

Examination Grievance Application Form

Date: 18/11/21.

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding... *Permission to apply for grace marks...*

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: *J. Sushitha*

HT. No: *17251R0055*

Email address:

Mobile No:

Gender: Male/ Female: *Female*

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section:

Academic year: Class incharge/ Mentor:

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I kindly request to grant me the permission to apply for grace marks.

J. Sushitha
Signature of the student

Remarks & signature

Exam cell incharge: *forwarded to principal*

Principal: *forwarded to controller of examinations JNTUH*

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Submitted by
PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. T.S. - 501301.

Examination Grievance Application Form

Date: 5/11/2021

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding Request for a declaration of (R17) 4th year 1st sem supply result

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: Poojitha Pinjala

HT. No: 17251 R0072

Email address: Poojadialy 13@gmail.com

Mobile No: 8019593102

Gender: Male/ Female:

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section:

Academic year: — Class incharge/ Mentor: —

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I request you to declare my Industrial pharmacy - II result - as early as possible as I have been issued a notice from my Ph Institute (NIPER Hyderabad) that I need to submit necessary certificates on or before 10th Nov failing to which I will not be able to write my end sem exams

Poojitha
Signature of the student

Remarks & signature

Exam cell incharge: forwarded to Principal: RSO

Principal:

communicated to JNTUH

submited

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Examination Grievance Application Form

Date: 22-7-2021

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding Permission to Conduct Mid Exam

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: T. Ragamai HT. No: 19251R0076

Email address: ragamaisweety2002@gmail.com

Mobile No: 9848371621

Gender: Male/ Female:

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section: 2nd yr - B Sec

Academic year: 20 Class incharge/ Mentor: Santhosh Nayak

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

Due to covid pandemic as I am unable to attend offline exam

T. Ragamai
Signature of the student

Remarks & signature

Exam cell incharge:

Principal: granted

Santhosh Nayak

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

KOL
Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Examination Grievance Application Form

Date: 2/5/21

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding.....To Conduct Mid Examination-III

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: Ch. Mounika HT. No: 1725170004

Email address: Mounikasirisha00@gmail.com

Mobile No: 7680962557

Gender: F Male/ Female:

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section: IV year

Academic year: 2020-21 Class incharge/ Mentor: Mohsin pasha

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I am Mounika [1725170004] Studying in pharm-D
IV yr Couldn't attend the III mid examination due
to Covid-19, So kindly please conduct exams

[Signature]
Signature of the student

Remarks & signature

Exam cell incharge:

Principal: Granted

[Signature]
PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

[Signature]
Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Examination Grievance Application Form

Date: 23/2/21

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding *Permission to write mid Exams :- Cause I have got Covid +ve*

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: *Ch. Sateesh* HT. No: *18251R0007*

Email address: *Ch.Sai.sateesh@gmail.com*

Mobile No: *9381070192*

Gender: Male/ Female:

Program: B. Pharmacy/ M. Pharmacy/ Pharm D/ Pharm D (PB). Year/Section:

Academic year: *2021* Class incharge/ Mentor: *Savitha*

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I was tested Covid +ve so please kindly grant the permission to write the Exams (IIIrd Year 1st mid exam) Separately
Ch. Sateesh

Signature of the student

Remarks & signature

Exam cell incharge: *forwarded to Principal.*

Principal: *Permission granted*
Savitha

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

Examination Grievance Application Form

Date: 20/2/21

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding permission to get duplicate hall ticket.

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: P. Enos

HT. No: 1825170018

Email address: 9502488429

Mobile No: Enos@gmail.com

Gender: Male/ Female:

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section: III

Academic year: 2020-2021 Class incharge/ Mentor: Madhuri mam.

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

Sir, I have lost my original hall ticket. So, I kindly request you to provide duplicate hall ticket to write my final examinations.

P. Enos

Signature of the student

Remarks & signature

Exam cell incharge: forward to Principal

Principal: Issue hall ticket

number of

PKL
Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

PRINCIPAL

Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

Examination Grievance Application Form

Date: 9.02.2021

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding Permission to conduct the exam in ground floor

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: G. Vishal

HT. No: 20251T0013

Email address: Vishalgangula1@gmail.com

Mobile No: 7032037987

Gender: Male/ Female:

I / 2nd sem

Program: B. Pharmacy/ M. Pharmacy/ Pharm D/ Pharm D (PB). Year/Section:

Academic year: 2020-2023 Class incharge/ Mentor: T Anoocha

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

Respected Sir,
I'm feeling very weak today, so I request you to
conduct the exam in ground floor
Instead of third floor

G. Vishal
Signature of the student

Remarks & signature

Exam cell incharge: forward to Principal.

Principal: Permission granted

Signature of

PRINCIPAL

Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301,

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Examination Grievance Application Form

Date: 08.02.2021

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding Conduct Exam Separately in other room.

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: P. Sireesha

HT. No: 17Z51T0016

Email address: Sirishapothani@gmail.com.

Mobile No: 897871209.

Gender: Male/ Female:

Program: B. Pharmacy/M. Pharmacy/ Pharm D/Pharm D (PB). Year/Section: IV

Academic year: 2020-21 Class incharge/ Mentor: Mohsin Pasha.

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I am P. Sireesha (17Z51T0016) of Pharm D IV year, requesting to conduct the exam separately in another room. As I am suffering from COVID-19

Sireesha
Signature of the student

Remarks & signature

Exam cell incharge: forwarded to Principal.

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Principal: Take necessary measures and conduct exam separately.
sanibung

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501201.

Examination Grievance Application Form

Date: 07/11/2020

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding... Request for Grace marks

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: D. Sindu Priya

HT. No: 16Z51R0050

Email address:

Mobile No:

Gender: Male/ Female: Female

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section: IV year Isem

Academic year:

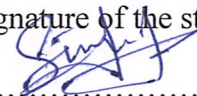
Class incharge/ Mentor:

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

Requesting for Grace marks in (BPRK)
Bio pharmaceutics and Pharmacokinetics - 237AB.
Hope you will add Grace marks of 10.

Signature of the student



Remarks & signature

Exam cell incharge: forward to Principal.

Principal:

Forwarded to Controller of Examinations

Santhosh H

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.

Examination Grievance Application Form

Date: 12/10/2020

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding... For mid exams - permission

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details: K. Saritha

Name of the Student: Sarithamiley 12@gmail.com HT. No:

Email address: 9010047975

Mobile No:

Gender: Male/ Female:

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section: 'A', 3

Academic year: 2020-2021 Class incharge/ Mentor:

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I was suffered from covid and tested positive and didn't attend the mid exam. so. I was seeking the permission for mid examination.

Saritha
Signature of the student

Remarks & signature

Exam cell incharge:

Principal: verify and conduct exams

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

RRR
Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Examination Grievance Application Form

Date: 04/04/2020

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding..... *permission to reissue my answer sheets.*

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: *Joel John*

HT. No: *20251R0009*

Email address: *joeljohn6677@gmail.com*

Mobile No: *9182884093*

Gender: Male/ Female:

Program: B. Pharmacy/ M. Pharmacy/ Pharm D/ Pharm D (PB). Year/Section: *2st/2nd sem; section A*

Academic year: *2020-21*

Class incharge/ Mentor: *ANOOCHA MAM*

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

Respected sir, I missed college on the day the papers were distributed. I didn't check my answer sheets. So I kindly request you to reissue my paper to go through it once. Thank you.

[Signature]
Signature of the student

Remarks & signature

Exam cell incharge: *forward to principal.*

Principal:

*Issue paper to verify
sample*

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

Examination Grievance Application Form

Date: 27/1/2020

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding Permission to continue My M. Pharmacy.

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: J. Divya

HT. No: 1725150403

Email address:

Mobile No:

Gender: Male/ Female:

Program: B. Pharmacy/ M. Pharmacy/ Pharm D/ Pharm D (PB). Year/Section:

Academic year: Class incharge/ Mentor:

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I was detained in M. pharmacy II sem due to lack of attendance as my health was spoiled I was unable to come to college regularly so I want to continue my M. pharmacy II sem from 27/1/2020.

J. Divya.
Signature of the student

Remarks & signature

Exam cell incharge: forwarded to Principal.

RMO

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Principal:

To, AO & Examinations Incharge
communicate to JNTUH
number 4

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

Examination Grievance Application Form

Date: 22.01.2020

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding... *To... conduct exam during afternoon session*

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: *B. Mangilal Nayak* HT. No: *17251T0002*

Email address: *Yagininaidu27@gmail.com / mangilalPraba1998@gmail.com*

Mobile No: *9849070769*

Gender: *M* Male/ Female:

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section: *III*

Academic year: *III 2019-2020* Class incharge/ Mentor: *Madhuri.P*

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I am Mangilal Nayak studying in IIIrd year couldn't attend the exam during morning requesting to attend conduct exam during afternoon

(Signature)

Signature of the student

Remarks & signature

Exam cell incharge: *forward to principal.*

Principal:

Permission granted

RRL
Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S - 501 301.

Examination Grievance Application Form

Date: 13/02/19

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding..... To Conduct Mid Examination - II

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: N. Madhuri

HT. No: 1725 170013

Email address: madhuri goud 52 @ gmail.com

Mobile No: 8297194724

Gender: Male/ Female:

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section: II yr

Academic year: 2018 -19 Class incharge/ Mentor: Madhuri mam

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I am N. Madhuri (1725170013) studying in Pharm D II year.
I was late to college due to heavy traffic.
Kindly grant me permission to write exam.
N. Madhuri
Signature of the student

Remarks & signature

Exam cell incharge:

Principal: Permitted

Permitted
PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501301.

RDR

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Examination Grievance Application Form

Date: 16/1/2019

To

Exam Branch

Geethanjali College of Pharmacy

Subject:- Regarding permission to continue the semester due to Belly palsy

I, the undersigned is the student of Geethanjali College of pharmacy, Cheeryal, hereby kindly request you to take necessary action regarding the filed grievance.

Personal Details:

Name of the Student: S. G. Meghana

HT. No: 18Z51R0038

Email address: sajjanmeghana

Mobile No: 6304465437

Gender: Male/ Female: Male Female

Program: B. Pharmacy/M. Pharmacy/Pharm D/Pharm D (PB). Year/Section: 2nd year "A"

Academic year: 2019-2020 Class incharge/ Mentor: B. Anitha mam

Mention the details regarding exam related Grievance:

In the space below, state your grievance. Be as specific as possible.

I am suffering from belly palsy and my treatment is for 3 months and I am not able to attend the classes. So kindly give permission to continue the whole semester

S. G. Meghana
Signature of the student

Remarks & signature

Exam cell incharge: forwarded to Principal

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
Cheeryal (V), Keesara (M), Medchal Dt. T.S.

Principal: Communicate the request to JNTU &
submit it

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. T.S. - 501301.

GEETHANJALI COLLEGE OF PHARMACY(Z5)-B.Pharmacy

List Of Students Applied For RCRV

* RC/RV- RC Stands For Recounting / RV Stands for Revaluation

S.NO	HTNO	Regulation	Year	Semester	SubjectName(SubjectCode)	Applied For	Amount
1	19Z51R0041	R17	2	2	MEDICINAL CHEMISTRY I(244AB)	RV	1000
2	19Z51R0041	R17	2	2	PHARMACOLOGY I(244AD)	RV	1000
3	19Z51R0053	R17	2	2	PHARMACEUTICAL ORGANIC CHEMISTRY III(244AA)	RV	1000
4	19Z51R0006	R17	2	2	MEDICINAL CHEMISTRY I(244AB)	RV	1000
5	19Z51R0071	R17	2	2	PHARMACOLOGY I(244AD)	RV	1000
6	19Z51R0019	R17	2	2	MEDICINAL CHEMISTRY I(244AB)	RV	1000
7	19Z51R0053	R17	2	2	PHARMACOLOGY I(244AD)	RV	1000

Total RV Amount:7000

Total RC Amount:0

Grand Amount:7000

**Jawaharlal Nehru Technological University Hyderabad**

Kukatpally, Hyderabad - 500 085, Telangana, India

ACCREDITED BY NAAC WITH 'A' GRADE

Special Supplementary Exams (One-Time-Chance)**B.Pharmacy - GEETHANJALI COLLEGE OF PHARMACY(Z5)**

Exam Registrations

Reports

Admin options

Regulation: R09 - Year: 1 - Semester: 1 - Branch: B.Pharmacy

Htno	Registered subjects	Amount	Fine Amount	Total Amount
09Z51R0020	1	400	0	400
09Z51R0030	1	400	0	400
09Z51R0051	2	800	0	800

No. 4373



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date : 13/03/2021

EXAMINATION SECTION COPY**EXAMINATION FEE CHALLAN**1st Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) 2020 2021

Branch : Regulations : R07/R09/R13/R15/R17

Name of the Student : M. Sushitha

H.T. No. : 20251R0033

AMOUNT : 800/- In Words Eight hundred

LIST OF SUBJECTS WISHING TO APPEAR

- | | |
|---------|---------|
| 1. HAP | 2. PCEO |
| 3. PIOC | 4. RM |
| 5. PA | 6. CS |
| 7. | 8. |
| 9. | 10. |
| 11. | |

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

M. Sushitha
STUDENT

[Signature]
CASHIER / ACCTT.
(With office seal)

No. 4374



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date : 12/3/2021

EXAMINATION SECTION COPY**EXAMINATION FEE CHALLAN**1st Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) 20 20 21

Branch B.Pharm Regulations : R07/R09/R13/R15/R17

Name of the Student : K. R. Sundara

H.T. No. : 20251R0027

AMOUNT : 800 In Words eight hundred only

LIST OF SUBJECTS WISHING TO APPEAR

- | | |
|----------|---------|
| 1. PIOC- | 2. CS |
| 3. HAP | 4. RM |
| 5. PA | 6. PCEO |
| 7. | 8. |
| 9. | 10. |
| 11. | |

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

K. R. Sundara
STUDENT

[Signature]
CASHIER / ACCTT.
(With office seal)

No. 3982



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date: 6/8/21

EXAMINATION SECTION COPY

EXAMINATION FEE CHALLAN

III Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) 20 20 21

Branch: B.Pharm Regulations: R07/R09/R13/R15/R/17

Name of the Student: M Hemani

H.T. No.: 1 8 2 5 1 2 0 0 8 1

AMOUNT: 700/- In Words Seven hundred

LIST OF SUBJECTS WISHING TO APPEAR

1. M.C-II
2. Pharmacology-II
3. Pharmacognosy-II
4. CPD
- 5.
- 6.
- 7.
- 8.
9. Applied
- 10.
- 11.

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

M Hemani
STUDENT

CASHIER / ACCTT.
(With office seal)

CBT

No. 3977



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date: 4/8/21

EXAMINATION SECTION COPY

EXAMINATION FEE CHALLAN

I Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) Aug 20 21

Branch: B.Pharm Regulations: R07/R09/R13/R15/R/17

Name of the Student: Reshma

H.T. No.: 2 0 2 5 1 2 0 0 4 2

AMOUNT: 800 In Words Eight hundred only

LIST OF SUBJECTS WISHING TO APPEAR

1. HAP
2. Maths
3. Pharmaceutics
4. Pharmaceutical Analysis
5. Pharmaceutical inorganic chemistry
6. communication skills
- 7.
- 8.
9. Applied
- 10.
- 11.

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

Reshma
STUDENT

CASHIER / ACCTT.
(With office seal)

No. 1608



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date : 09/10/2017

EXAMINATION SECTION COPY**EXAMINATION FEE CHALLAN**

II Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) NOV 2017 R15

Branch : B-pharmacy Regulations : R07/R09/R13

Name of the Student : K. Saikiran

H.T. No. : 15251R0069

AMOUNT : 800/- In Words Eight hundred only

LIST OF SUBJECTS WISHING TO APPEAR

- | | |
|-------------|-----------|
| 1. P.Oc-III | 2. HCP |
| 3. PA-I | 4. PCOG-I |
| 5. EVS | 6. PUO-I |
| 7. | 8. |
| 9. | 10. |
| 11. | |

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

Saikiran
STUDENT

CASHIER / ACCT.
(With office seal)

No. 1607



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date : 9/10/17

EXAMINATION SECTION COPY**EXAMINATION FEE CHALLAN**

II Year 1st Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) 2017

Branch : B-Pharmacy Regulations : R07/R09/R13

Name of the Student : N. Vamsikrishna

H.T. No. : 16251R0028

AMOUNT : 800/- In Words Eight hundred

LIST OF SUBJECTS WISHING TO APPEAR

- | | |
|--------|-----------|
| 1. PUO | 2. OC-III |
| 3. HCP | 4. EVS |
| 5. PA | 6. P.COG |
| 7. | 8. |
| 9. | 10. |
| 11. | |

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

N. Vamsikrishna
STUDENT

CASHIER / ACCT.
(With office seal)

No. 3248



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date: 04/10/19

EXAMINATION SECTION COPY
EXAMINATION FEE CHALLAN

II Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) _____ 20_____

Branch : Regulations : R07/R09/R13/R15/R17

Name of the Student : Ek. Anil Kumar

H.T. No. : 16251R0052

AMOUNT : 400 In Words four hundred
rupees

LIST OF SUBJECTS WISHING TO APPEAR

- | | |
|----------------|-----|
| 1. PA-I | 2. |
| 3. | 4. |
| 5. <u>APPL</u> | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | |

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

Anil
STUDENT

[Signature]
CASHIER / ACCTT.
(With office seal)

12

No. 3246



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date: 4/10/19

EXAMINATION SECTION COPY
EXAMINATION FEE CHALLAN

II Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) _____ 20_____

Branch : Regulations : R07/R09/R13/R15/R17

Name of the Student : M. Praveen

H.T. No. : 16251R0023

AMOUNT : 500/- In Words five hundred

LIST OF SUBJECTS WISHING TO APPEAR

- | | |
|-------------------|-----------------------|
| 1. unit operation | 2. PA JNTU |
| 3. | 4. |
| 5. <u>APPL</u> | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | |

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

Praveen
STUDENT

[Signature]
CASHIER / ACCTT.
(With office seal)

No. 1734



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date: 25/11/17

EXAMINATION SECTION COPY

EXAMINATION FEE CHALLAN

Ist Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) 2017 215

Branch : PMRA Regulations : R07/R09/R13

Name of the Student : R. Mounika

H.T. No. : 1 5 2 5 1 5 1 0 0 6

AMOUNT : 400/- In Words

LIST OF SUBJECTS WISHING TO APPEAR

1. modern pharmaceutical
3. analytical technique.
- 5.
6. Applied
- 7.
- 8.
- 9.
- 10.
- 11.

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

mou
STUDENT

[Signature]
CASHIER / ACCT.
(With office seal)

No. 1742



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal Dist. Telangana - 501 301

Date: 23/11/17

EXAMINATION SECTION COPY

EXAMINATION FEE CHALLAN

I Year I Sem B.Pharm / M.Pharm / Pharm-D / PB

(Regular / Supple) Dec 20 17 215

Branch : B-Pharm Regulations : R07/R09/R13

Name of the Student : W. Dinesh

H.T. No. : 1 6 2 5 1 R 0 0 8 1

AMOUNT : 500/- In Words Five Hundred only

LIST OF SUBJECTS WISHING TO APPEAR

1. P.O.C-I
2. A.P.H.E-I
- 3.
- 4.
- 5.
6. Applied
- 7.
- 8.
- 9.
- 10.
- 11.

INSTRUCTIONS TO STUDENT Fill all details with care
Registration is done as per the above details. Wrong data
will attract FINE from JNTU and borne by student only.
Exam Branch is not responsible in this regard.

[Signature]
STUDENT

[Signature]
CASHIER / ACCT.
(With office seal)

S.No	HT. No	Student name	Program	Grievance	Details	Student sign	Action taken	Examination Incharge sign
1	18Z51R0038	S.G. Meghana	B. pharm	permission to	continue the ^{absent due} sem ^{to surgery} due to Belly	<i>[Signature]</i>	Communicated the request.	<i>[Signature]</i>
2	18Z51R0018	G. Alkhyaa	B. phaeM	permission to	write mid exams absent due	<i>[Signature]</i>	Permission not granted.	<i>[Signature]</i>
3	17Z51T0013	N. Madhuri	Pharm-D	permission to	conduct mid exams.	N. Madhuri	Permitted.	<i>[Signature]</i>
4	18Z51R0024	M. Navya free	B.pharm	to conduct mid	examination	Navya free	Not Permitted.	<i>[Signature]</i>
5	18Z51R0073	S. Gideon Samuel	B.pharm	please conduct	mid Examination	<i>[Signature]</i>	Not Permitted.	<i>[Signature]</i>
6	18Z51R0075	S. Kavya	B. pharm	Absent due to	health issue, please conduct mid exam	Kavya	Not granted.	<i>[Signature]</i>
7	19Z51R0064	C.H. Manasa	B. pharm	TO conduct	mid exams	C.H. Manasa	Permission not granted	<i>[Signature]</i>
8	17Z51T0002	B. Mangilal Nayak	Pharm.D	TO conduct exam	in the afternoon session	Mangilal	Permission granted.	<i>[Signature]</i>
9	17Z51S0403	J. Divya	M. pharmacy	permission to	continue my M pharmacy	J. Divya	communicated to JNTUH.	<i>[Signature]</i>
10	20Z51R0009	Joel John	B. Pharm	permission to	issue answers scrip	<i>[Signature]</i>	issued paper.	<i>[Signature]</i>
11		K. Saritha		For verification			conducted exam.	<i>[Signature]</i>
				Seeking permission	to write mid exams	Saritha		
12	16Z51R0050	D. Sindu Priya	B. Pharm	Request for	Grace marks	<i>[Signature]</i>	forwarded to controller of Examination	<i>[Signature]</i>

Officer In-Charge of Examinations
 GEETHANJALI COLLEGE OF PHARMACY
 Cheeryal (V), Keesara (M), Medchal Dt. T.S.

PRINCIPAL

SNO.	HT-NO	Student Name	Program	Grievance	Details	Student Sign	Action Taken	Examination Incharge Sign
1.	20251R0007	B. Pooja	B-pharm	Permission to write lab internal Exam		Pooja	conducted exam.	RAO
2.	18251R0008	Ch. Karthik Kumar	B-pharm	To seek permission to write mid Exam		Karthik Kumar	Permission not granted.	RAO
3.	17251T0016	P. Sireesha	Pharm D	conduct exam separately due to covid +ve		X	conducted exam.	RAO
4.	20251T0013	G. Vishal	B-Pharm	Permission to conduct the exam in ground		G. Vishal	Permission granted.	RAO
5.	18251T0015	N. Tarunya Reddy	Pharm D	Hall due to health problem. Having less attendance to health problem. Please allow to write mid exams		Tarunya	Not granted.	RAO
6.	18251T0018	P. Enos	Pharm-D	Permission to get duplicate Hall ticket.		P. Enos	Issued Hall ticket.	RAO
7.	18251R0007	Ch. Sathish	B-Pharm	Permission to write mid exams separately due to covid +ve		Sathish	Permission granted.	RAO
8.	18251T0021	Y. Kavya sri	Pharm-D	Request to conduct mid exams missed due to Typhoid.		Kavya sri	Permitted.	RAO
9.	20251R0078	Josephine Marie	B. pharm	To conduct Lab Internal exam		Marie	Granted.	RAO
10.	20251R0012	Gr. S.S. Anusha	B-Pharm	To seek permission to write lab internal examination		Gr. S.S. Anusha	Permission granted.	RAO
11.	20251R0009	B. Kamini	B-Pharm	Permission to write mid examination		B. Kamini	Permission not granted.	RAO
12.	20251R0019	G. Bankeerthana	B. Pharmacy	Request for permission to write mid examination		G. Bankeerthana	Not granted.	RAO
13.	17251R0055	J. Suchitha	B-Pharmacy	Request to write mid examination		Suchitha	forwarded to INMCH.	RAO
14.	17251R0072	Poojitha Pinjala	B-Pharmacy	Request for declaration of supply results early to write PG exams		P. Poojitha	communicated to INMCH	RAO
15.	19251R0068	N. Renuka Devi	B-Pharm	Permission to conduct mid exams.		Renuka	NOT Permitted.	RAO

Officer In-Charge of Examinations
GEETHANJALI COLLEGE OF PHARMACY
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Cheeral (V), Keesara (M), Medchal Dt. T.S.

PRINCIPAL
Geethanjali College of Pharmacy