 6.3		Faculty Empowerment Strategies
Metric	Parameter	
Metric No: 6.3.2	Percentage of teachers provided with financial support to attend conferences/workshop and towards membership fee of professional bodies during the last five years	

Details of teachers provided with financial support to attend conferences/workshop and towards membership fee of professional bodies during the last five years

Year	Name of teacher	Name of conference/ workshop attended for which financial support provided	Name of the professional body for which membership fee is provided	Amount of support received (in INR)
2022-23	DR.VENKATESH	MONASH INTERNATIONAL HEALTH SCIENCE & TECHNOLOGY CONFERENCE		6150
	NISHITHA CHANDRAN	MONASH INTERNATIONAL HEALTH SCIENCE & TECHNOLOGY CONFERENCE		6150
	ATHIRA P	MONASH INTERNATIONAL HEALTH SCIENCE & TECHNOLOGY CONFERENCE		6150
	DR AKASH MARATHAKAM	IPC		6108
	SHADIYA CK	IRNI SYMPOSIUM 2022		6000
	ANIL KUMAR V	IRNI SYMPOSIUM		6000



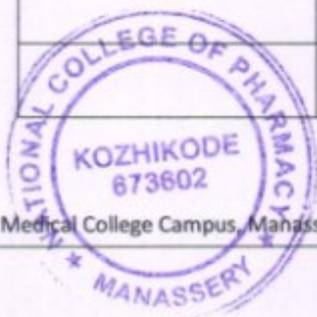
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		METHOD		
2021-22	DR AKASH MARATHAKAM		IPA	7500
	DR S KATHIRVEL		IPA	7500
	ANARGHA JAYARAJ T	25TH ANNUAL NATIONAL CONVENTION OF THE ASSOCIATION OF PHARMACEUTICAL TEACHERS OF INDIA 2022		5000
	ATHIRA A	25TH ANNUAL NATIONAL CONVENTION OF THE ASSOCIATION OF PHARMACEUTICAL TEACHERS OF INDIA 2022		5000
	RAJITHA	25TH ANNUAL NATIONAL CONVENTION OF THE ASSOCIATION OF PHARMACEUTICAL TEACHERS OF INDIA 2022		5000
2018-19	DR AKASH MARATHAKAM		AMERICAN CHEMICAL SOCEITY	8500
	K HARI KRISHNAN	PHARMACY PRACTICE MODULE- ADVANCED LEARNING SERIES ON NEW INFECTIOUS DISEASE		5000
	ABDURAHMAN T	PHARMACY PRACTICE MODULE-		5000





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		2022	
	ATHIRA B	IRNI SYMPOSIUM 2022	6000
	DR S KATHIRVEL	IRNI SYMPOSIUM 2022	6000
	INDUKALA	IRNI SYMPOSIUM 2022	6000
	RAJITHA	IRNI SYMPOSIUM 2022	6000
	RAJEEV P THOMAS	IPC	7080
	JINSHA P	5 DAY WORKSHOP ON INTERPRETATION OF INSTRUMENTAL METHOD	5000
	SIJO PATTAM	5 DAY WORKSHOP ON INTERPRETATION OF INSTRUMENTAL METHOD	5000
	AKHIL HARI	5 DAY WORKSHOP ON INTERPRETATION OF INSTRUMENTAL METHOD	5000
	PRASEENA	5 DAY WORKSHOP ON INTERPRETATION OF INSTRUMENTAL METHOD	5000
	SIJI C	5 DAY WORKSHOP ON INTERPRETATION OF INSTRUMENTAL METHOD	5000
	DHANYA KP	5 DAY WORKSHOP ON INTERPRETATION OF INSTRUMENTAL	5000



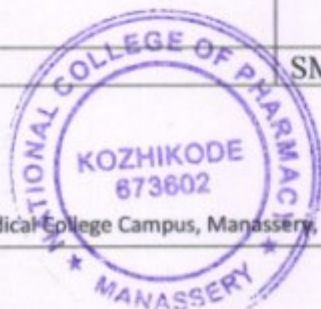
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		ADVANCED LEARNING SERIES ON NEW INFECTIOUS DISEASE		
	DIYA SARJU	PHARMACY PRACTICE MODULE- ADVANCED LEARNING SERIES ON NEW INFECTIOUS DISEASE		5000
	MINOL V	PHARMACY PRACTICE MODULE- ADVANCED LEARNING SERIES ON NEW INFECTIOUS DISEASE		5000
	VINOD THOMAS	PHARMACY PRACTICE MODULE- ADVANCED LEARNING SERIES ON NEW INFECTIOUS DISEASE		5000
	SAREENA A	CPCON		5500
	JEREENA E	CPCON		5500
	ZUHARA MARIYAM	CPCON		5500
	RAJEEV P THOMAS	CPCON		5500
	NIKITHA B	CPCON		5500
	ANN MARY PAUL	CPCON		5500
	ANJU TS	CLINICAL STUDY DESIGNS &STATISTICAL METHODOLOGIES		5000
	SMITHA	CLINICAL STUDY		5000



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		DESIGNS &STATISTICAL METHODOLOGIES		
	NISHITHA CHANDRAN	CLINICAL STUDY DESIGNS &STATISTICAL METHODOLOGIES		5000
	EMIL JAME DAVID	CLINICAL STUDY DESIGNS &STATISTICAL METHODOLOGIES		5000
	SREELAKSHMI	CLINICAL STUDY DESIGNS &STATISTICAL METHODOLOGIES		5000
	THUSHARA	NTAC 2019		5500
	RAJITHA	NTAC 2019		5500
	KATHIRVEL	NTAC 2019		5500
	AKHIL HARI	PHARMACY PRACTICE MODULE- ADVANCED LEARNING SERIES ON NEW INFECTIOUS DISEASE		5000
	HUDA BASHEER V P	PHARMACY PRACTICE MODULE- ADVANCED LEARNING SERIES ON NEW INFECTIOUS DISEASE		5000



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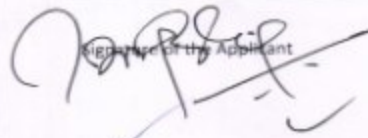
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Dr. Venkatesh
2	Staff ID	
3	Name of the department	pharmacology
4	Financial support requested for	Monash Institute 2022
5	Program hosted by	conference
6	venue	
7	Date and time	20/9/22
8	Amount requested	6150/-

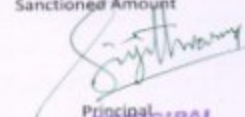
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Signature of the Applicant

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6150/-
Sanctioned Amount


Principal
National College of Pharmacy
Manassery, Kozhikode



KMCT Medical College Campus, Manassery, P.O, Mukkam Ph:-04952297440, Email:-pharmacy@kmct.edu.in, www.nationalcollegeofpharmacy.org



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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Nishitha Chandran
2	Staff ID	
3	Name of the department	Pharmacology
4	Financial support requested for	Monash Initiative 2022
5	Program hosted by	Monash University
6	venue	
7	Date and time	27-28 September 2022
8	Amount requested	6150

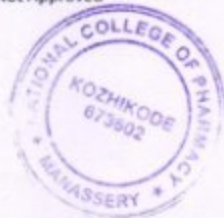
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Sanctioned Amount

6150/-

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
NATIONAL COLLEGE OF PHARMACY, MANASSERY

Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Athiva. P
2	Staff ID	
3	Name of the department	Pharmacology
4	Financial support requested for	Manash Initiative 2022
5	Program hosted by	Monash University
6	venue	
7	Date and time	27-28 September 2022
8	Amount requested	650

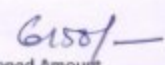
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Dr. Akash Manassery
2	Staff ID	
3	Name of the department	Pharmaceutical chemistry
4	Financial support requested for	72nd IPC
5	Program hosted by	IPC
6	venue	Nagpur
7	Date and time	Nov. 20/22
8	Amount requested	6108

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	SHADIYA C.K
2	Staff ID	
3	Name of the department	Pharmaceutical Chemistry
4	Financial support requested for	IRNI Symposium 2022
5	Program hosted by	University Technology MANASSERY
6	venue	
7	Date and time	23 rd Nov 2022
8	Amount requested	6000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Abil Kumar V
2	Staff ID	
3	Name of the department	P. chemistry
4	Financial support requested for	IRNI symposium 2022
5	Program hosted by	University of Kerala, MACE, MGL etc
6	venue	
7	Date and time	23rd Nov 2022
8	Amount requested	Good -

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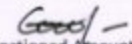
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Athiya . B
2	Staff ID	
3	Name of the department	P. Chemistry
4	Financial support requested for	1 Rall - 2022
5	Program hosted by	MARA, MALAYSIA
6	venue	
7	Date and time	23rd nov 2022
8	Amount requested	6000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Dr. S. Kathirvel
2	Staff ID	
3	Name of the department	P. Analysis
4	Financial support requested for	IRNII - 2022
5	Program hosted by	MARA MALAYSIA
6	venue	
7	Date and time	23rd Nov 2022
8	Amount requested	6000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Indukala
2	Staff ID	
3	Name of the department	P. Analysis
4	Financial support requested for	IRN 2022
5	Program hosted by	MKS, MANASSERY
6	venue	
7	Date and time	28th Nov. 2022
8	Amount requested	6000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Rajini
2	Staff ID	
3	Name of the department	P. Chemistry
4	Financial support requested for	IRN1 - 2022
5	Program hosted by	MARA Malaysia
6	venue	
7	Date and time	23 rd Nov 2022
8	Amount requested	6000/-

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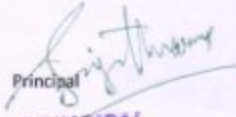
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Rajeev. p. Thomas.
2	Staff ID	
3	Name of the department	Pharmacy Practice
4	Financial support requested for	7209 Indian Pharmaceutical Congress
5	Program hosted by	
6	venue	Nagpur
7	Date and time	20-24 - Jan 2023
8	Amount requested	7080/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Jinshe. P.
2	Staff ID	
3	Name of the department	pharmaceutics
4	Financial support requested for	Workshop on Interpretation of Instrumental Medias on line.
5	Program hosted by	
6	venue	
7	Date and time	2-6th Jan - 2023.
8	Amount requested	4000 + 1000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Sijo Mathan
2	Staff ID	
3	Name of the department	P.Schools
4	Financial support requested for	Interpretation of Instrumental
5	Program hosted by	Salypharm Institute of Kerala
6	venue	CSIK - Madam Coner
7	Date and time	2-6 Jan 2023
8	Amount requested	5000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Akhil Haris
2	Staff ID	
3	Name of the department	Pharmaceutics
4	Financial support requested for	Interpretation of Instrumental
5	Program hosted by	Sakshinagar Kozhikode
6	venue	CSIK Madras (online)
7	Date and time	2-6 Jan 2023
8	Amount requested	5000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	PABEENA.K
2	Staff ID	
3	Name of the department	Pharmaceutics
4	Financial support requested for	Interpreting Instrumental Method
5	Program hosted by	Sathyabama Institute of
6	venue	CSIK, Madurai
7	Date and time	26 Jan 2023
8	Amount requested	5000/-

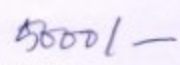
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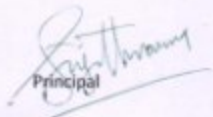

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	S.W.I.C
2	Staff ID	
3	Name of the department	PHARMACEUTICS
4	Financial support requested for	5 day workshop
5	Program hosted by	Sathyabhama Institute.
6	venue	Chennai
7	Date and time	2-6 Jan 2023
8	Amount requested	5000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Dhanya. K.P
2	Staff ID	
3	Name of the department	pharmaceutics
4	Financial support requested for	workshop on Interpretation of Instrumental Method.
5	Program hosted by	
6	venue	Online.
7	Date and time	2-6th Jan 2023.
8	Amount requested	4000+1000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Dr. Akash Nazeelbekam
2	Staff ID	
3	Name of the department	Pharmaceutical chemistry
4	Financial support requested for	IPA
5	Program hosted by	
6	venue	
7	Date and time	
8	Amount requested	7000/-

N.B:

1. the actual reimbursement of expenses incurred shall be as per rule and after approval of the competent authority
2. this form should be submitted two week in advance

Signature of the Applicant

HOD (forwarding)

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Sanctioned Amount



[Signature]
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Manassery, Kozhikode



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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Dr. B. Kathiravel.
2	Staff ID	
3	Name of the department	pharmaceutical analysis.
4	Financial support requested for	IPA membership.
5	Program hosted by	
6	venue	
7	Date and time	
8	Amount requested	₹500/-

N.B:

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Signature of the Applicant

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Anashe jayraj - T
2	Staff ID	
3	Name of the department	Pharmacology
4	Financial support requested for	Apicom 2022
5	Program hosted by	J.B.S Mysore
6	venue	Mysore
7	Date and time	2-4 Sept 2022
8	Amount requested	4500 + 500/-

N.B:

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5000/-
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Adhina .A
2	Staff ID	
3	Name of the department	Pharmaceuticals
4	Financial support requested for	Apicon 2022
5	Program hosted by	J.S. Mysorek
6	venue	J.S. Mysorek
7	Date and time	2-4 Sept 2022
8	Amount requested	1500 + 500 T.A.

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5000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Rajitha
2	Staff ID	
3	Name of the department	Pharmaceutical Chemistry
4	Financial support requested for	Apticon 2022
5	Program hosted by	IES Academy of Higher Education
6	venue	Mysore
7	Date and time	2-4 Sep - 2022
8	Amount requested	4500 + 500 TA

N.B:

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5000
Sanctioned Amount
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Akash Masekkan
2	Staff ID	
3	Name of the department	pharmaceutical chemistry
4	Financial support requested for	Membership in American Chemical Society
5	Program hosted by	
6	venue	-
7	Date and time	
8	Amount requested	6500/-

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8600/-
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NATIONAL COLLEGE OF PHARMACY, MANASSERY

Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Hari Krishnan
2	Staff ID	
3	Name of the department	P.P
4	Financial support requested for	P.P module-Advanced learning
5	Program hosted by	J-SS Mysoram
6	venue	Mysoram
7	Date and time	24-26th - Nov 2018
8	Amount requested	5000/-

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Research

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Sanctioned Amount

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NATIONAL COLLEGE OF PHARMACY, MANASSERY

Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Abdurrahman
2	Staff ID	
3	Name of the department	PP
4	Financial support requested for	PP module-Advanced learning research.
5	Program hosted by	J.SS Mysrom
6	venue	Mysrom.
7	Date and time	24-28 Nov 2018.
8	Amount requested	5000/-

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Sanctioned Amount



3500 + 1500/-
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NATIONAL COLLEGE OF PHARMACY, MANASSERY

Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Diyaa Sajan.
2	Staff ID	
3	Name of the department	P.P
4	Financial support requested for	P.P Module Advanced Learning
5	Program hosted by	J.SS Mysuru
6	venue	Mysuru.
7	Date and time	24-26 Nov 2016
8	Amount requested	5000/-

N.B:

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Sanctioned Amount

8500 + 1500/-

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NATIONAL COLLEGE OF PHARMACY, MANASSERY

Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	MINDI - V
2	Staff ID	
3	Name of the department	Pharmacology
4	Financial support requested for	P.P Module - J
5	Program hosted by	J.SS Mysrm.
6	venue	Mysrm
7	Date and time	24-26 th Nov 2018
8	Amount requested	500/-

N.B:

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Sanctioned Amount

8500 + 1500/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Vinod Thomas
2	Staff ID	
3	Name of the department	P.P
4	Financial support requested for	PP Module Advanced Learning Series
5	Program hosted by	J.S.S Mysuru
6	venue	Mysuru
7	Date and time	24-26 Nov 2018
8	Amount requested	5000/-

N.B:

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Sanctioned Amount

2000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Sareena
2	Staff ID	
3	Name of the department	Pharmacy Practice
4	Financial support requested for	CP CON 20-19
5	Program hosted by	Manipal College
6	venue	Manipal
7	Date and time	20-19 5, 6 January 20-19
8	Amount requested	5,000/-

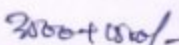
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Jeeena E
2	Staff ID	
3	Name of the department	pharmacy practice
4	Financial support requested for	cpcan-2019
5	Program hosted by	Manipal college
6	venue	Manipal
7	Date and time	5-6, January 2019
8	Amount requested	5000/-

N.B:

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Signature of the Applicant

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Sanctioned Amount

2500 + 1500/-



Minhines
Principal
National College of Pharmacy
Manassery, Kozhikode

KMCT Medical College Campus, Manassery, P.O, Mukkam Ph:-04952297440,Email:-pharmacy@kmct.edu.in,www.nationalcollegeofpharmacy.org



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NATIONAL COLLEGE OF PHARMACY, MANASSERY

Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Zuhara Khasan
2	Staff ID	P.P
3	Name of the department	CPED
4	Financial support requested for	Manipal College
5	Program hosted by	Manipal
6	venue	5-6 Jan 2019
7	Date and time	5200/-
8	Amount requested	

- N.B:
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Sanctioned Amount



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NATIONAL COLLEGE OF PHARMACY, MANASSERY

Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Rajeev. P.
2	Staff ID	
3	Name of the department	P.P
4	Financial support requested for	CPCON
5	Program hosted by	Manipal college
6	venue	Manipal
7	Date and time	5-6 July 2019.
8	Amount requested	5500/-

N.B:

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Signature of the Applicant

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5500/-
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NATIONAL COLLEGE OF PHARMACY, MANASSERY

Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Nikitha.B
2	Staff ID	
3	Name of the department	P-P
4	Financial support requested for	CPCON.
5	Program hosted by	Manipal College
6	venue	Manipal
7	Date and time	5-6-2019 Jan.
8	Amount requested	5500/- Jan.

N.B:

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2. this form should be submitted two week in advance

Signature of the applicant

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5500/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Ann Maxy Paul
2	Staff ID	
3	Name of the department	P.P
4	Financial support requested for	CPEON
5	Program hosted by	Manipal College
6	venue	Manipal
7	Date and time	5-6 Jan 2019
8	Amount requested	550/-

N.B:

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Ann

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550/-

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Anil Kumar
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Anju. T.S
2	Staff ID	
3	Name of the department	D.P.
4	Financial support requested for	CSDSM
5	Program hosted by	KM college
6	venue	KM college T.N
7	Date and time	27th July 2018
8	Amount requested	5000/-

N.B:

1. the actual reimbursement of expenses incurred shall be as per rule and after approval of the competent authority
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Signature of the Applicant

Anju

HOD (forwarding)

3000 + 1500 TA/-
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Principal
S. Senthil Kumar

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Smitha - P.
2	Staff ID	
3	Name of the department	P.P
4	Financial support requested for	CSDSM.
5	Program hosted by	SRM College
6	venue	SRM college T.N
7	Date and time	21 th July 2018.
8	Amount requested	5000/-

N.B:

1. the actual reimbursement of expenses incurred shall be as per rule and after approval of the competent authority
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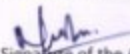
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Nishidhe
2	Staff ID	
3	Name of the department	Pharmacology
4	Financial support requested for	clinical study design
5	Program hosted by	J.SS - Mysore
6	venue	Mysore
7	Date and time	24-26 Nov 2018
8	Amount requested	5000/-

N.B:

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Emil James David
2	Staff ID	
3	Name of the department	P.F
4	Financial support requested for	CSO&M
5	Program hosted by	SRM college
6	venue	SRM college T.N
7	Date and time	27 th July 2018
8	Amount requested	5000/-

N.B:

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Sreelakshi
2	Staff ID	
3	Name of the department	P.P.
4	Financial support requested for	CSDSM
5	Program hosted by	SRM College.
6	venue	SRM College TN
7	Date and time	24 th May 2018
8	Amount requested	5000/-

N.B:

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Sanctioned Amount



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for Principal
[Signature]
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Thirshara
2	Staff ID	
3	Name of the department	P. Chemistry
4	Financial support requested for	NTAC - 2019
5	Program hosted by	Alfred best college
6	venue	Kodun
7	Date and time	14-15 Jan - 2019
8	Amount requested	5000/-

N.B:

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Rajitha
2	Staff ID	
3	Name of the department	P. Chemistry
4	Financial support requested for	NFAC - 2019
5	Program hosted by	Sacred heart college
6	venue	Kochin.
7	Date and time	14-15 Jan 2019
8	Amount requested	5000/-

N.B:

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Kathir Vel
2	Staff ID	
3	Name of the department	P. Analysis
4	Financial support requested for	NTAC 2019
5	Program hosted by	St. heart college
6	venue	Kochin
7	Date and time	14-15 Jan 2019
8	Amount requested	5000/-

N.B:

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3000 + 2000/-

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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Akhil
2	Staff ID	
3	Name of the department	Pharmaceuticals
4	Financial support requested for	P-P module
5	Program hosted by	J.S.S. Mysore
6	venue	Mysore
7	Date and time	24-28 Nov 2018
8	Amount requested	5500/-

N.B:

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Signature of the Applicant

Akhil

HOD (forwarding)

Approved/Not Approved

Sanctioned Amount

3000 + 2000/-

Mishra

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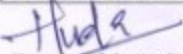
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Form for financial support to attend conference/workshop

DETAILS		
1	Name of the staff	Hude
2	Staff ID	
3	Name of the department	Pharmaceutics
4	Financial support requested for	P.P Module 1
5	Program hosted by	J.S. Mysrin
6	venue	Manassery
7	Date and time	24-28-Nov-2018
8	Amount requested	5000/-

N.B:

1. the actual reimbursement of expenses incurred shall be as per rule and after approval of the competent authority
2. this form should be submitted two week in advance



Signature of the Applicant

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4	DR.AKASH MARATHAKAM
5	SHADIYA CK
6	ANIL KUMAR
7	ATHIRA B
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9	INDUKALA
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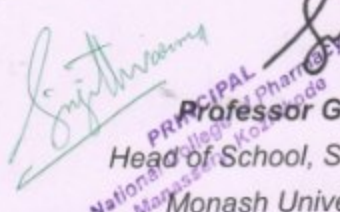
Dr. S. Venkatesh


from National College of Pharmacy

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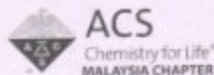
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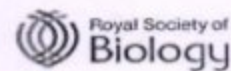
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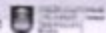
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(WIIM-2023)

(Atomic Force Microscopy, BET Surface Area, Contact Angle,
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FESEM, HRTEM, Optical Microscopy, Particle Size Distribution,
UV Visible/DRS Spectroscopy, XRD, XRF and Zeta potential)

held on 02nd to 6th January 2023

organized by

Department of Chemistry & International Research Centre
SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY

(Deemed to be University)

Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai - 600 119

In association with



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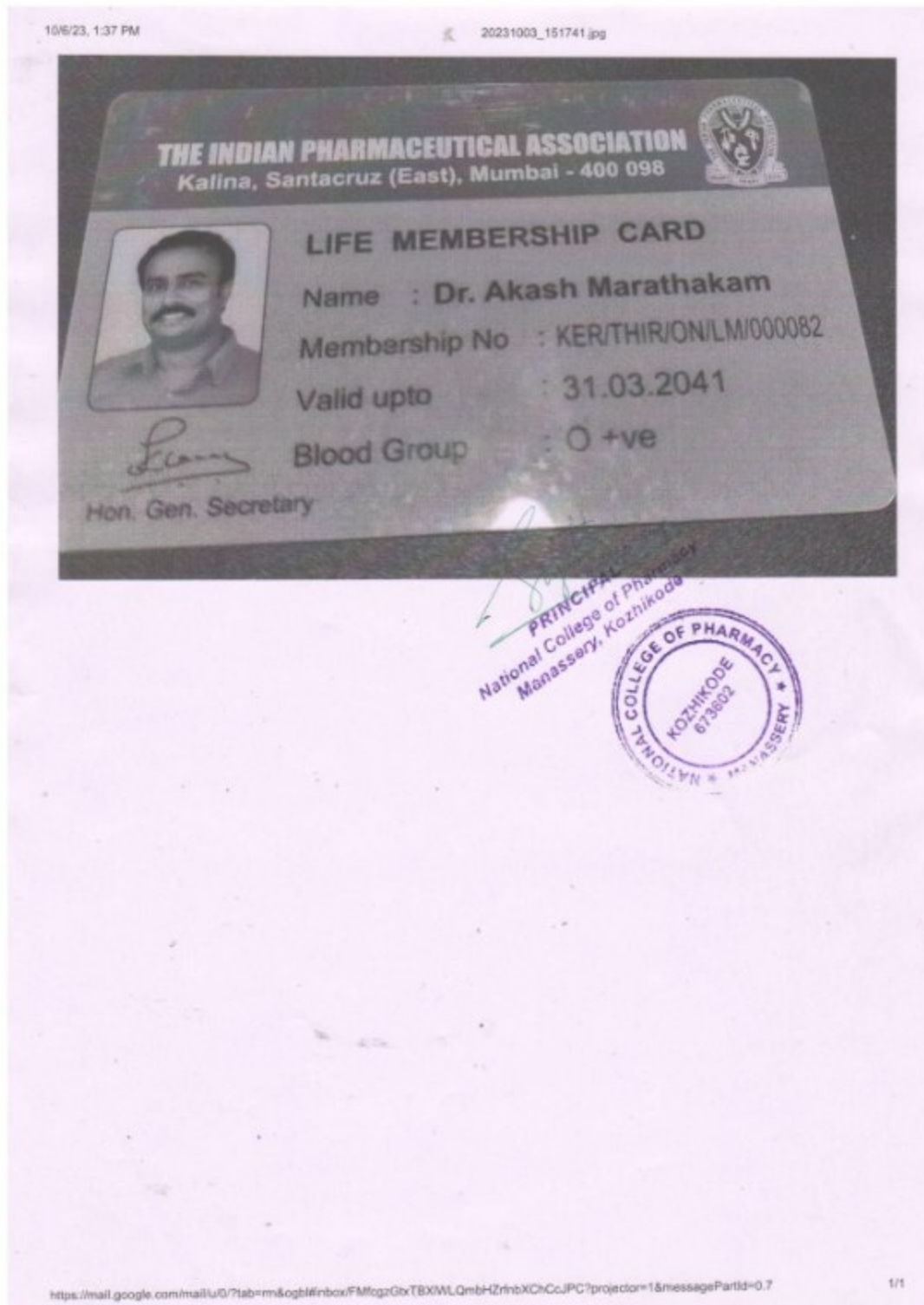
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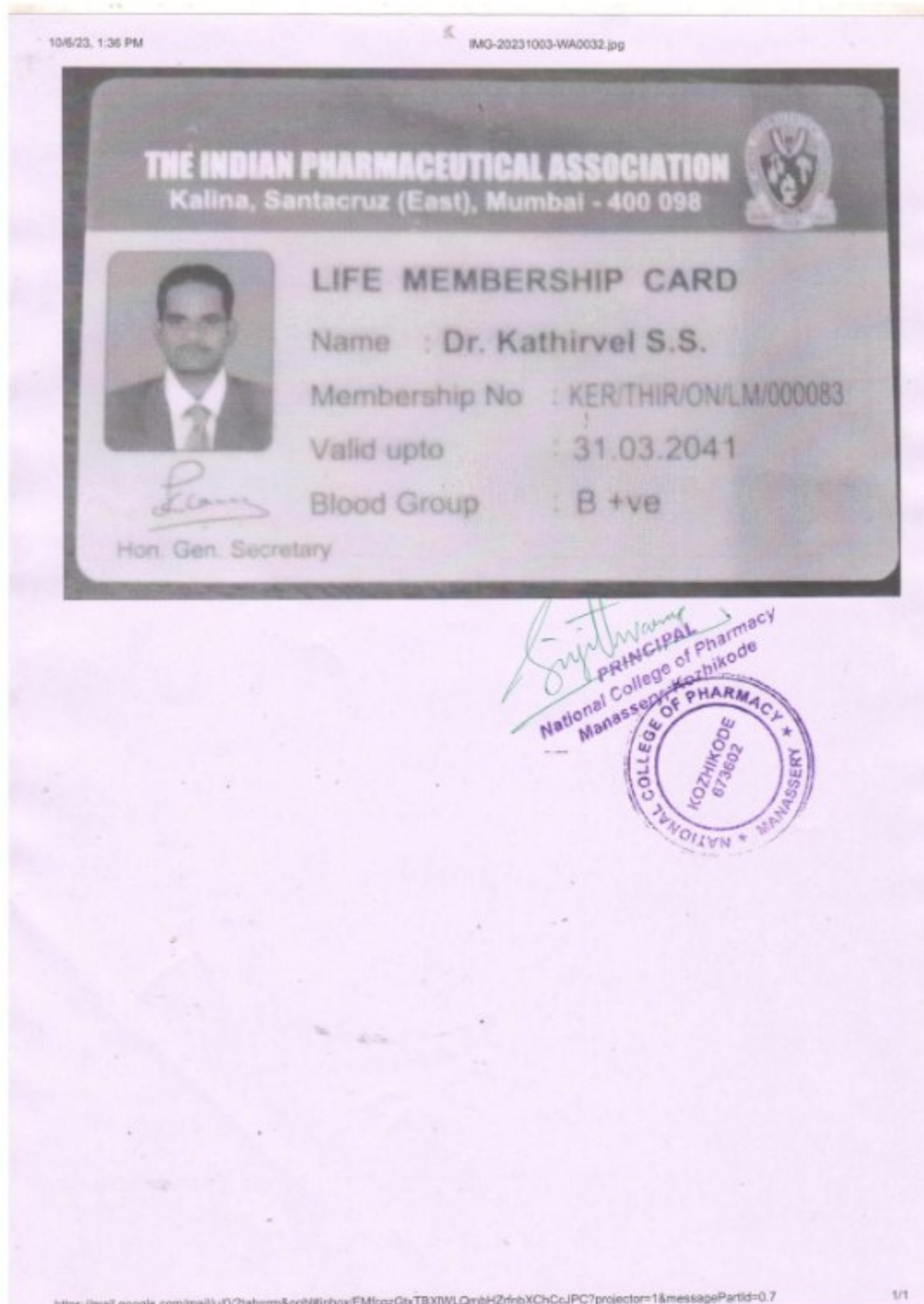
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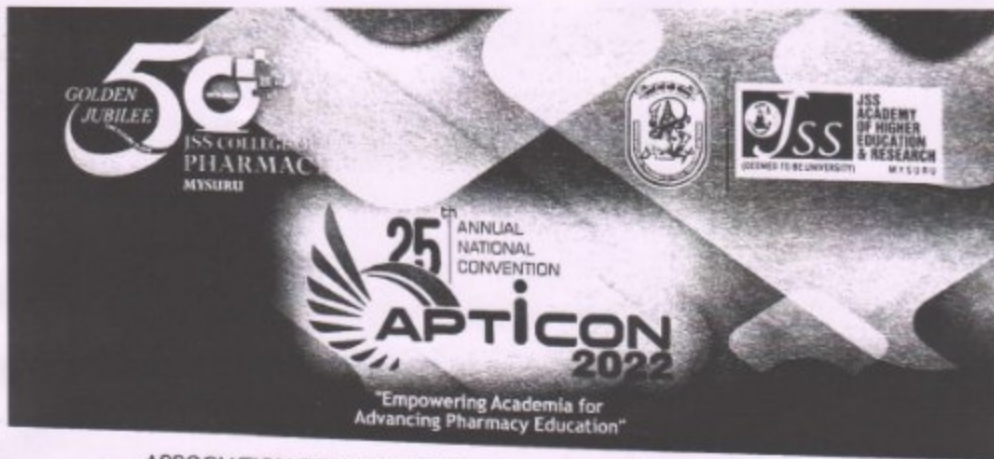
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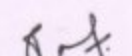
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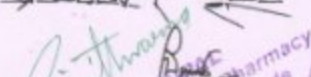
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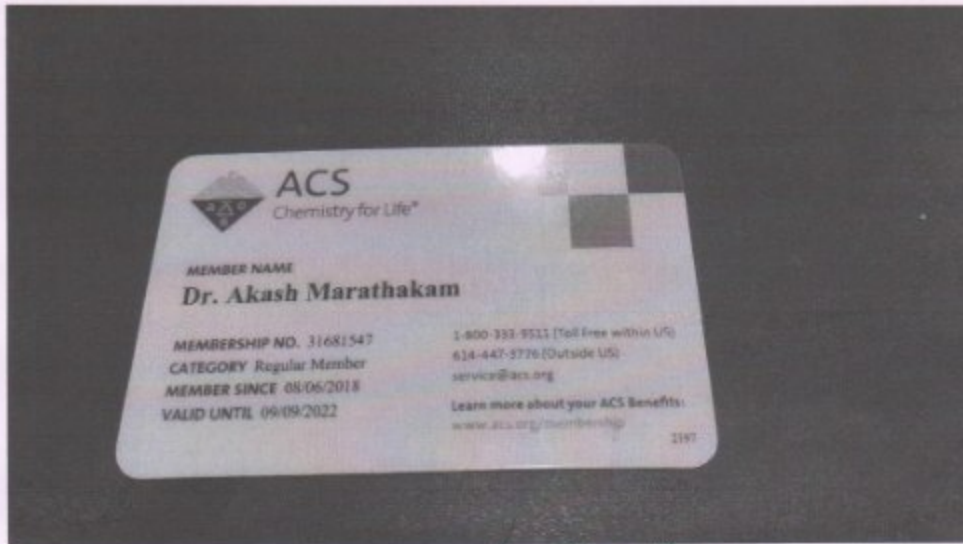


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4th International Conference on Clinical Pharmacy

organized by

Department of Pharmacy Practice

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This is to certify that

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5-6 January, 2019

Number of credits awarded: 2



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Organizing Secretary
CPCPN



Dr Mahadev Rao
Convener
CPCPN

Dr C Mallikarjuna Rao
Principal
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4	DR.AKASH MARATHAKAM
5	SHADIYA CK
6	ANIL KUMAR
7	ATHIRA B
8	DR.KATHIRVEL
9	INDUKALA
10	RAJITHA
11	RAJEEV P THOMAS
12	JINSHA
13	SIJO PATTAM
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15	PRASEENA
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Department: Pharmacology

Contact Number: 99946909689

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Designation: Associate Professor

Department: Pharmacology

Contact Number: 91495366380

Purpose of Receipt: Faculty Attendance at Nishitha Chandras

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Department: Pharmacology

Contact Number: 7561861665

Purpose of Receipt: Faculty Attendance at Athira P

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
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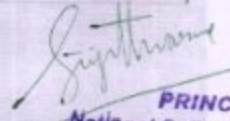


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Name of the Conference: IPC - 2023 Nagpur
Name of Receiver: Dr. Akash Neelekattan
Designation: HOD of Pharmacy
Department: Pharmaceutical Chemistry
Contact Number: 9846036167
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Authorized Signatory (Signature): 


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Name of the Conference: IRNI Symposium - 2022

Name of Receiver: Shadya. C.K

Designation: Associate Professor

Department: Pharm. Chemistry

Contact Number: 9048713771

Purpose of Receipt: Faculty Attendance at Shadya. C.K

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Name of the Conference: **IRNI - 2022**

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Designation: **Asst. Professor**

Department: **Pharm. Chemistry**

Contact Number: **9847089809**

Purpose of Receipt: Faculty Attendance at **Anilkumar V**

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Name of the Conference: IRNT - 2022

Name of Receiver: Athira B

Designation: Asst. Professor

Department: Pharm. Chemistry

Contact Number: 9496243168

Purpose of Receipt: Faculty Attendance at Athira B

Authorized Signatory (Signature):



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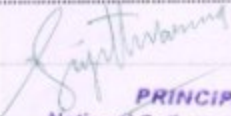
Department: Pharm. Analysis

Contact Number: 8301073509

Purpose of Receipt: Faculty Attendance at Dr. S. Kathavel

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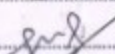
Name of Receiver: **Indukala P.C**

Designation: **Asst. Professor**


Department: **Pharmaceutical Analysis**

Contact Number: **9847861915**

Purpose of Receipt: Faculty Attendance at **Indukala P.C**

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Name of the Conference: IRNT - 2022
Name of Receiver: Rajitha K
Designation: Associate Professor
Department: Pharmaceutical chemistry
Contact Number: 9847476962
Purpose of Receipt: Faculty Attendance at Rajitha K
Authorized Signatory (Signature): _____



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Designation: HOD - Pharmacy

Department: Pharmacy Practice

Contact Number: 9445292828

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
Name of Receiver: Niresha P.

Designation: Assistant Professor


Department: Pharmacology

Contact Number: 9544492579

Purpose of Receipt: Faculty Attendance

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Name of the Conference: Interpretation of Instrumental Method

Name of Receiver: Sijo Pattam

Designation: Professor & Head

Department: Pharmaceutics

Contact Number: 9497888699

Purpose of Receipt: Faculty Attendance at Sijo Pattam

Authorized Signatory (Signature): [Signature]



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Name of the Conference: Interacting Instrumental Method
Name of Receiver: Akhil Hasi
Designation: Professor
Department: Pharmaceutics
Contact Number: 9744416974
Purpose of Receipt: Faculty Attendance at Akhil Hasi
Authorized Signatory (Signature): _____



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Name of the Conference: Interpreting Instrumental Method
Name of Receiver: Praseena K
Designation: Associate professor
Department: Pharmaceutics
Contact Number: 9747812139
Purpose of Receipt: Faculty Attendance at Praseena K
Authorized Signatory (Signature): [Signature]



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Name of the Conference: 5 day workshop on Interpretation of Instrumentation

Name of Receiver: Siji C

Designation: Asst. Professor.

Department: Pharmacetics.

Contact Number: 9571171518

Purpose of Receipt: Faculty Attendance at

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
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Name of Receiver: Rhanan K.P.
Designation: Asst. Professor
Department: Pharmaceutics
Contact Number: 9445130503
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Name of the Conference: IPA

Name of Receiver: Akash Manalakkam

Designation: HOD of Pharmacy

Department: Pharmaceutical Chemistry

Contact Number: 9846086767

Purpose of Receipt: Faculty Attendance

Authorized Signatory Signature: [Signature]

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Name of Receiver: Dr. Kathirvel
Designation: HOD - Professor
Department: Pharmaceutical Analysis
Contact Number: 8301673509
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Name of the Conference: APICON-2022

Name of Receiver: Anuraha Jayraj.T.

Designation: Asst. Professor

Department: Pharmacology

Contact Number: 8846244934

Purpose of Receipt: Faculty Attendance

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KOZHICODE
673602
MANASSERY

KMCT Medical College Campus, Manassery, P.O, Mukkam Ph:-04952297440, Email:-pharmacy@kmct.edu.in, www.nationalcollegeofpharmacy.org



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Voucher No: 014 Date: 16/09/22

Received Rs. 5000/- (In words: Five thousand Rupees Only)

from National College of Pharmacy

on 16/09/22

Name of the Conference: APICON - 2022

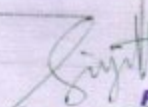
Name of Receiver: Athira A

Designation: Asst. Professor


Department: Pharmaceutical C

Contact Number: 9947193457

Purpose of Receipt: Faculty Attendance

Authorized Signatory (Signature): 

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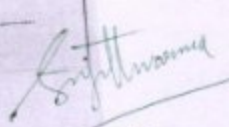
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Voucher No: 013
Received Rs: 5000/- (In words) Five thousand Rupees Only Date: 10/09/22


From National College of Pharmacy
On: 10/09/22

Name of the Conference: APICONS-2022

Name of Receiver: Rajda
Designation: Asst. Professor
Department: Pharmaceutical Chemistry
Contact Number: 9847476962

Purpose of Receipt: Faculty Attendance at
Authorized Signatory Signature: 

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Voucher No: 006 Date: 10/11/2018

Received Rs: Eight (in words) Eight thousand five hundred only

from National College of Pharmacy

on: 10/11/2018

Name of the Conference: Membership in American Chemical Society

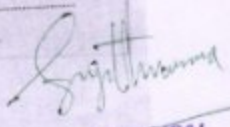
Name of Receiver: Shresh M. Sankaran

Designation: Asst. professor


Department: Pharmaceutical Chemistry

Contact Number: 9846036161

Purpose of Receipt: Faculty Attendance at

Authorized Signatory (Signature): 

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Voucher No: 01 Date: 2/12/18

Received Rs 5000/- (in words) five thousand only

from National College of Pharmacy

on 2-december 2018

Name of the Conference: PP module advanced learning


Name of Receiver: Harri Krishnan


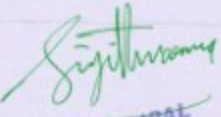
Designation: Asst. Professor

Department: P.P

Contact Number: 8081939497

Purpose of Receipt: Faculty Attendance at

Authorized Signatory (Signature): 

 
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Voucher No: 0 Date: 3/12/23
Received Rs 5000/- (in words) Five thousand only
from National College of Pharmacy.....
on 3/12/23
Name of the Conference: P.P. module Advanced learning
Name of Receiver: Abdurrahman
Designation: Asst. Professor.
Department: PP.
Contact Number:
Purpose of Receipt: Faculty Attendance at P.P.
Authorized Signatory (Signature): [Signature]



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Voucher No: 0

Date: 3-dec/2018

Received Rs 5000/- (in words) Five thousand only

from National College of Pharmacy

on 3-12-2018

Name of the Conference: P.P Module Advanced learning

Name of Receiver: Anil V

Designation: Asst Professor

Department: Pharmaceutics

Contact Number:

Purpose of Receipt: Faculty Attendance at 18:3

Authorized Signatory (Signature): [Signature]



[Signature]
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Voucher No: 012 - Date: 3/10/23
Received Rs 5000/- (in words) five thousand only
from National College of Pharmacy
on 3-dec-23
Name of the Conference: P.P module advanced learning
Name of Receiver: Dr. A. Sajan
Designation: Asst professor
Department: P-P
Contact Number:
Purpose of Receipt: Faculty Attendance at 2.33 Mysore
Authorized Signatory (Signature): *[Signature]*



[Signature]
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Voucher No: 0

Date: 3-dec/2018

Received Rs 5000/- (in words) Five thousand only

from National College of Pharmacy

on 3-12-2018

Name of the Conference: P.P Module Advanced learning

Name of Receiver: Anil V

Designation: Asst Professor

Department: Pharmaceutics

Contact Number:

Purpose of Receipt: Faculty Attendance at J.B.S

Authorized Signatory (Signature): [Signature]




[Signature]
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Voucher No: 017 Date: 3/12/18

Received Rs 5000/- (in words) five thousand only

from National College of Pharmacy

on 3-12-18

Name of the Conference: P.P module advanced learning

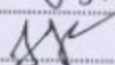
Name of Receiver: Vinod Thomas


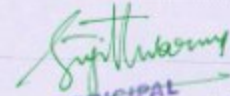
Designation: Asst Professor

Department: P.P

Contact Number: 97766430890

Purpose of Receipt: Faculty Attendance at J.S.S

Authorized Signatory (Signature): 

 
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Voucher No: 009

Date: 20/1/2019

Received Rs 5000/- (in words) Five thousand only -

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on 20-1-2019

Name of the Conference: CPCON - 2019

Name of Receiver: Sereene

Designation: Asst. Professor

Department: P.P

Contact Number: -

Purpose of Receipt: Faculty Attendance at

Authorized Signatory (Signature): JJ




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Voucher No: 000 Date: 30/1/2019

Received Rs 5000/- (in words) Five thousand only

from National College of Pharmacy

on 30 Jan 2019

Name of the Conference: CPCO N 2019

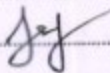
Name of Receiver: Jareene


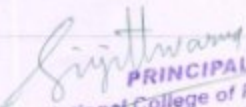
Designation: Asst Professor

Department: P-P

Contact Number: -

Purpose of Receipt: Faculty Attendance at


Authorized Signatory (Signature): 

 
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Voucher No: 017 Date: 3/12/10

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on 3-12-10

Name of the Conference: CPCON

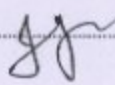
Name of Receiver: Zuhena


Designation: Asst professor

Department: P.P.

Contact Number: _____

Purpose of Receipt: Faculty Attendance at Manipal


Authorized Signatory (Signature): 


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Voucher No: Date: 3-12-19

Received Rs 5500/- (in words) Five thousand five hundred
from National College of Pharmacy.....

on 3-2-19

Name of the Conference: CPCON.

Name of Receiver: Rajeev.


Designation: HOD. & Program.


Department: P.P.

Contact Number:

Purpose of Receipt: Faculty Attendance at Manassery

Authorized Signatory (Signature): [Signature]


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Voucher No: 013

Date: 3/11/19

Received Rs 5500/- (in words) Five thousand five hundred
from National College of Pharmacy

on 8-2-19

Name of the Conference: CPCON

Name of Receiver: Nikhitha. B

Designation: Asst professor

Department: P.P

Contact Number:

Purpose of Receipt: Faculty Attendance at Manipal

Authorized Signatory (Signature): [Signature]



[Signature]
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Voucher No:

014

Date: 3-2-19

Received Rs

5500

(in words)

five thousand five hundred

from National College of Pharmacy

on

3-2-19

Name of the Conference:

CPICON

Name of Receiver:

Ann mary paul

Designation:

Asst prof

Department:

P.P

Contact Number:

Purpose of Receipt: Faculty Attendance at

Alenipal

Authorized Signatory (Signature):




Sujitha

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Voucher No: 03 Date: 5-Aug-18

Received Rs 5000/- (in words) five thousand only

from National College of Pharmacy

on 5-8-18

Name of the Conference: clinical study design


Name of Receiver: Ajil J.S



Designation: Ant Depenn

Department: P.P

Contact Number:

Purpose of Receipt: Faculty Attendance at BRM college


Authorized Signatory (Signature): 

 
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Voucher No: 082- Date: 5. Aug - 18

Received Rs 5000/- (in words) Five thousand

from National College of Pharmacy

on 5-8-18

Name of the Conference: Clinical Study design.

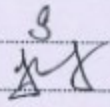
Name of Receiver: Smitha P.



Designation: Asst Professor

Department: P.P

Contact Number:

Purpose of Receipt: Faculty Attendance at 3

Authorized Signatory (Signature): 

 
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Voucher No 08

Date: 5/8/18

Received Rs 5000/- (in words) Five thousand

from National College of Pharmacy

on 5/8/18

Name of the Conference: clinical study design

Name of Receiver: Emil

Designation: student program

Department: P.P.

Department: P.P.

Contact Number:

Contact Number:

Purpose of Receipt: Faculty Attendance at

Authorized Signatory (Signature):



Sujithra
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Voucher No: 028 Date: 5/9/18
Received Rs 5000/- (in words) Five thousand
from National College of Pharmacy
on 5/9/18
Name of the Conference: clinical study design
Name of Receiver: Soorlekshmi
Designation: Asst prof
Department: P-P
Contact Number: 8089734966
Purpose of Receipt: Faculty Attendance at
Authorized Signatory (Signature): [Signature]



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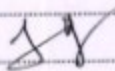
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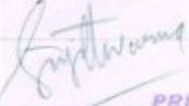


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Voucher No: 007 Date: _____
Received Rs. 5000/- (in words) five thousand only
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on ~~1 Dec~~ 20th Jan 2019
Name of the Conference: NTAAL - 2019
Name of Receiver: Thuducu
Designation: Asst prof
Department: P. chemistry
Contact Number: _____
Purpose of Receipt: Faculty Attendance at _____
Authorized Signatory (Signature): 




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Voucher No: 007 Date: _____
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on 20 Jan 2019
Name of the Conference: NMAC - 2019
Name of Receiver: Jayith
Designation: Asst. Professor
Department: P. chem.
Contact Number: _____
Purpose of Receipt: Faculty Attendance at _____
Authorized Signatory (Signature): Jayith



Jayith
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Voucher No: 00j Date: _____
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on 20 Jan 2019
Name of the Conference: NTAI - 2019
Name of Receiver: Kadhirvel
Designation: Professor
Department: P Analysis
Contact Number: _____
Purpose of Receipt: Faculty Attendance at _____
Authorized Signatory (Signature): _____




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Voucher No: 00 Date: _____

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on 1- Dec - 2018

Name of the Conference: P. P. Module - JSS


Name of Receiver: Akhil Heeri



Designation: Asst. prof

Department: P. Sciences

Contact Number: _____

Purpose of Receipt: Faculty Attendance at _____

Authorized Signatory (Signature): 

 
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Voucher No. 00 Date: _____

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on 1-Dec 2019

Name of the Conference: P.P. Modul

Name of Receiver: Shree

Designation: Asst. Professor

Department: P. Pharmacy

Contact Number: _____

Purpose of Receipt: Faculty Attendance at _____

Authorized Signatory (Signature): [Signature]



[Signature]
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