

**HIGHER
EDUCATION**



Geethanjali College of Pharmacy
Cheeryal (V), Keesara (M), Medchal-Malkajgiri Dist, Telangana State- 501301

Geethanjali College of Pharmacy

Approved by AICTE, PCI New Delhi, Permanently Affiliated to JNTUH & B. Pharmacy Accredited by NBA, Accredited by NAAC A+ grade, Recognized Under UGC Section 2F & 12B of UGC Act, 1956, by DSIR-SIRO & HI/BI of MSME, Certified by ISO 9001:2015

Cheeryal (V), Keesara (M), Medchal-Malkajgiri Dist, Telangana State- 501301.

Higher Education Students List

2022-2023

S.No	Name of student enrolling into higher education	Program graduated from	Name of institution joined	Name of programme admitted to
1	Alimineti Varsha	B.Pharmacy	JNTUH University college of engineering science & technology	M.Pharm (Pharmacognosy)
2	Kola Pavani	B.Pharmacy	Anurag University	M.Pharm(PA)
3	Manthena Sai Laxmi	B.Pharmacy	Gokaraju Rangaraju college of pharmacy	M.Pharm(Ph.Ceutics)
4	P. Chandravadana	B.Pharmacy	G.Pulla Reddy college of pharmacy	M.Pharm(PC)
5	Samala Sahithya	B.Pharmacy	Anurag University	M.Pharm(IP)
6	Lunavath Susheela	B.Pharmacy	Samskruti college of pharmacy	M.Pharm
7	Gurram Harshitha	B.Pharmacy	Sacred Heart University	Medical Informatics
8	Keerthana Ambati	B.Pharmacy	Sacred Heart University	Medical Informatics
9	Tenneti Devayaani	B.Pharmacy	Geethanjali college of pharmacy	M.Pharm(PRA)



Signature

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

B.PHARMACY

19Z51R0002



INTER-UNIVERSITY BOARD OF
ENGINEERING, SCIENCE & TECHNOLOGY HYDERABAD
Kukatpally - Hyderabad - 500065

ALIMINETI VARSHA



Roll No : 23011S0709
Course : M.Pharm.
Branch : Pharmacognosy
D.O.B : 03-06-2001
Validity : September 2025

STUDENT SIGNATURE

PRINCIPAL



Signature

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M), Medchal Dist. T.S.-501104.



19251R0006

TELANGANA STATE COUNCIL OF HIGHER EDUCATION
TS PGEC / TS PGECET - 2023 Admissions

Phase I - Counseling


Joining Report

Acknowledgement No. 12556

Date 9/13/2023 10:50:44 AM

CANDIDATE DETAILS

BASIC INFO

HTNO	9303180616	Test Name	28ET	
Test Code	PT	Rank / Marks / Score		
Name	BANDA THANUSRI	Father's Name	BANDA KISTAJAH	
Mother's Name	BANDA PADMA	Gender	F	
Date of Birth	18/05/2001	Email ID	Mhansri.banda@gmail.com	
Mobile No.	9998822284	Alternate Mobile No.	9848540369	
EDUCATION INFO				
SSC HTNo	1720112057	SSC Year of Pass	2017	
Inter HTNO	1958244726	Inter Year of Pass	2019	
QUALIFYING EXAMINATION INFO				
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY	
Marks in Qualifying Degree/CGPA	7.07	Max. Marks in Qualifying Degree/CGPA	10	
Other Info				
LOCAL REGION	OU	RESERVATION CATEGORY	BCB	
MINORITY	Non Minority	EWS	NO	
Parental Income	Lower			

I hereby report to the college VIJAYA COLLEGE OF PHARMACYMUNAGANOUR (V), VIA SANGHI NAGAR POST, HAYATHNAGAR in INDUSTRIAL PHARMACY - [REG] allotted during the Phase I of counseling and submit my joining report herewith on _____ (date)

I am aware of the following :

- Candidates are required to Produce their Original Certificates for Physical Verification at the Allotted College along with the Fee Paid Chalon and joining report
- My allotment order will be cancelled if all the original certificates are not produced at the allotted college for Physical Verification
- My allotment stands cancelled if not reported to the allotted college between 08th SEP, 2023, to 15th SEP, 2023
- Class work commences from 25th SEP, 2023
- Student who secured admission through GATE/GPAT are not eligible for fee reimbursement
- My claim for Reimbursement of Tuition Fee (RTF) will be considered subject to verification and eligibility criteria prescribed by Government of Telangana from time to time. In the event of myself found not eligible for fee reimbursement, I will pay the total Tuition fee.
- Tuition fee fixed is semester fee for M.Tech./M.Pharm. and annual fee for Pharm-D

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Signature of Candidate

PRINCIPAL

Geethanjali College of Pharmacy
Cheeryal(V), Keesora(M), Medchal Dist. T.S.-501501.



19251R0008

 **ANURAG**
UNIVERSITY



DANDU DIVYASRI

Class : M PHARM PHARMACEUTICS
H.T. No. : 23PH203A05
Contact : 6281083262


REGISTRAR



Geethanjali

PRINCIPAL

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



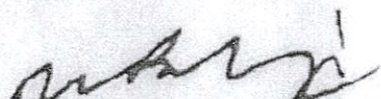
19Z51R0020

 **ANURAG**
UNIVERSITY



KOLA PAVANI

Class : M PHARM PA
H.T. No. : 23PH204A05
Contact : 9014563947


REGISTRAR





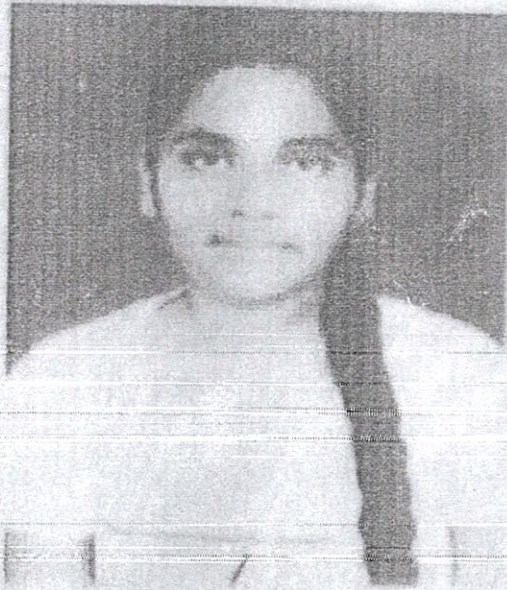
PRINCIPAL
Geethanjali College of Pharmacy
Greeryallu, Keesara (V), Medchal Dist. T.S.-501301.

19Z51R0026



Gokaraju Rangaraju College of Pharmacy

(Approved By PCI, AICTE, Affiliated to OU)

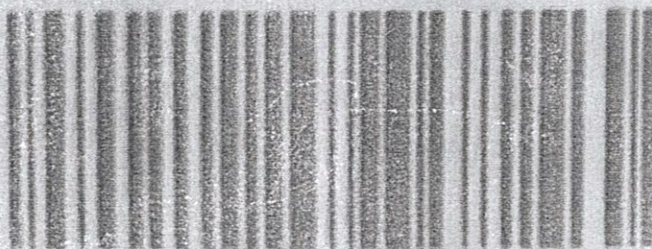


Manthana Sai Laxmi

170223886011

M. Pharmacy (Ph.Ceutics)

Valid Upto: 2023-2025



Principal

Manthana Sai Laxmi

PRINCIPAL

Gokaraju College of Pharmacy
Cheerla(V), Keesara(M), Medak Dist. T.S.-501301.



19251R0029

R. No: - 29

19251R0029



G. PULLA REDDY COLLEGE OF PHARMACY
MEDIPALYANAM, HYDERABAD - 500 028
Affiliated to Osmania University & Approved by PCI
STUDENT ID CARD



Name P. CHANDRAVADANA
Class M.Pharm (PC)
Mobile 9346812551

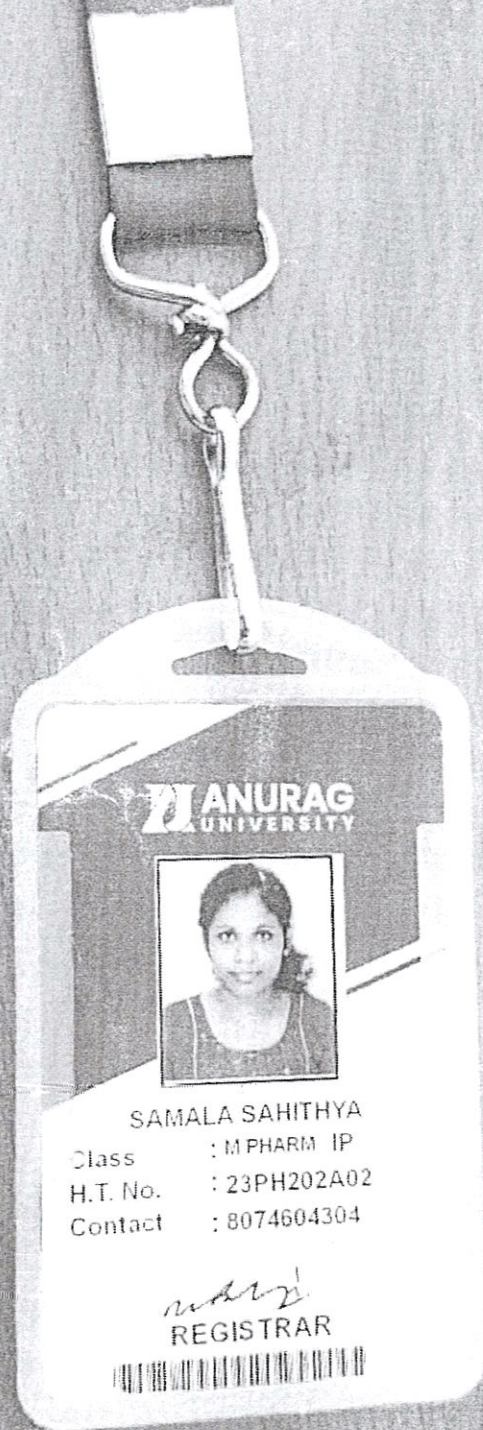
Principal

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PRINCIPAL
Geethanjali College of Pharmacy
Cheerajali, Keesara (H), Medchal Dist. T.S.-501301.

19251R0032



Geethanjali

PRINCIPAL

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

19251R0056

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20. Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0035000467

SURNAME/PRIMARY NAME Gurram	GIVEN NAME Harshitha	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Harshitha Gurram	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Karimnagar	DATE OF BIRTH 25 OCTOBER 2001	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME Sacred Heart University Sacred Heart University	SCHOOL ADDRESS 5151 Park Avenue, Fairfield, CT 06825
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Michael Paultz International Support Manager	SCHOOL CODE AND APPROVAL DATE BOS214F10554000 17 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL MASTER'S	MAJOR 1 Medical Informatics 51.2706	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 04 DECEMBER 2023
START OF CLASSES 08 JANUARY 2024	PROGRAM START/END DATE 03 JANUARY 2024 - 31 MARCH 2025	

FINANCIALS	
ESTIMATED AVERAGE COSTS FOR: 10 MONTHS	STUDENT'S FUNDING FOR: 10 MONTHS
Tuition and Fees \$ 24,750	Personal Funds \$ 62,894
Living Expenses \$ 14,000	Funds From This School \$
Expenses of Dependents (0) \$ 0	Funds From Another Source \$
health insurance, books, transit, etc. \$ 6,000	On-Campus Employment \$
TOTAL \$ 44,750	TOTAL \$ 62,894

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

SIGNATURE OF: Michael Paultz, International Support Manager
4857B9B367244B2...

DATE ISSUED: 01 November 2023

PLACE ISSUED: Fairfield, CT

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

SIGNATURE OF: Harshitha Gurram

DATE:

NAME OF PARENT OR GUARDIAN: _____ **SIGNATURE:** _____ **ADDRESS (city/state or province/country):** _____ **DATE:** _____

Signature of Principal

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



Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0035000467 (F-1)

NAME: Harshitha Gurram

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE

CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

Handwritten signature in green ink

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keosara(H), Medchal Dist. T.S. 501301.



19251R0060

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0035000468

SURNAME/PRIMARY NAME Ambati	GIVEN NAME Keerthana	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Keerthana Ambati	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Hyderabad	DATE OF BIRTH 09 MAY 2002	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Sacred Heart University Sacred Heart University	SCHOOL ADDRESS 5151 Park Avenue, Fairfield, CT 06825
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Michael Paultz International Support Manager	SCHOOL CODE AND APPROVAL DATE BOS214F10554000 17 JANUARY 2003

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Medical Informatics 51.2706	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 04 DECEMBER 2023
START OF CLASSES 08 JANUARY 2024	PROGRAM START/END DATE 03 JANUARY 2024 - 31 MARCH 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 10 MONTHS		STUDENT'S FUNDING FOR: 10 MONTHS	
Tuition and Fees	\$ 24,750	Personal Funds	\$ 61,815
Living Expenses	\$ 14,000	Funds From This School	\$
Expenses of Dependents (0)	\$ 0	Funds From Another Source	\$
health insurance, books, transit, etc.	\$ 6,000	On-Campus Employment	\$
TOTAL	\$ 44,750	TOTAL	\$ 61,815

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

Michael Paultz **DATE ISSUED** 01 November 2023 **PLACE ISSUED** Fairfield, CT
 SIGNATURE OF: Michael Paultz, International Support Manager
 4857B3B367244B2...

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

SIGNATURE OF: Keerthana Ambati **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

Keerthana
PRINCIPAL

Geethanjali College of Pharmacy
(Cheerayal V), Andhra Pradesh, India. U.S. - 501301



Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20. Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0035000468 (F-1)

NAME: Keerthana Ambati

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE

CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

Keerthana Ambati

PRINCIPAL

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





SAMSKRUTI COLLEGE OF PHARMACY
(Approved by PCI, & Affiliated to JNTUH.)
Kondapur(V), Ghatkesar(M), Medchal(Dist)



Date: -

UNDERTAKING

I Lunavath. Susheela, Son / Daughter of Lunavath. Jhanu
aged about years, resident of Jethu nayak thanda, Suryapet,
Telangana (508376)

Bearing Hall Ticket Number: 23Y7150308 studying at Samskruti College
of Pharmacy
College in m.pharm^{1st} (2023) (B.PHARMACY / M. PHARMACY) branch, hereby
unconditionally declares that am aware of JNTUH Academic Rules & Regulations (R22) of my
Pharmacy Course.

Signature of the Parent

L. Jhanu

Name:

L. Jhanu

Address:

Jethu Nayak thanda, Suryapet (508376)

Contact No: 9618830493

Signature of the Student

L. Susheela

Name:

L. Susheela

Roll No: 23Y7150308



[Signature]

PRINCIPAL
Geethanjali College of Pharmacy
Cheeryal(V), Keesara(M)

19251R0075



**GEETHANJALI
COLLEGE OF PHARMACY**

Approved by PCI, JNTUH & Accredited NAAC 'A+'

STUDENT



TENNETI DEVAYAANI

Roll No.: 23Z51S1307

Course : M.PHARMACY

Branch : PHARMACEUTICAL REGULATORY AFFAIRS

Academic Year: 2023-2025



Signature of Principal
Principal

Signature

PRINCIPAL

Geethanjali College of Pharmacy
Geethanjali Nagar, Hyderabad - 501301

