ADVANCED LEARNERS – QUALIFIED IN COMPETETIVE EXAMS

List of Students Qualified in Competitive exams

A Y: 2020-21

S.No	Name of the qualifying Examination	Hall Ticket Number	Name of the Student	Score
1	GRE	9776231	Jareena Shaik	
2		9511634	S N S S Akhila Y	
3		8969220	Vishnu Priya P	
4	IELTS	017102	S N S S Akhila Y	6.5
5		096782	J S L Priyanka	7.0
6		031687	P Vishnu Priya	6.5
7		052260	Ch Sukanya	6.0
8		106624	Jareena Shaik	7.0
9		096785	Madala Mounisha	6.5
				Rank
10	NIPER	2117112929	V G N S Sunethri	756
11		2117112911	K Naga Ramya Krishna	907
12		2117112982	T Prathyusha	2352
13	GPAT	AP17000624	V G N S Sunethri	1642
14		AP17000743	K Naga Ramya Krishna	2391
15		AP17000437	T Prathyusha	10022
16	PGCET	7729030490	Thondepu Pavani Priya	71
17		7729030118	D. Mounika Chowdary	165

18		7729030120	Divya Sree Chillara	226
19		7779540848	Reddy Satya Veni	267
20		7718850523	Chamarthi Suneetha	307
21		7778040453	Mounika Arigela	307
22		7729030480	Tammu Deepika	307
23		7729030166	Gottam Divya Sree	399
24		7729030292	M. Nirmala Kumari	523
25		7729030341	Nagulapati Sailaja	523
26		7729030305	Meka Anvitha	592
27		7729030023	Arepalli Manisha Gowd	767
28		7729030454	Shaik Sayeeda Sarah	767
29		7729030071	Chalamala Ramyanjali	870
30		7729030254	Koyyuru Kavitha	870
31		7729030260	Kunapareddy Manasa	870
32		7729030276	Madugula Renuka	870
33		7729030004	Abdul Meharajunnisa	981
34		7729030411	Puvuadi Sugandhi	1103
35		7729030453	Shaik Sabiha Banu	1103
36		7729030112	Davuluru Bindu Chowdary	1240
37		7729030207	Kampa Mounika	1240
38		7729030471	Sunkesula Geetha	1240
39		7729030476	Syed Nyma Sulthana	1240

40		7729030185	Harila Tummala	1368
41		7729030451	Shaik Rahimunnisa	1368
42		7729030361	Pachigalla Kavya	1491
43		7729030083	Chatragadda Kiranmai	1610
44		7779540791	Mudunuri Jahnavi Sai	1610
45		7729030115	Devarakonda Monika Pushpa	1733
46		7729030212	Kandrakonda Hima Bindu	1829
47		7729030378	Pandrangi Susmitha	1926
48		7729030174	Gundimeda Sandhya Vani	2024
49		7729030398	Potu Sindhu	2108
50		7729030249	Kopuru Manasa	2248

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GRE

TEST TAKER SCORE REPORT

Note: This report is not valid for transmission of scores to an institution.

jareena shaik

Most Recent Test Date: August 18, 2021

Address: 34-4-22, kasturibaipet, bellapu sriramulu street, vijayawada, IN-AP, 520010 India

Email: jareenashaik786786@gmail.com
Phone: 91-6301499181
Date of Birth: November 24, 1997
Social Security Number (Last Four Digits):
Gender: Female
Intended Graduate Major: Undecided (0000)

Registration Number: 9776231
Print Date: September 14, 2021

Your Scores for the General Test Taken on August 18, 2021

Verbal Reasoning

Your Scaled Score: **137**

130 — 170

7th Percentile

Quantitative Reasoning

Your Scaled Score: **164**

130 — 170

81st Percentile

Analytical Writing

Your Score: **3.0**

0 — 6

13th Percentile

Your Test Score History

General Test Scores

	Verbal Reasoning		Quantitative Reasoning		Analytical Writing	
Test Date	**Scaled Score**	**Percentile**	**Scaled Score**	**Percentile**	**Score**	**Percentile**
August 18, 2021	137	7	164	81	3.0	13

Subject Test Scores

You do not have reportable test scores at this time.

Your Score Recipient(s)

Undergraduate Institution

Report Date	Institution (Code)	Department (Code)	Test Title	Test Date

Designated Score Recipient(s)

Report Date	Score Recipient (Code)	Department (Code)	Test Title	Test Date

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jareena shaik

Most Recent Test Date: August 18, 2021

Date of Birth: November 24, 1997

Registration Number: 9776231
Print Date: September 14, 2021

About Your *GRE®* Score Report

Score Reporting Policies

With the *ScoreSelect®* option, you can decide which test scores to send to the institutions you designate. There are three options to choose from:

- Most Recent option – Send your scores from your most recent test administration
- All option – Send your scores from all administrations in the last five years
- Any option – Send your scores from one OR as many test administrations in the last five years (this option is not available on test day when you select up to four FREE score reports)

Scores for a test administration must be reported in their entirety. Institutions will receive score reports that show only the scores that you selected to send to them. There will be no special indication if you have taken additional GRE tests. See the *GRE® Information Bulletin* for details. The policies and procedures explained in the Bulletin for the current testing year supersede previous policies and procedures in previous bulletins.

Scores will be sent to designated score recipients approximately 10-15 days after a computer-delivered test and 5 weeks after a paper-delivered test. If your scores are not available for any reason, you will see "Not Available" in Your Test Score History.

GRE test scores are reportable according to the following policies:

- For tests taken prior to July 1, 2016, scores are reportable for five (5) years following the testing year in which you tested (July 1 – June 30). For example, scores for a test taken on May 15, 2015, are reportable through June 30, 2020. GRE scores earned prior to August 2011 are no longer reportable.
- For tests taken on or after July 1, 2016, scores are reportable for five (5) years following your test date. For example, scores for a test taken on July 3, 2016, are reportable through July 2, 2021.

Note: Score recipients will only receive scores from test administrations that you have selected to send to them.

Percentile Rank (% Below)

A percentile rank for a test score indicates the percentage of test takers who took that test and received a lower score. Regardless of when the reported scores were earned, the percentile ranks for General Test and Subject Test scores are based on the scores of all test takers who tested within the most recent three-year period.

Retaking a GRE Test

You can take the *GRE®* General Test *once every 21 days*, up to *five times* within any continuous rolling 12-month period (365 days). This applies even if you canceled your scores on a test taken previously. You can take the paper-delivered GRE General Test and *GRE®* Subject Tests as often as they are offered.

Note: This policy will be enforced even if a violation is not immediately identified (e.g., inconsistent registration information) and test scores have been reported. In such cases, the invalid scores will be canceled and score recipients will be notified of the cancellation. Test fees will be forfeited.

For More Information

For information about interpreting your scores, see *Interpreting Your GRE Scores* at www.ets.org/gre/understand .

For detailed information about your performance on the Verbal Reasoning and Quantitative Reasoning sections of the computer-delivered GRE General Test, access the free GRE Diagnostic Service from your ETS account. This service includes a description of the types of questions you answered right and wrong, the difficulty level of each question, and the time spent on each question. This service is available approximately 15 days after your test administration and for six months following your test administration.

If you have any questions concerning your score report, email GRE Services at **gre-info@ets.org** or call 1-609-771-7670 or 1-866-473-4373 (toll free for test takers in the U.S., U.S. Territories and Canada) between 8 a.m. and 7:45 p.m. (New York Time).

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ETS GRE

TEST TAKER SCORE REPORT

Note: This report is not valid for transmission of scores to an institution.

S. N. S. Surya Akhila Yerubandi

Most Recent Test Date: July 5, 2021

Address: D.No.74-6/7-1/4, Plot. No. 366, Nethaji Road, Ayyappa Nagar, Vijayawada, IN-AP, 520007 India

Email: akhilayerubandi97@gmail.com
Phone: 91-9492773897
Date of Birth: February 26, 1997
Social Security Number (Last Four Digits):
Gender: Female
Intended Graduate Major: Pharmaceutical Sciences (0613)

Registration Number: 9511634
Print Date: July 14, 2021

Your Scores for the General Test Taken on July 5, 2021

Verbal Reasoning

Your Scaled Score: **144**

130 — 170

22nd Percentile

Quantitative Reasoning

Your Scaled Score: **153**

130 — 170

46th Percentile

Analytical Writing

Your Score: **3.5**

0 — 6

37th Percentile

Your Test Score History

General Test Scores

	Verbal Reasoning		Quantitative Reasoning		Analytical Writing	
Test Date	Scaled Score	Percentile	Scaled Score	Percentile	Score	Percentile
July 5, 2021	144	22	153	46	3.5	37

Subject Test Scores

You do not have reportable test scores at this time.

Your Score Recipient(s)

Undergraduate Institution

Report Date	Institution (Code)	Department (Code)	Test Title	Test Date
July 14, 2021	Auburn Univ Auburn (1005)	PHARMACEUTICAL SCIENCES (0613)	General Test	July 5, 2021

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ETS GRE

TEST TAKER SCORE REPORT

Note: This report is not valid for transmission of scores to an institution.

S. N. S. Surya Akhila Yerubandi

Most Recent Test Date: July 5, 2021

Date of Birth: February 26, 1997

Registration Number: 9511634
Print Date: July 14, 2021

Designated Score Recipient(s)

Report Date	Score Recipient (Code)	Department (Code)	Test Title	Test Date
July 14, 2021	UNIV MICHIGAN ANN ARBOR (1839)	PHARMACOLOGY (0216)	General Test	July 5, 2021
July 14, 2021	UNIVERSITY ARIZONA (4832)	PHARMACOLOGY (0216)	General Test	July 5, 2021
July 14, 2021	University of Florida (5812)	PHARMACEUTICAL SCIENCES (0613)	General Test	July 5, 2021
July 14, 2021	University of Kentucky (1837)	PHARMACOLOGY (0216)	General Test	July 5, 2021

About Your *GRE®* Score Report

Score Reporting Policies

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ETS GRE

TEST TAKER SCORE REPORT

Note: This report is not valid for transmission of scores to an institution.

Vishnupriya Paladugu

Most Recent Test Date: February 13, 2021

Date of Birth: September 9, 1997

Registration Number: 8969220
Print Date: February 22, 2021

About Your *GRE®* Score Report

Score Reporting Policies

With the *ScoreSelect®* option, you can decide which test scores to send to the institutions you designate. There are three options to choose from:

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- For tests taken on or after July 1, 2016, scores are reportable for five (5) years following your test date. For example, scores for a test taken on July 3, 2016, are reportable through July 2, 2021.

Note: Score recipients will only receive scores from test administrations that you have selected to send to them.

Percentile Rank (% Below)

A percentile rank for a test score indicates the percentage of test takers who took that test and received a lower score. Regardless of when the reported scores were earned, the percentile ranks for General Test and Subject Test scores are based on the scores of all test takers who tested within the most recent three-year period.

Retaking a GRE Test

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If you have any questions concerning your score report, email GRE Services at **gre-info@ets.org** or call 1-609-771-7670 or 1-866-473-4373 (toll free for test takers in the U.S., U.S. Territories and Canada) between 8 a.m. and 7:45 p.m. (New York Time).

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GRE

TEST TAKER SCORE REPORT

Note: This report is not valid for transmission of scores to an institution.

Vishnupriya Paladugu

Address: Marg Viswashakthi Apartments, Flat no.202, Tirupati, 517503 India

Email: vishnupriyachowdary99@gmail.com
Phone: 91-7799606780
Date of Birth: September 9, 1997
Social Security Number (Last Four Digits): 2347
Gender: Female
Intended Graduate Major: Public Health (0616)

Most Recent Test Date: February 13, 2021

Registration Number: 8969220
Print Date: February 22, 2021

Your Scores for the General Test Taken on February 13, 2021

Verbal Reasoning

Your Scaled Score: **144**

130 — 170

22nd Percentile

Quantitative Reasoning

Your Scaled Score: **161**

130 — 170

75th Percentile

Analytical Writing

Your Score: **2.0**

0 — 6

1st Percentile

Your Test Score History

General Test Scores

	Verbal Reasoning		Quantitative Reasoning		Analytical Writing	
Test Date	Scaled Score	Percentile	Scaled Score	Percentile	Score	Percentile
February 13, 2021	144	22	161	75	2.0	1

Subject Test Scores

You do not have reportable test scores at this time.

Your Score Recipient(s)

Undergraduate Institution

Report Date	Institution (Code)	Department (Code)	Test Title	Test Date

Designated Score Recipient(s)

Report Date	Score Recipient (Code)	Department (Code)	Test Title	Test Date
Pending	Texas A&M University Central Texas (6756)	COMPUTER SCIENCE (0402)	General Test	February 13, 2021

• Pending - Scores are being processed or are not yet reportable.

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IELTS™

Test Report Form

ACADEMIC

NOTE *Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are **not** designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed **after two years** from the date of the test.*

Centre Number	IA090	Date	07/NOV/2021	Candidate Number	017102

Candidate Details

Family Name	YERUBANDI
First Name	SRI NAGA SAI SURYA AKHILA
Candidate ID	Z4356794

Date of Birth	26/02/1997	Sex (M/F)	F	Scheme Code	Private Candidate

Country or Region of Origin	
Country of Nationality	INDIA
First Language	TELUGU

Test Results

Listening	Reading	Writing	Speaking	Overall Band Score	CEFR Level
7.5	6.5	6.0	6.5	6.5	B2

Administrator Comments

Centre stamp

idp IELTS TEST CENTRES IA090

Validation stamp

IELTS

Administrator's Signature

Date 09/11/2021

Test Report Form Number 21IA017102YERS090A

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The validity of this IELTS Test Report Form can be verified online by recognising organisations at http://ielts.ucles.org.uk

IELTS™

Test Report Form

ACADEMIC

NOTE *Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are **not** designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed **after two years** from the date of the test.*

Centre Number	IN855	Date	17/JUL/2021	Candidate Number	096782

Candidate Details

Family Name	JAMALAPURAPU
First Name	SRILAKSHMI PRIYANKA
Candidate ID	U1248284

Date of Birth	14/09/1998	Sex (M/F)	F	Scheme Code	Private Candidate

Country or Region of Origin	
Country of Nationality	INDIA
First Language	TELUGU

Test Results

Listening	8.0	Reading	6.5	Writing	6.0	Speaking	6.5	Overall Band Score	7.0	CEFR Level	C1

Administrator Comments

Centre stamp

idp IELTS TEST CENTRES IN855

Validation stamp

VALIDATION STAMP CAMBRIDGE ENGLISH/BRITISH COUNCIL IELTS

Administrator's Signature

Date	29/07/2021	Test Report Form Number	21IN096782JAMS855A

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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: N0032358203

SURNAME/PRIMARY NAME Jamalapurapu	**GIVEN NAME** Srilakshmi Priyanka	**Class of Admission** **F-1**
PREFERRED NAME Srilakshmi Priyanka Jamalapurapu	**PASSPORT NAME** Jamalapurapu Srilakshmi Priyanka	
COUNTRY OF BIRTH INDIA	**COUNTRY OF CITIZENSHIP** INDIA	
CITY OF BIRTH Nuzvid	**DATE OF BIRTH** 14 SEPTEMBER 1998	**ACADEMIC AND LANGUAGE**
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 Alyssa Varnum Assistant Director of International and Immigration Services	**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 2021
START OF CLASSES 03 JANUARY 2022	**PROGRAM START/END DATE** 03 JANUARY 2022 - 31 MARCH 2023	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 10 MONTHS		**STUDENT'S FUNDING FOR:** 10 MONTHS	
Tuition and Fees	$ 24,750	Personal Funds	$ 54,811
Living Expenses	$ 12,000	Funds From This School	$ 0
Expenses of Dependents (0)	$ 0	Funds From Another Source	$ 0
health insurance, books, transportatio	$ 4,700	On-Campus Employment	$
TOTAL	$ 41,450	TOTAL	$ 54,811

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.

X Alyssa Varnum

SIGNATURE OF: Alyssa Varnum, Assistant Director of International and Immigration Services	**DATE ISSUED** 23 September 2021	**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.**

X

SIGNATURE OF: Srilakshmi Priyanka Jamalapurapu	**DATE**

X

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

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SEVIS ID: N0032358203 (F-1)

NAME: Srilakshmi Priyanka Jamalapurapu

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		

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INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

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Test Report Form

ACADEMIC

NOTE *Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.*
GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.
It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number	IN855	Date	24/APR/2021	Candidate Number	031687

Candidate Details

Family Name	PALADUGU
First Name	VISHNU PRIYA
Candidate ID	U3252870

Date of Birth	09/09/1997	Sex (M/F)	F	Scheme Code	Private Candidate
Country or Region of Origin					
Country of Nationality	INDIA				
First Language	TELUGU				

Test Results

Listening	Reading	Writing	Speaking	Overall Band Score	CEFR Level
6.0	6.5	5.5	7.0	6.5	B2

Administrator Comments

Centre stamp

idp IELTS TEST CENTRES IN855

Validation stamp

IELTS

Administrator's Signature

Date 08/05/2021

Test Report Form Number 21IN031687PALV855A

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Test Report Form

ACADEMIC

NOTE *Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.*

Centre Number	IN620	Date	08/JUL/2021	Candidate Number	052260

Candidate Details

Family Name	CHALLAGUNDLA
First Name	SUKANYA
Candidate ID	V0880208

Date of Birth	28/06/1996	Sex (M/F)	F	Scheme Code	Private Candidate
Country or Region of Origin					
Country of Nationality	INDIA				
First Language	TELUGU				

Test Results

Listening	Reading	Writing	Speaking	Overall Band Score	CEFR Level
6.0	6.5	5.5	5.5	6.0	B2

Administrator Comments

Centre stamp

BRITISH COUNCIL

Validation stamp

IELTS

Administrator's Signature

Date 20/07/2021

Test Report Form Number 21IN052260CHAS620A

Pharmaceutical Sciences for Women ENIKEPADU VIJAYAWADA.

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BRITISH COUNCIL idp Cambridge Assessment English

Candidate Name
JAREENA SHAIK
Candidate Number
106624
Centre Number
IN855
Test Date
24 Jul 2021

OverAll 7.0 **Listening** 8.0 **Writing** 6.5 **Reading** 7.0 **Speaking** 7.0

Your official test report will be posted to you 13 days after the test. Please note the preview of your IELTS result cannot be used as official confirmation of your test result.

Overall Band Score

Overall	7.0	Good User	The test taker has operational command of the language, though with occasional inaccuracies, inappropriate usage and misunderstandings in some situations. They generally handle complex language well and understand detailed reasoning.
[redacted]	Score	Your result explained	Advice to improve your score
Listening	8.0	Test takers at Band 8 can typically follow extended speech involving complex and detailed argumentation. They can identify and process language and grammar automatically, and so are able to concentrate on the development of the overall meaning of what is said by a speaker or speakers. They can understand a wide range of vocabulary, including idiomatic language and fixed phrases or unusual collocations, as well as technical and academic language.	Listen to discussion programmes, especially those on abstract topics you're less familiar with, without pausing or repeating the recording. Try to predict how the conversation might develop, then see if you're correct. Make it a point to notice how the speakers express and qualify their opinions, noting ways they say things that make their arguments particularly effective. Where speakers have different points of view, notice how they respond to one another's comments. Use strategies to infer ideas and meanings that are not directly stated. Afterwards, try to reconstruct the discussion to yourself, to check how much you have understood.
[redacted]ing	7.0	Test takers at Band 7 can typically deal with a variety of factual and opinion-based texts that may be complex and dense with information. They are very good at using their wide vocabulary knowledge to create meaning, both within and across sentences, on a range of general and specialised topics. They can follow an argument and distinguish between main ideas and supporting details, and are good at understanding attitude, opinion and implication. They are able to do this by using reading strategies such as skimming and scanning, and by synthesizing information and drawing inferences.	At this level, it is important to broaden the range of texts you read further. Continue to develop your awareness of how to read different types of texts differently. What features does that particular type of text typically have? How is information structured and arranged in such texts? Will it require making inferences? Will there be a summary somewhere? Use your knowledge of these and approach the reading task in an appropriate way. Where you want to know the overall argument or specific arguments, try to do this as efficiently as possible. As an exercise, try to find several opinion-based texts on the internet, and then determine the similarities and differences in their opinions and views.

Speaking	7.0	Test takers at this band can typically speak with ease, clearly and at length, although with some repetition, self-correction, or hesitation to search for words or grammar. Speaking is generally well-organised, and ideas are generally clear and well linked. They use a range of vocabulary to discuss a variety of topics, and can use some less common or idiomatic vocabulary, although not always accurately. They can paraphrase well if needed. They can use a range of grammar structures. Sentences are frequently accurate, although there are some errors. Pronunciation is generally natural and clear, but with occasional problems. They are usually easy to understand, and their accent does not have much effect on understanding.	Talk to other people about abstract and difficult current issues. Focus on delivering your ideas well in presentations and discussions, minimising hesitation as much as possible. Ask yourself: Am I arranging and conveying my thoughts in the best possible way? Am I using the best possible words and phrases that I know to express my ideas? How can I vary my delivery so that my ideas are understood better? Then work on those things you're not completely happy with yet. Continue reading and listening to natural English language materials and TV to note precise words and particularly effective ways of saying things. Think about how you might use these yourself.
Writing	6.5	Test takers at this band can typically address all parts of the question, some more fully than others. (AC) They can give an overview. (GT) The letter has a generally clear purpose; the tone is sometimes not consistent. Key features and bullet points are covered. The point of view and main ideas are relevant but the conclusion(s) may be unclear. Some details might be irrelevant or wrong. Test takers can arrange their ideas logically, so that the writing has a clear progression from start to finish. They are able to use some linking words well, but others with mistakes. They can paragraph their Task 2 writing, although not always logically. They have enough vocabulary to answer the question. They try to use some less common words. They make some spelling mistakes, but the reader can still understand. They can write a mix of simple and complex sentences. The grammar and punctuation mistakes do not usually cause difficulty for the reader.	Practice writing to give information and make arguments. Make sure you cover all the points that need to be covered, providing supporting ideas and details. Reread your work and see if you can make your points clearer. Is the ordering of your ideas logical? Sometimes, rearranging them can make things clearer. You can also try joining up or separating sentences, using the right connecting devices, and changing where you divide your paragraphs. Continue to develop your vocabulary. Words can be similar in meaning but differ in formality, in their tone, and in their implications. Focus on learning the best words to use for the writing task, the situation, and what you want to say. Challenge yourself by producing sentences that are more complex. If you make mistakes with them, don't worry too much; just check and see how you can fix them.

TRF Number:

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Test Report Form

ACADEMIC

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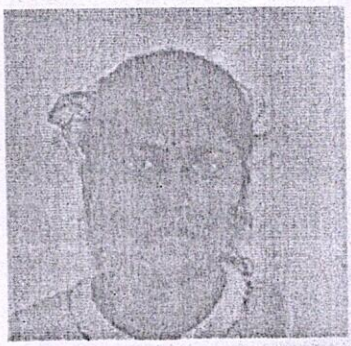
Centre Number	IN855	Date	17/JUL/2021	Candidate Number	096785

Candidate Details



Family Name	MADALA
First Name	MOUNISHA
Candidate ID	V0882465

Date of Birth	05/10/1998	Sex (M/F)	F	Scheme Code	Private Candidate

Country or Region of Origin	
Country of Nationality	INDIA
First Language	TELUGU

Test Results

Listening	Reading	Writing	Speaking	Overall Band Score	CEFR Level
7.5	5.5	6.0	6.5	6.5	B2

Administrator Comments

Centre stamp

idp IELTS TEST CENTRES IN855

Validation stamp

VALIDATION STAMP CAMBRIDGE ENGLISH BRITISH COUNCIL IELTS

Vijaya Institute of Pharmaceutical Sciences for Women ENIKEPADU VIJAYAWADA.

Administrator's Signature

Date 29/07/2021

Test Report Form Number 21IN096785MADM855A

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NIPER JOINT ENTRANCE EXAMINATION - 2021

CONDUCTED BY NIPER, HYDERABAD

HYDERABAD | AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |

Department of Pharmaceuticals

NIPER Joint Entrance Examination 2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Provisional Seat Allotment Letter

Dear Candidate,

Congratulations! This is to inform that you have been allotted seat in **NIPER Kolkata** as per your AI Rank obtained in NIPER JEE-2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Application No	11810018864
Secret Code	413BD3FAF18
HallTicet No	2117112929
Candidate's Name	VENTRAPRAGADA GIRIJA NAGA SAI SUNETHRI
All India Rank	756
Category Allotted	EWS
Course Allotted	M.S.(Pharm.) Medicinal Chemistry
Institute Allotted	NIPER Kolkata

V. G. N. S. Sunethri

Candidate's Signature

Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2021, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeited.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2021 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non –submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2021 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2021 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of the Candidate)

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NIPER JOINT ENTRANCE EXAMINATION - 2021

CONDUCTED BY NIPER, HYDERABAD

| AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |

Department of Pharmaceuticals

NIPER JEE - 2021
RANK CARD

Hall Ticket Number	2117112929
Application Number	1181001886 4
You Applied for	PG (M.S.(Pharm.) / M.Pharm. / M.Tech. (Pharm.) / M.Tech)

Candidates's Full Name	VENTRAPRAGADA GIRIJA NAGA SAI SUNETHRI
Father's/Guardian's Full Name	VENTRAPRAGADA VEERANJANEYULU
Date of Birth	19/07/2000
Gender	FEMALE
Category Type	GENERAL
Marks Secured	50.625
Rank In Figure	756
Rank In Words	Seven * Five * Six

V. G. N. S. Sunethri

Candidate Signature

This is a computer generated document. Hence, does not require signature.

Print

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CONDUCTED BY NIPER, HYDERABAD
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Department of Pharmaceuticals

NIPER JEE - 2021
RANK CARD

Hall Ticket Number	2117112911
Application Number	11810015110
You Applied for	PG (M.S.(Pharm.) / M.Pharm. / M.Tech. (Pharm.) / M.Tech)

Candidates's Full Name	KARIMELLA NAGA RAMYA KRISHNA
Father's/Guardian's Full Name	KARIMELLA NAGA BHUSHANAM
Date of Birth	23/02/2000
Gender	FEMALE
Category Type	OBC
Marks Secured	48.625
Rank In Figure	907
Rank In Words	Nine * Zero * Seven

Candidate Signature

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7/9/2021

NIPER JOINT ENTRANCE EXAMINATION - 2021
CONDUCTED BY NIPER, HYDERABAD
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भारत सरकार
Department of Pharmaceuticals

NIPER JEE - 2021
RANK CARD

Hall Ticket Number	**2117112982**
Application Number	**11810025532**
You Applied for	**PG (M.S.(Pharm.) / M.Pharm. / M.Tech. (Pharm.) / M.Tech)**

Candidates's Full Name	TOMMANDRU PRATHYUSHA
Father's/Guardian's Full Name	TOMMANDRU SEKHAR BABU
Date of Birth	30/08/2000
Gender	FEMALE
Category Type	SC
Marks Secured	29.375
Rank In Figure	2352
Rank In Words	Two * Three * Five * Two

Candidate Signature

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3/20/2021

Ministry of Education
Government of India

GRADUATE PHARMACY APTITUDE TEST (GPAT)-2021

NATIONAL TESTING AGENCY

NTA SCORE CARD

Application No.	210210022423	Roll No.	AP17000624
Candidate's Name	VENTRAPRAGADA GIRIJA NAGA SAI SUNETHRI		
Mother's Name	VENTRAPRAGADA PADMA		
Father's Name	VENTRAPRAGADA VEERANJANEYULU		
Category	GEN-EWS	Person with Disability(PwD)	NO
Gender	FEMALE	Date of Birth	19-07-2000
State of Residence	ANDHRA PRADESH	Nationality	INDIAN

Score

Marks obtained	Max Marks	NTA Score	All India Rank	Validity of Score
188	500	96.3937236	1642	Three Years
Marks Obtained in words	One Hundred Eighty Eight Only			
NTA Score in Words	Ninety Six point Three Nine Three Seven Two Three Six Only			

Result: QUALIFED

Category wise Cut-off Qualifying Marks:

	Unreserved (UR)	GEN-EWS	Other Backward Class (OBC-NCL)	Scheduled Caste (SC)	Scheduled Tribe (ST)
Cut-off Marks	359-186	185-155	185-152	185-114	183-87
No of Candidates	1782	458	1179	688	340

Dated : 19.03.2021

Senior Director, NTA

1. This electronically generated score card is the official result declared by NTA and does not require any signatures.

2. The NTA Score indicates the percentage of candidates that have scored EQUAL TO OR BELOW (same or lower raw marks) candidates. The NTA scores of a Candidate have been calculated as follows:

$$\frac{\text{100 X Number of candidates appeared in the examination with raw marks EQUAL TO OR LESS than the candidate}}{\text{Total number of the candidates appeared}}$$

NTA score is not the same as percentage of marks obtained.

3. A National Merit Ranking (All India Rank) has been arrived based on the Marks secured against Total Marks.
i. Student having same Score shall be listed in a chronological (ascending) order as per their date of birth.
ii. Candidates having same score would be given the same Merit, and the Merit number would be increased by the same number i.e. if there are two candidates at Merit 2, Merit 3 would not be awarded to the next candidate but Merit 4 would be given.

4. The admission authorities are advised to use score awarded to the students for allotment of seat in the AICTE approved programs along with the other criteria that may exist, as applicable.

5. Candidate's particulars including Category and Person with Disability (PwD) have been indicated as mentioned by the candidate in the online application form.

6. Instances of Incorrect information provided by the candidates, if detected at any stage, would make the candidate liable for disqualification.

7. The responsibility of verifying the category of the candidate for ascertaining eligibility of admission and award of scholarship if any lies with the admitting institute.

8. Qualifying in GPAT- 2021 does not guarantee any automatic entitlement for admission to P.G. programme nor AICTE assistance under P.G. programmes.

9. Any dispute concerning GPAT- 2021 would be subject to Jurisdiction of the competent courts within the territorial jurisdiction of New Delhi only.

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GRADUATE PHARMACY APTITUDE TEST (GPAT)-2021

Ministry of Education
Government of India

GRADUATE PHARMACY APTITUDE TEST (GPAT)-2021
NTA SCORE CARD

NATIONAL TESTING AGENCY

PRINT

Application No.	210210029032	**Roll No.**	AP17000743
Candidate's Name	KARIMELLA NAGA RAMYA KRISHNA		
Mother's Name	KARIMELLA VENKATA NAGA RAJU KUMARI		
Father's Name	KARIMELLA NAGA BHUSHANAM		
Category	OBC- NCL	**Person with Disability(PwD)**	NO
Gender	FEMALE	**Date of Birth**	23-02-2000
State of Residence	ANDHRA PRADESH	**Nationality**	INDIAN

Score

Marks obtained	Max Marks	NTA Score	All India Rank	Validity of Score
175	500	94.7477145	2391	Three Years
Marks Obtained in words	One Hundred Seventy Five Only			
NTA Score in Words	Ninety Four point Seven Four Seven Seven One Four Five Only			

Result: QUALIFED

Category wise Cut-off Qualifying Marks:

	Unreserved (UR)	GEN-EWS	Other Backward Class (OBC-NCL)	Scheduled Caste (SC)	Scheduled Tribe (ST)
Cut-off Marks	359-186	185-155	185-152	185-114	183-87
No of Candidates	1782	458	1179	688	340

Dated : 19.03.2021

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6/29/2021

Ministry of Education
Government of India

GRADUATE PHARMACY APTITUDE TEST (GPAT)-2021

NATIONAL TESTING AGENCY

NTA SCORE CARD

Application No.	210210010425	Roll No.	AP17000437
Candidate's Name	TOMMANDRU PRATHYUSHA		
Mother's Name	TOMMANDRU JYOTHI		
Father's Name	TOMMANDRU SEKHAR BABU		
Category	SC	Person with Disability(PwD)	NO
Gender	FEMALE	Date of Birth	30-08-2000
State of Residence	ANDHRA PRADESH	Nationality	INDIAN

Score

Marks obtained	Max Marks	NTA Score	All India Rank	Validity of Score
120	500	77.9777602	10022	Three Years
Marks Obtained in words	One Hundred Twenty Only			
NTA Score in Words	Seventy Seven point Nine Seven Seven Seven Six Zero Two Only			

Result: QUALIFIED

Category wise Cut-off Qualifying Marks:

	Unreserved (UR)	GEN-EWS	Other Backward Class (OBC-NCL)	Scheduled Caste (SC)	Scheduled Tribe (ST)
Cut-off Marks	359-186	185-155	185-152	185-114	183-87
No of Candidates	1782	458	1179	688	340

Dated : 19.03.2021

Senior Director, N

1. This electronically generated score card is the official result declared by NTA and does not require any signatures.

2. The NTA Score indicates the percentage of candidates that have scored EQUAL TO OR BELOW (same or lower raw marks) candidates. The NTA scores of a Candidate have been calculated as follows:

$$\frac{100 \times \text{Number of candidates appeared in the examination with raw marks EQUAL TO OR LESS than the candidate}}{\text{Total number of the candidates appeared}}$$

NTA score is not the same as percentage of marks obtained.

3. A National Merit Ranking (All India Rank) has been arrived based on the Marks secured against Total Marks.
i. Student having same Score shall be listed in a chronological (ascending) order as per their date of birth.
ii. Candidates having same score would be given the same Merit, and the Merit number would be increased by the same number i.e. if are two candidates at Merit 2, Merit 3 would not be awarded to the next candidate but Merit 4 would be given.

4. The admission authorities are advised to use score awarded to the students for allotment of seat in the AICTE approved programs a with the other criteria that may exist, as applicable.

5. Candidate's particulars including Category and Person with Disability (PwD) have been indicated as mentioned by the candidate in online application form.

6. Instances of incorrect information provided by the candidates, if detected at any stage, would make the candidate liable f disqualification.

7. The responsibility of verifying the category of the candidate for ascertaining eligibility of admission and award of scholarship if any the admitting institute.

8. Qualifying in GPAT- 2021 does not guarantee any automatic entitlement for admission to P.G. programme nor AICTE as under P.G. programmes.

9. Any dispute concerning GPAT- 2021 would be subject to Jurisdiction of the competent courts within the territorial juris New Delhi only.

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AP PGECET - 2021
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AP PGECET - 2021 RANK CARD
(Conducted by Sri Venkateswara University, Tirupati)

Registration No	:	6110018536	
Candidate's Name	:	THONDEPU PAVANI PRIYA	
Father's Name	:	THONDEPU SRI KRISHNA HARI PRASAD	
Address	:	1-49, PEDDA BAZAR, KANCHIKACHERLA, KRISHNA DISTRICT, ANDHRA PRADESH - 521180	

Hall Ticket Number
7729030490
Local Area
AU
Category
OC
Gender
FEMALE
Date of Birth
31/08/2000

T. Pavani Priya

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	59	Rank in Words	Seven * One	Rank in Figure	71

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	:	6110041657	
Candidate's Name	:	DHANEKULA MOUNIKA CHOWDARY	
Father's Name	:	D SRINIVASA RAO	
Address	:	3/36 , KAVULURU , G KONDURU , KRISHNA , ANDHRA PRADESH - 521228	

Hall Ticket Number
7729030118
Local Area
AU
Category
OC
Gender
FEMALE
Date of Birth
03/08/2000

D. Mounika

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	55	Rank in Words	One * Six * Five	Rank in Figure	165

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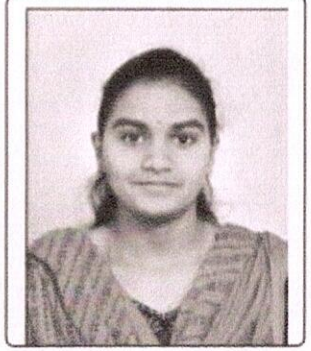
AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	:	6110040908
Candidate's Name	:	DIVYA SREE CHILLARA
Father's Name	:	HAREESH BABU CH
Address	:	3-25 , SITHARAMAPURAM - A , BAPULAPADU MANDAL , KRISHNA DISTRICT , ANDHRA PRADESH - 521109

Hall Ticket Number
7729030120
Local Area
AU
Category
OC
Gender
FEMALE
Date of Birth
24/06/2000



Divya Sree. Ch

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	53	Rank in Words	Two * Two * Six	Rank in Figure	226

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	6110021530
Candidate's Name	REDDY SATYA VENI
Father's Name	REDDY JANAKI RAJU
Address	2-27, MUNASUBU GARI VEEDHI VADLAMURU, KAPILESWARAPURAM, EAST GODAVARI, ANDHRA PRADESH - 533307

Hall Ticket Number	777951084S
Local Area	AU
Category	OC
Gender	FEMALE
Date of Birth	21/06/1998

R Satya Veni

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	52	Rank in Words	Two * Six * Seven	Rank in Figure	267

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AP PGECET - 2021

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NIKEPADU, VIJAYAWADA - 521 1

AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	6110042102
Candidate's Name	CHAMARTHI SUNEETHA
Father's Name	CHAMARTHI SUBBARAMA RAJU
Address	6-1382 , SHANKARAPURAM , KADAPA , KADAPA , ANDHRAPRADESH - 516002

Hall Ticket Number	7718850523
Local Area	AU
Category	OC
Gender	FEMALE
Date of Birth	07/08/1999

C.Suneetha

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	51	Rank in Words	Three * Zero * Seven	Rank in Figure	307

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10:00 48%

AP PGECET - 2021
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AP PGECET - 2021 RANK CARD
(Conducted by Sri Venkateswara University, Tirupati)

Registration No	6110036350
Candidate's Name	MOUNIKA ARIGELA
Father's Name	ARIGELA PRASAD
Address	3-118/1 S C SCHOOL ROAD, NELAMURU, PENUMANTRA, WEST GDAVARI, ANDHRA PRADESH - 534126

Hall Ticket Number	7778050453
Local Area	AU
Category	SC
Gender	FEMALE
Date of Birth	04/05/2000

A. Mounika

Subject Code	PY	Subject Name	PHARMACY		
Marks Obtained	51	Rank in Words	Three * Zero * Seven	Rank in Figure	307

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No :	6110048065
Candidate's Name :	TAMMU DEEPIKA
Father's Name :	TAMMU SRINIVASARAO
Address :	4-143 , KOTHA MAJERU , CHALLAPALLI , KRISHNA , ANDHRAPRADESH - 521131

Hall Ticket Number	7729030480
Local Area	AU
Category	BC_A
Gender	FEMALE
Date of Birth	21/10/1999

T. Deepika

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	51	Rank in Words	Three * Zero * Seven	Rank in Figure	307

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	:	6110054071	
Candidate's Name	:	GOTTAM DIVYA SREE	
Father's Name	:	GOTTAM NAGARAJU	
Address	:	77-41/1-11, A.V.S. REDDY ROAD, VIJAYAWADA, KRISHNA, ANDHRA PRADESH - 520015	

Hall Ticket Number
7729030166
Local Area
AU
Category
BC_B
Gender
FEMALE
Date of Birth
10/02/1999

G DivyaSree

Subject Code	PV	Subject Name	PHARMACY

Marks Obtained	49	Rank in Words	Three * Nine * Nine	Rank in Figure	399

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AP PGECET - 2021

Post Graduate Engineering Common Entrance Test

(Conducted by Sri Venkateswara University, Tirupati on behalf of APSCHE)

Results for AP PGECET - 2021

PGECET Hallticket No	:	7729030292
Stream	:	PY - PHARMACY
Candidate's Name	:	MARKAPUDI NIRMALA KUMARI
Father's Name	:	MARKAPUDI NEELAMBARAM
Total	:	47
Rank	:	523

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	:	6110047854	
Candidate's Name	:	NAGULAPATI SAILAJA	
Father's Name	:	NAGULAPATI RAMBABU	
Address	:	16/250-1 , RATNAM SCHOOL ROAD, MACHAVARAM , MACHILIPATNAM , KRISHNA , ANDHRA PRADESH - 521001	

Hall Ticket Number
7729030341
Local Area
AU
Category
BC_D
Gender
FEMALE
Date of Birth
31/05/2000

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	17	Rank in Words	Five * Two * Three	Rank in Figure	523

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	6110016192
Candidate's Name	AREPALLI MANISHA GOWD
Father's Name	AREPALLI SAMBASIVA RAO
Address	DNO 10-81/1 BALAJI NAGAR , SALIPETA PORANKI , PENAMALURU , KRISHNA , ANDHRA PRADESH - 521137

Hall Ticket Number	7729030023
Local Area	AU
Category	BC_B
Gender	FEMALE
Date of Birth	13/10/1999

A. Manisha Gowd

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	44	Rank in Words	Seven * Six * Seven	Rank in Figure	767

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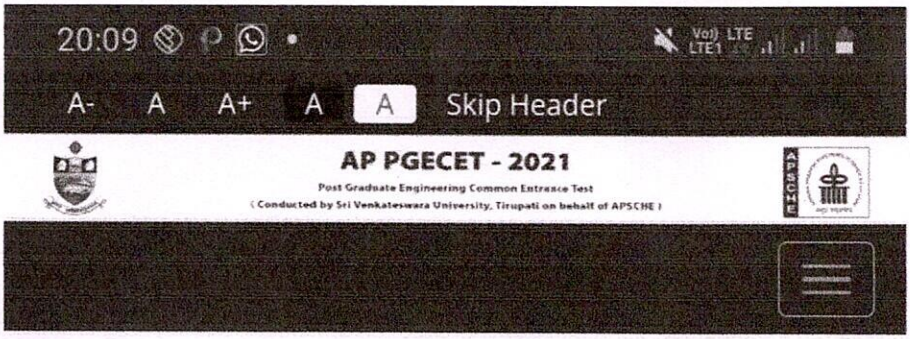
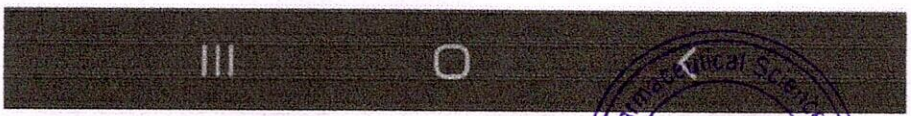


Results for AP PGECET - 2021

PGECET Hallticket No	:	7729030260
Stream	:	PY - PHARMACY
Candidate's Name	:	KUNAPAREDDY MANASA
Father's Name	:	KUNAPAREDDY SRINIVASA RAO
Total	:	**43**
Rank	:	**870**

Print



AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	:	6110024828	
Candidate's Name	:	MADUGULA RENUKA	
Father's Name	:	MADUGULA VENKATESH	
Address	:	19-14/1-30 SIDDHARTHA SCHOOL BACK SIDE , OLD R R PET , VIJAYAWADA , VIJAYAWADA , ANDHRA PRADESH - 520001	

Hall Ticket Number
7729030276
Local Area
AU
Category
SC
Gender
FEMALE
Date of Birth
21/08/1998

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	43	Rank in Words	Eight * Seven * Zero	Rank in Figure	870

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Results for AP PGECET - 2021

PGECET Hallticket No	:	7729030004
Stream	:	PY - PHARMACY
Candidate's Name	:	ABDUL MEHARAJUNNISA
Father's Name	:	ABDUL SUBHANI
Total	:	**42**
Rank	:	**981**

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	6110036070
Candidate's Name	PUVVADI SUGANDHI
Father's Name	PUVVADI SREEKANTH
Address	3-27 , NETHAJI NAGAR , ATMAKUR , KURNOOL , ANDHRA PRADESH - 518422

Hall Ticket Number	7729030411
Local Area	AU
Category	OC
Gender	FEMALE
Date of Birth	13/08/2000

P Sugandhi

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	41	Rank in Words	One * One * Zero * Three	Rank in Figure	1103

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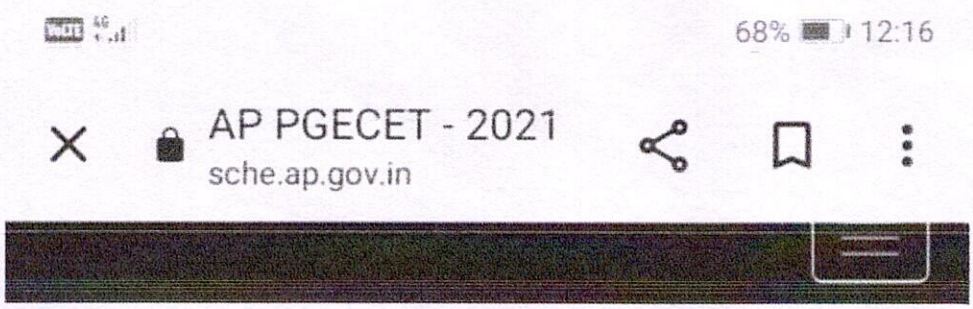

Results for AP PGECET - 2021

PGECET	:	7729030411
Hallticket No		
Stream	:	PY - PHARMACY
Candidate's Name	:	PUVVADI SUGANDHI
Father's Name	:	PUVVADI SREEKANTH
Total	:	**41**
Rank	:	**1103**

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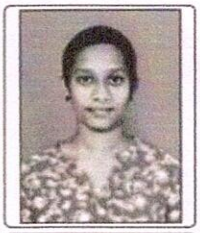
AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	:	6110079828
Candidate's Name	:	SUNKESULA GEETHA
Father's Name	:	SUNKESULA VENKATESWARA RAO
Address	:	D NO 6-113 NEAR LIPTON COMPANY , ENIKEPADU , VIJAYAWADA RURAL , KRISHNA DISTRICT , ANDHRA PRADESH - 521108

Hall Ticket Number	7729030471
Local Area	AU
Category	BC_A
Gender	FEMALE
Date of Birth	14/12/1999



S. Geetha

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	40	Rank in Words	One * Two * Four * Zero	Rank in Figure	1240

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	:	6110023745	
Candidate's Name	:	SYED NYMA SULTHANA	
Father's Name	:	SYED JAKEER HUSSAIN	
Address	:	4-41 A R NAGAR, GANGURU VILLAGE, PENAMALURU MANDAL, KRISHNA, ANDHRA PRADESH - 521139	

Hall Ticket Number	Local Area	Category	Gender	Date of Birth
7729030476	AU	OC	FEMALE	13/05/1999

Sd/ Nyma Sulthana

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	40	Rank in Words	One * Two * Four * Zero	Rank in Figure	1240

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Results for AP PGECET - 2021

PGECET Hallticket No	:	7729030185
Stream	:	PY - PHARMACY
Candidate's Name	:	HARILA TUMMALA
Father's Name	:	TUMMALA JAGAN MOHAN RAO
Total	:	39
Rank	:	1368

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	6110017426
Candidate's Name	MUDUNURI JAHNAVI SAI
Father's Name	MUDUNURI TRINADHA RAJU
Address	66-37-3/1 , APPM SOCIETY BUILDINGS , RAJAHMUNDRY , EAST GODAVARI , ANDHRA PRADESH - 533105

Hall Ticket Number	7779540791
Local Area	AU
Category	OC
Gender	FEMALE
Date of Birth	25/04/2000

M. Jahnavi Sai

Subject Code	PY	Subject Name	PHARMACY		
Marks Obtained	37	Rank in Words	One * Six * One * Zero	Rank in Figure	1610

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	6110018693
Candidate's Name	PANDRANGI SUSMITHA
Father's Name	PANDRANGI SYAMPRAKASH
Address	71-4-2 , KONERU VARI VEEDHI PALAKENDRAM , PATAMATA VIJAYAWADA , KRISHNA , ANDHRA PRADESH - 520010

Hall Ticket Number	7729030378
Local Area	AU
Category	BC_A
Gender	FEMALE
Date of Birth	02/08/2000

P. Susmitha

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	34	Rank in Words	One * Nine * Two * Six	Rank in Figure	1926

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AP PGECET - 2021 RANK CARD

(Conducted by Sri Venkateswara University, Tirupati)

Registration No	6110055732
Candidate's Name	POTU SINDHU
Father's Name	POTU VENKATESWARLU
Address	10-40 , GURAZALA , GURAZALA , GUNTUR , ANDHRA PRADESH - 522415

Hall Ticket Number	7729030398
Local Area	AU
Category	OC
Gender	FEMALE
Date of Birth	15/10/1999

P. Sindhu

Subject Code	PY	Subject Name	PHARMACY

Marks Obtained	32	Rank in Words	Two * One * Zero * Eight	Rank in Figure	2108

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STUDENTS ACHIEVEMENTS
&
HIGHER EDUCATION

List of Students Opted for Higher Education

A Y: 2020-21

S NO	Name of the Student	**Name of institution joined**	**Name of programme admitted to**
1	Sri Naga Sai Surya Akhila Yerubaudi	University of Georgia	PHD_PHRM
2	Jareena Shaik	Sacred Heart University	M. Science
3	M Mounisha	Indiana University	M. Science
4	P Vishnu Priya	Sacred Heart University	M. Science
5	J S Priyanka	Sacred Heart University	M. Science
6	Ch Sukanya	Sacred Heart University	M. Science
7	V G N S Sunethri	NIPER Kolkatha	M.S Pharma
8	Gottam Divya Sree	ANU College of Pharmaceutical Sciences	M Pharm
9	Dhanekula Mounika Chowdary	ANU College of Pharmaceutical Sciences	M Pharm
10	Karimella Naga Ramya Krishna	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
11	Pandrangi Sushmitha	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
12	Mudunuri Jahnavi sai	GIET School of Pharmacy	M Pharm
13	Tondepu Pavani Priya	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
14	Gundimeda Sandhya Vani	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
15	Chatragadda Kiranmai	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
16	Sukesula Geetha	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
17	Madugu Renuka	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
18	Tumaty Bhavana	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm

19	Mounika Arigela	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
20	Chamarthi Suneetha	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
21	V Supriya	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
22	Reddy Satya Veni	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
23	K Manasa	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
24	K Himabindu	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm
25	K Mounika	Vijaya Institute of Pharmaceutical Sciences for Women	M Pharm

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VIJAYAWADA

UNIVERSITY OF GEORGIA

Graduate School
310 Herty Drive
Athens, Georgia 30602
grad.uga.edu

Dr. Sri Naga Sai Surya Akhila Yerubandi
D.No.74-6/7-1/4, Plot.No.366, Nethaji Road, Ayyappa Nagar
Vijayawada, Andhra Pradesh 520007
India

Dear Akhila,

We are pleased to inform you that you have been admitted to the PHD, Pharmacy (College of Pharmacy) [PHD_PHRM] program for Fall 2022. For those programs which base tuition on residency, you have been classified as a International Student.

To notify us of your decision, we ask that you complete the Reply Form on your Status Portal. For fall admits, we encourage you to reply by April 15th or the date specified by your program. However, we would love to hear from you before then. For summer and spring admits, please reply as soon as possible.

Please review the checklist on your Status Portal for materials that must be submitted before registration. You should also review this checklist that outlines key actions you must complete. You can also find enrollment policy information on our website.

If you attended an institution outside of the US, please be sure you submit all official academic records prior to registration. Depending on the institution attended, you may have to submit official documents in both English and Original Language. If proof of degree is not clearly listed on the academic transcript, you must also submit an official degree certificate or diploma. Please contact our office if you have any questions about documents you need to submit.

Your admission is valid only if you register for classes in the semester for which you have been admitted. If you would like to defer your application to a later term, please reach out to your program and email gradadm@uga.edu. If you do not register in the semester for which you have been admitted and wish to pursue graduate study at a later date, you must submit a new application and application processing fee to the Graduate School.

We look forward to your enrollment in the Graduate School and hope your period of study will be successful. If you have any questions, please contact us at gradadm@uga.edu.

Sincerely,

Ron Walcott
Vice Provost and Dean

Cheri Bliss
Director of Graduate Student Services

September 30, 2021

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Sacred Heart UNIVERSITY

Dear Jareena,

Congratulations on your admission to Sacred Heart University for the Master of Science: Healthcare Informatics program ! Please make sure that all information entered on the I-20 is correct (name, date of birth, country of birth and citizenship, education level and program of study, and your financial information). If not correct, please contact our office immediately. Listed below is important information, please read carefully.

IMPORTANT DATES

- **December 4, 2021**: Earliest date you can enter the U.S. You cannot enter the U.S. as a student prior to this date.
- **TBD**: MANDATORY Orientation before classes begin--you will receive an email requesting to confirm your attendance.
- **January 3, 2022**: Latest date you can enter the U.S. You cannot arrive any later than the Program Start Date on your I-20. You may not be granted entry to the U.S. If you cannot arrive by this date, please contact International and Immigration Services.
- **January 3, 2022**: Classes begin

University policy states that you cannot switch majors upon arrival at Sacred Heart University

SEVIS FEE/SCHOOL CODE

Now that you have received your Form I-20 you have to pay a $350 SEVIS Fee by filing Form I-901 before you obtain your U.S. visa. The easiest way to do this is through the internet at www.FMJfee.com (http://www.FMJfee.com).

Sacred Heart University's school code is **BOS214F10554000**.

Make sure you enter your personal information exactly as it appears on your Form I-20 (and passport). If not correct, please contact us before paying the fee.

GETTING A U.S. VISA

After paying your SEVIS I-901 fee, please go to www.travel.state.gov (http://www.travel.state.gov) for instructions on how to obtain your U.S. visa. Click on U.S. Visas, Study & Exchange, Student Visas.

To obtain a U.S. visa your first step will be to complete Form DS-160, upload your photo, and pay the required $160 application fee. After completing your DS-160, schedule an interview at the U.S. consulate or embassy at your place of residence. **F-1 visa appointments can be scheduled no earlier than 120 days in advance of your program start date.** Bring to your interview all the documentation you presented to obtain your Form I-20 as well as your SEVIS Fee receipt, your Form I-20, your academic records and tests scores, your letter of admission, scholarship letter (if applicable) and proof of compelling ties. *(Please note----Canadian citizens do not need to complete Form DS-160, but you are required to pay the SEVIS I-901 fee.)*

Compelling ties are those things that tie you to your country and which prevent you from permanently moving to the United States. The best proofs of compelling ties are family ties, property, and previous U.S. travel. Be aware that the interview will be conducted in English. Prepare yourself so you can answer questions about your intention to study at Sacred Heart University.

ENTERING THE UNITED STATES

Make sure to carry the following documents with you when traveling:

- Valid Form I-20
- Valid passport
- Valid U.S. visa
- Your financial documentation
- Sacred Heart University's letter of admission

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the airplane (or means of transportation) you will be given an I-94 card. Complete this card and present it at the port of entry. U.S. Customs and Border Protection (CBP) has automated the arrival/departure process and an electronic record will be created. After arriving in the U.S., your admission number and electronic I-94 record can be obtained through the website www.cbp.gov/I-94 (http://www.cbp.gov/I-94)

INTERNATIONAL STUDENT SEVIS CHECK-IN
You must check-in with the Office of International and Immigration Services at Orientation. At this time you must bring your passport. You will also need to provide your address in the U.S. at check-in.

TRANSPORTATION
To arrange transportation to the University, please make arrangements through www.goairportshuttle.com (http://www.goairportshuttle.com). The University does not provide transportation from the airports.

HEALTH FORMS/INSURANCE
Connecticut state law requires that all students born after December 31, 1956, provide proof of immunizations against Measles and Rubella; proof of having Varicella (Chicken Pox) or having the vaccine, and a Tuberculin Skin Test one year prior to entering the University. Once you secure your visa you must set up your SHU email before completing health forms. Visit www.sacredheart.edu/gsa (http://www.sacredheart.edu/gsa), click on Create an account, complete the enclosed forms and upload documents at https://myhealth.sacredheart.edu /login_directory.aspx (https://myhealth.sacredheart.edu/login_directory.aspx)

Health Insurance is MANDATORY for graduate students. Please refer to www.sacredheart.edu/gsa, click on the icon for Wellness, Insurance & Health Forms for more information. Please note that if you have your own health insurance, it must be comparable to the University's policy to be able to WAIVE out of the University's insurance.

HOUSING
The university does not offer housing for graduate students.

CLIMATE
Temperature averages are 10°C in spring, 22°C in summer, 13°C in fall, and -1°C in winter. Extremes, however, can range from 37°C in summer to -18°C in winter.

ON CAMPUS EMPLOYMENT
Jobs on-campus are very limited, please do not expect that you will be able to secure on-campus employment.

SCHOOL TRANSFER
Immigration discourages immediate transfers upon entering the United States. If you choose to transfer, there is a $160 Transfer fee payable to Sacred Heart University. In order to transfer, you will be required to provide a copy of the following documents: acceptance letter from your new school, I-94, visa and Sacred Heart's Transfer Out document. Transfers will only be permitted if student can start at Transfer-In School within 30 days of date of arrival in the United States.

University policy states that school transfers will not be permitted after attending orientation. Once you have registered for classes, you cannot withdraw from the University until after the first semester.

If you have any questions, please do not hesitate to contact us. The Office of International and Immigration Services is located in the Student Life glass enclosed office suite in the Academic Building. We are here to help you with any questions or concerns you may have about visa and immigration matters.

Office of International and Immigration Services
www.sacredheart.edu/iis (https://www.sacredheart.edu/iis)
oiis@sacredheart.edu (mailto:oiis@sacredheart.edu)
Like us on Facebook @oiis
Fax +1-203-365-4780

Pamela Barnum
Director of International & Immigration Services
+1-203-396-6400

Alyssa Varnum
Assistant Director of International & Immigration Services
+1-203-396-8281

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11/6/2021 12:59 PM

IUPUI

October 19, 2021

Ms. Mounisha Madala
4-59, Near New Anganavaadi School
Krishna
Chekkapalli, ANDPRA 521213,
India

Dear Ms. Madala:

Congratulations! I am pleased to confirm your official admission to graduate study at Indiana University-Purdue University Indianapolis (IUPUI) for the spring 2022 term to pursue a Health Informatics MS degree.

Welcome to our community! IUPUI students are as diverse as the city around them; coming from many walks of life and varied ethnic cultures, they bring with them different personal, academic, and professional goals. IUPUI has over 30,000 students representing all 50 states and 141 countries. In addition to being a part of two world-class universities, our students also have unparalleled opportunities and resources at their fingertips by living in downtown Indianapolis, the nation's 13th largest city.

IUPUI does everything possible to make students feel at home on campus. This culture of welcoming starts before arrival and goes beyond graduation. Please review the attached documents to learn more about the services available to you regarding orientation, enrollment, housing, and setting up your IUPUI accounts.

Congratulations again on your admission. As you review the enclosed information, please stay in touch and let us know if there is any way we can be helpful to you. You can e-mail us with questions at oiagrad@iupui.edu. We hope to welcome you to Indianapolis soon.

Sincerely,

John Mann

John Mann

Director of International Admissions

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Sacred Heart UNIVERSITY

INTERNATIONAL ADMISSIONS

Dear Vishnu Priya,

Congratulations on your admission to Sacred Heart University for the Master of Science: Healthcare Informatics program ! Please make sure that all information entered on the I-20 is correct (name, date of birth, country of birth and citizenship, education level and program of study, and your financial information). If not correct, please contact our office immediately. Listed below is important information, please read carefully.

IMPORTANT DATES

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To obtain a U.S. visa your first step will be to complete Form DS-160, upload your photo, and pay the required $160 application fee. After completing your DS-160, schedule an interview at the U.S. consulate or embassy at your place of residence. **F-1 visa appointments can be scheduled no earlier than 120 days in advance of your program start date.** Bring to your interview all the documentation you presented to obtain your Form I-20 as well as your SEVIS Fee receipt, your Form I-20, your academic records and tests scores, your letter of admission, scholarship letter (if applicable) and proof of compelling ties. *(Please note----Canadian citizens do not need to complete Form DS 160, but you are required to pay the SEVIS I-901 fee.)*

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INTERNATIONAL STUDENT SEVIS CHECK-IN
You must check-in with the Office of International and Immigration Services at Orientation. At this time you must bring your passport. You will also need to provide your address in the U.S. at check-in.

TRANSPORTATION
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Health Insurance is MANDATORY for graduate students. Please refer to www.sacredheart.edu/gsa, click on the icon for Wellness, Insurance & Health Forms for more information. Please note that if you have your own health insurance, it must be comparable to the University's policy to be able to WAIVE out of the University's insurance.

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Office of International and Immigration Services
www.sacredheart.edu/iis
oiis@sacredheart.edu
Like us on Facebook @oiis
Fax +1-203-365-4780

Pamela Barnum
Director of International & Immigration Services
+1-203-396-6400

Alyssa Varnum
Assistant Director of International & Immigration Services
+1-203-396-8281

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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: N0032401118

SURNAME/PRIMARY NAME Paladugu	**GIVEN NAME** Vishnu Priya	**Class of Admission** **F-1**
PREFERRED NAME Vishnu Priya Paladugu	**PASSPORT NAME** Paladugu Vishnu Priya	
COUNTRY OF BIRTH INDIA	**COUNTRY OF CITIZENSHIP** INDIA	
CITY OF BIRTH Madanapalli	**DATE OF BIRTH** 09 SEPTEMBER 1997	**ACADEMIC AND LANGUAGE**
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 Alyssa Varnum Assistant Director of International and Immigration Services	**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 2021
START OF CLASSES 03 JANUARY 2022	**PROGRAM START/END DATE** 03 JANUARY 2022 - 31 MARCH 2023	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 10 MONTHS		**STUDENT'S FUNDING FOR:** 10 MONTHS	
Tuition and Fees	$ 24,750	Personal Funds	$ 0
Living Expenses	$ 12,000	Funds From This School	$ 0
Expenses of Dependents (0)	$ 0	Family Funds	$ 62,958
health insurance, books, transportatio	$ 4,700	On-Campus Employment	$
TOTAL	$ 41,450	TOTAL	$ 62,958

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.

X Alyssa Varnum	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Alyssa Varnum, Assistant Director of International and Immigration Services	12 October 2021	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.**

X			
SIGNATURE OF: Vishnu Priya Paladugu		**DATE**	
	X		
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

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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: N0032358203

SURNAME/PRIMARY NAME Jamalapurapu	**GIVEN NAME** Srilakshmi Priyanka	**Class of Admission** F-1
PREFERRED NAME Srilakshmi Priyanka Jamalapurapu	**PASSPORT NAME** Jamalapurapu Srilakshmi Priyanka	
COUNTRY OF BIRTH INDIA	**COUNTRY OF CITIZENSHIP** INDIA	
CITY OF BIRTH Nuzvid	**DATE OF BIRTH** 14 SEPTEMBER 1998	
FORM ISSUE REASON INITIAL ATTENDANCE	**ADMISSION NUMBER**	ACADEMIC AND LANGUAGE

SCHOOL INFORMATION

SCHOOL NAME Sacred Heart University Sacred Heart University	**SCHOOL ADDRESS** 5151 Park Avenue, Fairfield, CT 06825
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Alyssa Varnum Assistant Director of International and Immigration Services	**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 2021
START OF CLASSES 03 JANUARY 2022	**PROGRAM START/END DATE** 03 JANUARY 2022 - 31 MARCH 2023	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 10 MONTHS		STUDENT'S FUNDING FOR: 10 MONTHS	
Tuition and Fees	$ 24,750	Personal Funds	$ 54,811
Living Expenses	$ 12,000	Funds From This School	$ 0
Expenses of Dependents (0)	$ 0	Funds From Another Source	$ 0
health insurance, books, transportatio	$ 4,700	On-Campus Employment	$
TOTAL	$ 41,450	TOTAL	$ 54,811

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.

X Alyssa Varnum

SIGNATURE OF: Alyssa Varnum, Assistant Director of International and Immigration Services	DATE ISSUED 23 September 2021	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.**

X

SIGNATURE OF: Srilakshmi Priyanka Jamalapurapu		DATE
NAME OF PARENT OR GUARDIAN	SIGNATURE X	ADDRESS (city/state or province/country) DATE

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PHARMACEUTICAL SCIENCES FOR WOMEN
ENIKEPADU, VIJAYAWADA - 521 108

SEVIS ID: N0032358203 (F-1)

NAME: Srilakshmi Priyanka Jamalapurapu

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		

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PHARMACEUTICAL SCIENCES FOR WOMEN
ENIKEPADU VIJAYAWADA 521 108

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: N0032420604

SURNAME/PRIMARY NAME Challagundla	**GIVEN NAME** Sukanya	**Class of Admission** **F-1**
PREFERRED NAME Sukanya Challagundla	**PASSPORT NAME** Challagundla Sukanya	
COUNTRY OF BIRTH INDIA	**COUNTRY OF CITIZENSHIP** INDIA	
CITY OF BIRTH Vemavaram	**DATE OF BIRTH** 28 AUGUST 1996	**ACADEMIC AND LANGUAGE**
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 Pamela Barnum Director of International and Immigration Services	**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 2021
START OF CLASSES 03 JANUARY 2022	**PROGRAM START/END DATE** 03 JANUARY 2022 - 31 MARCH 2023	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 10 MONTHS		**STUDENT'S FUNDING FOR:** 10 MONTHS	
Tuition and Fees	$ 24,750	Personal Funds	$ 41,931
Living Expenses	$ 12,000	Funds From This School	$
Expenses of Dependents (0)	$	Funds From Another Source	$
health insurance, books, transportatio	$ 4,700	On-Campus Employment	$
TOTAL	$ 41,450	TOTAL	$ 41,931

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.

X Pamela Barnum	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Pamela Barnum, Director of International and Immigration Services	19 October 2021	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.**

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

SEVIS ID: N0032420604 (F-1) **NAME: Sukanya Challagundla**

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

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

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

2019-20

NIPER JOINT ENTRANCE EXAMINATION - 2021
CONDUCTED BY NIPER, HYDERABAD
HYDERABAD | AHMEDABAD | GUWAHATI | HAJIPUR | HYDERABAD | KOLKATA | RAEBARELI | SAS NAGAR |
Department of Pharmaceuticals

NIPER Joint Entrance Examination 2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Provisional Seat Allotment Letter

Dear Candidate,
Congratulations! This is to inform that you have been allotted seat in **NIPER Kolkata** as per your AI Rank obtained in NIPER JEE-2021 for Admission in MS (Pharm)/M.Tech (Pharm) / M.Tech/ M.Pharm/MBA (Pharm)/Ph.D.

Application No	11810018864
Secret Code	413BD3FAF18
HallTicet No	2117112929
Candidate's Name	VENTRAPRAGADA GIRIJA NAGA SAI SUNETHRI
All India Rank	756
Category Allotted	EWS
Course Allotted	M.S.(Pharm.) Medicinal Chemistry
Institute Allotted	NIPER Kolkata

V. G. N. S. Sunethri

Candidate's Signature

Undertaking:-

- I undertake that my admission is provisional subject to the submission and verification of valid document mentioned overleaf.
- I declare, that in case I am unable to submit the above mentioned certificates / documents for physical verification/validation within the time limit that is notified by the NIPER-JEE 2021, I shall not claim any equity on account of admission against the allotted seat. I also state that I am well aware of the fact that my admission is completely subject to the physical verification/validation of my original certificates otherwise my admission is liable to be cancelled & all the fees deposited by me shall be forfeited.
- I agree, that if any falsified records are detected at any stage of admission or during the course of study & even after I pass out my course, my admission to the course shall liable to be cancelled or the degree awarded by the NIPER shall be taken back. Further, I will be debarred from attending any course at NIPER for the next 05 (Five) years and in addition, a criminal case under relevant section(s) of law in force may be initiated against me.
- I undertake that I shall abide by the Rules & Regulations of the NIPER. I also hereby undertake that I shall accept the decision of the NIPER- JEE Committee-2021 as final if the seat allotted to me is taken back or if my admission is cancelled due to submission of incorrect certificates/non –submission of certificates within the duration of time allotted as above, to furnish the same.
- I further declare that I have submitted the result of qualifying degree exam / will submit the result of qualifying degree/certificate as stated above, before the commencement of Final Semester examination at respective NIPER, otherwise my provisional admission shall be cancelled and full fees deposited by me shall be forfeited and no claim will be made by me.
- I have a knowledge that as per the norms of NIPER a fellowship is given to all successful candidates who are granted admission in different courses (except MBA (Pharm)) through NIPER JEE 2021 counseling. I understand if till the date I do not submit my result of qualifying examination and other required documents mentioned overleaf as per the NIPER JEE 2021 norms, I would not be eligible for fellowship and further till that date I will not claim any fellowship from the NIPER.

(Signature of the Candidate)

Vijaya Institute of Pharmaceutical Sciences for Women
ENIKEPADU
VIJAYAWADA.

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ENIKEPADU, VIJAYAWADA - 521 108.

AP PGECET - 2021 ADMISSIONS

Post Graduate Engineering Counselling

(Conducted By Sri Venkateswara University, Tirupati on behalf of APSCHE)

(For GATE / GPAT Qualified Candidates)

JOINING DETAILS

[illegible]	7729030166	[illegible]	399
[illegible]	GOTTAM DIVYA SREE	[illegible]	GOTTAM NAGARAJU
[illegible]	FEMALE	[illegible]	BC_B
[illegible]	ANUPSF1	[illegible]	PHCETS

Based on your acceptance to join ANUPSF1,PHCETS through self reporting system on date : 26/12/2021

Your joining details are confirmed vide Hallticket Number : 7729030166

Note: Submit this along with provisional allotment order already downloaded

AP PGECET 2021 ADMISSIONS

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AP PGECET-2021 ADMISSIONS

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AP PGECET - 2021 ADMISSIONS

Post Graduate Engineering Counselling

(Conducted By Sri Venkateswara University, Tirupati on behalf of APSCHE)

(For GATE / GPAT Qualified Candidates)

JOINING DETAILS

Hall Ticket No:	7729030118	Rank:	165
Name:	DHANEKULA MOUNIKA CHOWDARY	Father's Name:	D SRINIVASA RAO
Gender:	FEMALE	Caste:	OC
Allotted Institute:	AUCPSF1	Allotted Branch:	PHMRAF

Based on your acceptance to join AUCPSF1,PHMRAF through self reporting system on date : 26/12/2021

Your joining details are confirmed vide Hallticket Number : 7729030118

Note: Submit this along with provisional allotment order already downloaded

APPGECET-2021 Admissions

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AP PGECET-2021 ADMISSIONS

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AP PGECET - 2021 ADMISSIONS

Post Graduate Engineering Counselling
(Conducted By Sri Venkateswara University, Tirupati on behalf of APSCHE)
(For GATE / GPAT Qualified Candidates)

JOINING DETAILS

Hall Ticket No:	8110002117	Rank:	2391
Name:	KARIMELLA NAGA RAMYA KRISHNA	Father's Name:	KARIMELLA NAGA BHUSHANAM
Gender:	FEMALE	Caste:	BC_B
Alloted Institute:	VIPW1	Alloted Branch:	PHCOLG

Based on your acceptance to join VIPW1,PHCOLG through self reporting system on date : 10/12/2021

Your joining details are confirmed vide Hallticket Number : 8110002117

Note: Submit this along with provisional allotment order already downloaded

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AP PGECET-2021 ADMISSIONS

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AP PGECET - 2021 ADMISSIONS

Post Graduate Engineering Counselling

(Conducted By Sri Venkateswara University, Tirupati on behalf of APSCHE)

(For GATE / GPAT Qualified Candidates)

JOINING DETAILS

Hall Ticket No:	7729030378	Rank:	1926
Name:	PANDRANGI SUSMITHA	Father's Name:	PANDRANGI SYAMPRAKASH
Gender:	FEMALE	Caste:	BC_A
Alloted Institute:	VIPW1	Alloted Branch:	PHCOLG

Based on your acceptance to join VIPW1,PHCOLG through self reporting system on date : 28/12/2021

Your joining details are confirmed vide Hallticket Number : 7729030378

Note: Submit this along with provisional allotment order already downloaded

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AP PGECET - 2021 ADMISSIONS

Post Graduate Engineering Counselling
(Conducted By Sri Venkateswara University, Tirupati on behalf of APSCHE)
(For GATE / GPAT Qualified Candidates)

JOINING DETAILS

Hall Ticket No:	7779540791	Rank:	1610
Name:	MUDUNURI JAHNAVI SAI	Father's Name:	MUDUNURI TRINADHA RAJU
Gender:	FEMALE	Caste:	OC
Alloted Institute:	GIPR1	Alloted Branch:	PHPHMD

Based on your acceptance to join GIPR1,PHPHMD through self reporting system on date : 26/12/2021

Your joining details are confirmed vide Hallticket Number : 7779540791

Note: Submit this along with provisional allotment order already downloaded

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AP PGECET - 2021 ADMISSIONS

Post Graduate Engineering Counselling

(Conducted By Sri Venkateswara University, Tirupati on behalf of APSCHE)

(For GATE / GPAT Qualified Candidates)

JOINING DETAILS

Hall Ticket No:	7729030490	Rank:	71
Name:	THONDEPU PAVANI PRIYA	Father's Name:	THONDEPU SRI KRISHNA HARI PRASAD
Gender:	FEMALE	Caste:	OC
Allotted Institute:	VIPW1	Allotted Branch:	PHCOLG

Based on your acceptance to join VIPW1,PHCOLG through self reporting system on date : 26/12/2021

Your joining details are confirmed vide Hallticket Number : 7729030490

Note: Submit this along with provisional allotment order already downloaded

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ANDHRA PRADESH STATE COUNCIL OF HIGHER EDUCATION
APPGECET - 2021

Hall Ticket Number:	7729030471	Rank:	1240
Candidate Name:	SUNKESULA GEETHA	Father's Name:	SUNKESULA VENKATESWARA RAO
Gender:	FEMALE	Caste / Region:	OC / AU

PROVISIONAL ALLOTMENT ORDER (for GATE/GPAT/PGECET CANDIDATES)

This is to inform that the options exercised by the candidate have been processed based on merit, rank, local area, sex, category, Special Reservation Category (CAP/PH/NCC/SPORTS) etc and the candidate has been allotted a seat in

VIJAYA INST OF PHARM SCI FOR WOMEN (VIPW1)
in **PHARMACOLOGY (PHCOLG)** , under OC_GIRLS_AU category.

Tuition Fee fixed for the college/course is Rs.63000 /-.
Tuition fee to be paid by the candidate at the time of admission is Rs. 63000 /-.

Instructions to Candidates:

1. The candidate is instructed to report by clicking on "Allotment letter and Self-Reporting" under "Forms" tab from website https://sche.ap.gov.in.
2. Take print out of two copies of joining report and report to the allotted college with all original certificates. Submit a copy of joining report and obtain acknowledgment on 2nd copy from the College where you have reported and retain the same with you.
3. Both Self reporting and reporting at the allotted college is compulsory to retain the present allotment. The last date for Self reporting and reporting at the allotted College is **29.12.2021.** Pay all necessary fees if any to the allotted college.
4. If you do not report through Self-reporting system and/or not reporting at the allotted college, the provisional allotment will be stands cancelled and you have no claim on the seat allotted.
5. The academic credentials verified if found false at a later date, your allotment will be cancelled and you are also liable for criminal prosecution.
6. RGS or SFS [STIPENDARY], RGN OR SFN [NON-STIPENDARY].
7. Candidates who got more than one allotment by virtue of their eligibility, can choose one college/course allotment through self reporting system before joining the college. The other allotments will become null and void and they will be offered to other meritorious candidates in next phase of counselling.
8. A candidate having more than one allotment, self reporting and reported at college but wish to change his college shall have to cancel his allotment from already reported college and can change to another college with in stipulated date.
9. Allotments in pharmacy colleges are subjected to approval of Pharmacy Council of India.
10. All the Principals are requested to verify the original certificates viz caste,study, income and Degree/Equivalent certificates of the admitted candidates thoroughly and request to bring to the notice of the Convenor,APPGECET – 2021 Admissions for any deviation

Vijaya Institute of Pharmaceutical Sciences for Women ★ ENIKEPADU VIJAYAWADA.

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APPGECET-2021 Admissions

CONVENOR
APPGECET-2021 ADMISSIONS

*** This computer generated Provisional Allotment Order does not require any authentication. *** 25/12/2021 11:14 PM

AP PGECET - 2021 ADMISSIONS

Post Graduate Engineering Counselling
(Conducted By Sri Venkateswara University, Tirupati on behalf of APSCHE)
(For GATE / GPAT Qualified Candidates)

JOINING DETAILS

Hall Ticket No:	7729030276	Rank:	870
Name:	MADUGULA RENUKA	Father's Name:	MADUGULA VENKATESH
Gender:	FEMALE	Caste:	SC
Alloted Institute:	VIPW1	Alloted Branch:	PHCETS

Based on your acceptance to join VIPW1,PHCETS through self reporting system on date : 26/12/2021

Your joining details are confirmed vide Hallticket Number : 7729030276

Note: Submit this along with provisional allotment order already downloaded

APPGECET-2021 Admissions

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AP PGECET - 2021 ADMISSIONS

Post Graduate Engineering Counselling

(Conducted By Sri Venkateswara University, Tirupati on Behalf of APSCHE)

(For GATE / GPAT Qualified Candidates)

JOINING DETAILS

Hall Ticket No:	7778050453	Rank:	307
Name:	MOUNIKA ARIGELA	Father's Name:	ARIGELA PRASAD
Gender:	FEMALE	Caste:	SC
Alloted Institute:	VIPW1	Alloted Branch:	PHCETS

Based on your acceptance to join VIPW1,PHCETS through self reporting system on date : 18/1/2022

Your joining details are confirmed vide Hallticket Number : 7778050453

Note: Submit this along with provisional allotment order already downloaded

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AP PGECET-2021 ADMISSIONS

Vijaya Institute of Pharmaceutical Sciences for Women ★ ENIKEPADU VIJAYAWADA.

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SRK FOUNDATION
VIJAYAWADA

VIJAYA INSTITUTE OF PHARMACEUTICAL SCIENCES FOR WOMEN
Permitted by Govt. of A.P. Approved by AICTE, New Delhi
Pharmacy council of India. New Delhi & Affiliated to JNTU Kakinada

Enikepadu, VIJAYAWADA - 521 108.
Telephone No. : +91 7416560999
Fax No. : +91 866 2844999
e-mail : vijayapharmacyfw@gmail.com

Date: 03.02.2022

STUDY CERTIFICATE

This is to certify that **MS. CHAMARTHI SUNEETHA, D/o. CH. SUBBA RAMA RAJU** is studying **I M.PHARM** of 2 years M. Pharm course **(2021-2023)** in **Vijaya Institute of Pharmaceutical Sciences for Women**, Enikepadu, Vijayawada.

Our college is permitted by Andhra Pradesh State Government (G.O.Ms.No.84, dated 24-07-2009), affiliated to JNTU – Kakinada (Lr.No.B1/ Affi. Colleges List / 2009-10, dated 15-07-2009) and approved by AICTE – New Delhi, (File No.Ap-015/W.INDEGP / 2008-09, Dated 30-06-2009) and Pharmacy Council of India-New Delhi.

Principal
(Dr. K. Padmalatha)

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Enikepadu, VIJAYAWADA - 521 108.
Telephone No. : +91 7416560999
Fax No. : +91 866 2844999
e-mail : vijayapharmacyfw@gmail.com

Date: 03.02.2022

STUDY CERTIFICATE

This is to certify that **MS. VATTIKONDA SUPRIYA, D/o. V. SRINIVASA RAO** is studying **I M.PHARM** of 2 years M. Pharm course **(2021-2023)** in **Vijaya Institute of Pharmaceutical Sciences for Women**, Enikepadu, Vijayawada.

Our college is permitted by Andhra Pradesh State Government (G.O.Ms.No.84, dated 24-07-2009), affiliated to JNTU – Kakinada (Lr.No.B1/ Affi. Colleges List / 2009-10, dated 15-07-2009) and approved by AICTE – New Delhi, (File No.Ap-015/W.INDEGP / 2008-09, Dated 30-06-2009) and Pharmacy Council of India-New Delhi.

Principal
(Dr. K. Padmalatha)

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Enikepadu, VIJAYAWADA - 521 108.
Telephone No. : +91 7416560999
Fax No. : +91 866 2844999
e-mail : vijayapharmacyfw@gmail.com

Date: 03.02.2022

STUDY CERTIFICATE

This is to certify that **MS. REDDY SATYA VENI, D/o. R. JANAKI RAJU** is studying **I M.PHARM** of 2 years M. Pharm course **(2021-2023)** in **Vijaya Institute of Pharmaceutical Sciences for Women**, Enikepadu, Vijayawada.

Our college is permitted by Andhra Pradesh State Government (G.O.Ms.No.84, dated 24-07-2009), affiliated to JNTU – Kakinada (Lr.No.B1/ Affi. Colleges List / 2009-10, dated 15-07-2009) and approved by AICTE – New Delhi, (File No.Ap-015/W.INDEGP / 2009-08, Dated 30-06-2009) and Pharmacy Council of India-New Delhi.

Principal
(Dr. K. Padmalatha)

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VIJAYA INSTITUTE OF PHARMACEUTICAL SCIENCES FOR WOMEN
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Pharmacy council of India. New Delhi & Affiliated to JNTU Kakinada

Enikepadu, VIJAYAWADA - 521 108.
Telephone No. : +91 7416560999
Fax No. : +91 866 2844999
e-mail : vijayapharmacyfw@gmail.com

Date: 03.02.2022

STUDY CERTIFICATE

This is to certify that **MS. KUNAPAREDDY MANASA, D/o. K. SRINIVASARAO** is studying **I M.PHARM** of 2 years M. Pharm course **(2021-2023)** in **Vijaya Institute of Pharmaceutical Sciences for Women**, Enikepadu, Vijayawada.

Our college is permitted by Andhra Pradesh State Government (G.O.Ms.No.84, dated 24-07-2009), affiliated to JNTU – Kakinada (Lr.No.B1/ Affi. Colleges List / 2009-10, dated 15-07-2009) and approved by AICTE – New Delhi, (File No.Ap-015/W.INDEGP / 2008-09, Dated 30-06-2009) and Pharmacy Council of India-New Delhi.

Principal
(Dr. K. Padmalatha)

PRINCIPAL
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ENIKEPADU, VIJAYAWADA - 521 108.

List of students Placed

AY: 2020-21

S No	Name of the Student	Programme graduated	Name of the employer	Package
1	Potu Sindhu	B Pharm	Episource Pvt Ltd	1.92 LPA
2	Veeranki Jyothirmai	B Pharm	Episource Pvt Ltd	1.92 LPA
3	Tondepu Pavani Priya	B Pharm	Episource Pvt Ltd	1.92 LPA
4	D Mounika	B Pharm	Episource Pvt Ltd	1.92 LPA
5	Yaddanapudi Sushma	B Pharm	Episource Pvt Ltd	1.92 LPA
6	Gottam Divya	B Pharm	Episource Pvt Ltd	1.92 LPA
7	Pandrangi Susmitha	B Pharm	Episource Pvt Ltd	1.92 LPA
8	Vattikonda Supriya	B Pharm	Episource Pvt Ltd	1.92 LPA
9	Gayathri Reddy	B Pharm	Episource Pvt Ltd	1.92 LPA
10	Syed Nyma Sultana	B Pharm	Episource Pvt Ltd	1.92 LPA
11	Rajyalakshmi Kanagala	B Pharm	Episource Pvt Ltd	1.92 LPA
12	Chamarthi sunitha Raj	B Pharm	Episource Pvt Ltd	1.92 LPA
13	Bhargavi Challa	B Pharm	Episource Pvt Ltd	1.92 LPA
14	Sunkesula Geetha	B Pharm	Episource Pvt Ltd	1.92 LPA
15	Divyanjali Chimata	B Pharm	Episource Pvt Ltd	1.92 LPA
16	Chamarthi Sunitha	B Pharm	Episource Pvt Ltd	1.92 LPA

VIJAYA INSTITUTE OF PHARMACEUTICAL SCIENCES FOR WOMEN ENIKEPADU VIJAYAWADA

VIJAYA INSTITUTE OF PHARMACEUTICAL SCIENCES FOR W... ENIKEPADU, VIJAYAWADA-521 108.

17	Chillara Divya Sree	B Pharm	Episource Pvt Ltd	1.92 LPA
18	Ogirala Krupa santhi	B Pharm	Episource Pvt Ltd	1.92 LPA
19	M Renuka	B Pharm	Episource Pvt Ltd	1.92 LPA
20	Srilakshmi	B Pharm	Episource Pvt Ltd	1.92 LPA
21	Manasa Reddy M	B Pharm	Medi Assist TPA Ltd	2.2 LPA
22	Shaik Sabiha Banu	B Pharm	Medi Assist TPA Ltd	2.2 LPA
23	Shaik Neha	B Pharm	Medi Assist TPA Ltd	2.2 LPA
24	Bibirehamatha	B Pharm	Medi Assist TPA Ltd	2.2 LPA
25	Shaikshakeerunnisa	B Pharm	Medi Assist TPA Ltd	2.2 LPA
26	Pratyusha	B Pharm	Medi Assist TPA Ltd	2.2 LPA
27	B.Roopalatha	B Pharm	Medi Assist TPA Ltd	2.2 LPA
28	B.Prashanthi	B Pharm	Medi Assist TPA Ltd	2.2 LPA
29	M.Manasa	B Pharm	Medi Assist TPA Ltd	2.2 LPA
30	Uma Maheswari	B Pharm	Medi Assist TPA Ltd	2.2 LPA
31	B.Uma Devi	B Pharm	Medi Assist TPA Ltd	2.2 LPA
32	Y.Gayathri	B Pharm	Medi Assist TPA Ltd	2.2 LPA
33	Nagulapati Sailaja	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA
34	Tondepu Pavani Priya	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA
35	VGNS Sunethri	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA
36	Shaik Neha	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA
37	Jyothirmai Veeranki	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA
38	Harila Tummala	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA

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VIJAYA INSTITUTE OF PHARMACEUTICAL SCIENCES FOR WOMEN ENIKEPADU, VIJAYAWADA-521 108.

39	Syeeda Sarah	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA
40	Chimata Divyanjali	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA
41	Dhanekula Mounika Chowdary	B Pharm	Hetero Drugs Pvt Ltd	1.88 LPA
42	Tumaty Bhavana	B Pharm	Hetero Drugs Pvt Ltd (L V S Technologies)	1.88 LPA
43	Naga Ramya Krishna	B Pharm	Freyr Software Services	2.5 LPA
44	Ravulapati Vyshnavi	B Pharm	Techsol Systems India Private Limited	2.75 LPA
45	Gaddam Prasanthi	B Pharm	KIMS Hospitals	1.45 LPA
46	Shaik Sayeeda Sarah	B Pharm	Randstad India Private Ltd	2.40 LPA
47	Kanagala RajyaLakshmi	B Pharm	MacroCare Clinical Research Limited	1.2 LPA
48	Sunkesula Geetha	B Pharm	MacroCare Clinical Research Limited	1.2 LPA
49	Divya Sree Chillara	B Pharm	MacroCare Clinical Research Limited	1.2 LPA
50	V L Chaitra	Pharm D	Andhra Hospirtals	3.00 LPA
51	Y S N S S Akhila	Pharm D	Andhra Hospirtals	3.00 LPA
52	Bellamkonda Harsshene	Pharm D	Topstar Hospitals Private Limited	3.00 LPA
53	Eli Lavanya	Pharm D	Callyx	3.6 LPA
54	Mannepalli Raja Kumari	Pharm D	Andhra Hospirtals	7.2 LPA
55	Kangana Jyothirmayee	Pharm D	Nimra Institute of Medical Sciences (NIMS)	9.0 LPA
56	Jarenna Shaik	Pharm D	Medi Assist TPA Ltd	2.4 LPA

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57	V.H.N.S Gayatri	Pharm D	Medi Assist TPA Ltd	2.4 LPA
58	Lavayana Eli	Pharm D	Medi Assist TPA Ltd	2.4 LPA
59	Akhila Y	Pharm D	Medi Assist TPA Ltd	2.4 LPA
60	Laxmi Chaitra V	Pharm D	Medi Assist TPA Ltd	2.4 LPA
61	P L Meghana	Pharm D P B	Activa Corp	3.54 LPA
62	M Sushma	M Pharm	Accenture	3.96 LPA
63	T Hari Priya	M Pharm	Wissen W	3.61 LPA
64	S Jaya Sai Keethana	M Pharm	Vijaya Institute of Pharmaceutical Sciences for Women	2.22 LPA
65	Devangam Bhavana	M Pharm	Episource Pvt Ltd, Vijayawada	1.92 LPA
66	Maddala Rajani	M Pharm	Episource Pvt Ltd, Vijayawada	1.92 LPA
67	Sathupati Likhitha	M Pharm	Episource Pvt Ltd, Vijayawada	1.92 LPA
68	D Sirisha	M Pharm	Divis Laboratories	1.66 LPA
69	Allamsetti Geetanjali	M Pharm	MedPlus (Optival)	1.26 LPA
70	Gunde Bhavya	M Pharm	Episource Pvt Ltd, Vijayawada	2 .00 LPA
71	K Naga Prathyusha	M Pharm	Episource Pvt Ltd, Vijayawada	2 .00 LPA
72	Naga Jagadeeswari	M Pharm	Episource Pvt Ltd, Vijayawada	2 .00 LPA
73	Vemulapalli Sowmya	M Pharm	Divis Laboratories	2 .00 LPA

Principal

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AN ISO 9001:2008 CERTIFIED MULTISPECIALITY HOSPITAL

Andhra Hospitals
(Vijayawada) Pvt.Ltd.

CIN : U85191AP2012PTC083379
Prakasam Road, Governorpet, VIJAYAWADA,Krishna,
Andhra Pradesh - 520002
Ph. (0866) Hosp.: 2574757, 2576757, 2571122.

RQ91/9015

AH/ADMN/VJA/2689/21 Dated:03.05.2021

Dr Mannepalli Raja Kumari,
D/o.M Raja Rao,
Devi Nagar, Ist Line, 5th Cross Road,
Vijayawada-10. AP.

APPOINTMENT LETTER

Dear Dr Mannepalli Raja Kumari,

Subsequent to your interview, we are pleased to inform you that you are hereby appointed as Physician Assistant in Duty Medical Officers Department from the date of this letter.

You will be paid INR:60,000/- as per the discussions held in interview and your employment will be governed by terms & conditions of the organization.

This offer is being made based on the information received from you. However, if any discrepancies are observed, the management reserves the right to revise or cancel this order.

The duplicate copy of this letter may be signed and returned to us in token of your acceptance of our order.

We look forward to a long mutually fruitful association with you, as a member of "ANDHRA HOSPITALS FAMILY ".

With the best wishes,

For Andhra Hospitals (Vijayawada) Pvt. Ltd.,

(Dr N V Hari Kumar)
General Manager
+919603611149

Dr. N. V. HARI KUMAR
MBA,IRPM,
Hospital Management
GENERAL MANAGER
ANDHRA HOSPITALS

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VIJAYAWADA

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Episource - Technical Round Shortlist Inbox

admin@hirepro.in 20 May

to me

Recruitment Process - 2020

Dear Potu Sindhu,

Hearty Congratulations from Episource!

We are happy to inform you that you have been shortlisted from the Technical round!

Please ensure to keep a check on your e-mail and SMS for further communication regarding the recruitment process & further schedule information.

Good luck on your journey ahead!

Regards,

Episource Recruitment Team

Vijaya Institute of Pharmaceutical Sciences for Women ENIKEPADU VIJAYAWADA

PRINCIPAL VIJAYA INSTITUTE PHARMACEUTICAL SCIENCES ENIKEPADU VIJ...

11/17/2021, 12:10 PM

Episource - Technical Round Shortlist Inbox

admin@hirepro.in 12:19 PM
to me

Recruitment Process - 2020

Dear Thondepu Pavani Pavani Priya,

Hearty Congratulations from Episource!

We are happy to inform you that you have been shortlisted from the Technical round!

Please ensure to keep a check on your e-mail and SMS for further communication regarding the recruitment process & further schedule information.

Good luck on your journey ahead!

Regards,

Episource Recruitment Team

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ENIKEPADU VIJAYAWADA 521 108

Episource - Technical Round Shortlist Inbox

admin@hirepro.in 21 May

to me

pi Recruitment Process - 2020

Dear Dhanekula Mounika Mounika Chowdary,

Hearty Congratulations from Episource!

We are happy to inform you that you have been shortlisted from the Technical round!

Please ensure to keep a check on your e-mail and SMS for further communication regarding the recruitment process & further schedule information

Good luck on your journey ahead!

Regards,

Episource Recruitment Team

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Episource - Technical Round Shortlist

Inbox

admin@hirepro.in 7 days ago
to me

Recruitment Process - 2020

Dear Yaddanapudi Sushma,

Hearty Congratulations from Episource!

We are happy to inform you that you have been shortlisted from the Technical round!

Please ensure to keep a check on your e-mail and SMS for further communication regarding the recruitment process & further schedule information.

Good luck on your journey ahead!

Regards,

Episource Recruitment Team

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11:44 m

89%

Episource - Technical Round Shortlist Inbox

admin@hirepro.in 7 days ago

to me

Recruitment Process - 2020

Dear Gottam Divya Divyasree,

Hearty Congratulations from Episource!

We are happy to inform you that you have been shortlisted from the Technical round!

Please ensure to keep a check on your e-mail and SMS for further communication regarding the recruitment process & further schedule information.

Good luck on your journey ahead!

Regards,

Episource Recruitment Team

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CONFERENCES, WORKSHOPS, WEBINARS PARTICIPATED BY THE STUDENTS

2020-21

ANTIVIRAL RESEARCH SOCIETY

Reg. No. 144/2016 | https://antiviral.in | +91 9384218275

CERTIFICATE
of appreciation

1st PRIZE

WINNER

This certificate is proudly presented to

ATLURI PRIYADHARSHNI & SIVADASU PRAVEEN

Vijaya Institute of Pharmaceutical Sciences for Women, Vijayawada, Andhra Pradesh

has participated and won the **FIRST** prize in National e-poster competition entitled "Role of Herbal Medicine on Management of COVID-19" on 10th March 2021 organized by ANTIVIRAL RESEARCH SOCIETY.

PRESIDENT – ANTIVIRAL RESEARCH SOCIETY

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ANTIVIRAL VIRAL RESEARCH SOCIETY (AVRS)

www.antiviral.in E mail: antiviralresearch2016@gmail.com

AVRS National e-Poster Competition on

"Role of Herbal Medicine on Management of COVID-19"

List of Winners in AVRS National e-Poster Competition

1st Prize FIRST

Atluri Devi Priyadharshni and Sivadasu Praveen

Vijaya Institute of Pharmaceutical Science for Women, Vijayawada 08, A.P

2nd Prize SECOND

Nikita N. Kanbarkar and Sanjay Mishra

Faculty of Pharmacy, KAHER's Dr. Prabhakar Kore Basic Science Research Center [BSRC], KLE Academy of Higher Education and Research, Belagavi – 590010, Karnataka, INDIA

3rd Prize THIRD

a. **Dharshana S . Patil and Rajashree P Chaudhari**
   P S G VP MANDAL'S College of Pharmacy, Nandurbar, Maharastra
b. **Shruti Hodage and Sharvari Patil**
   Sant Gajanan Maharaj, College of Pharmacy, Mahagoan

4th Prize FOURTH

A. Amuthavalli and T. Ramesh

Hindustan college of Arts and Science, Padur, Chennai

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APPROVED BY AICTE, PCI NEW DELHI, AFFILIATED TO JNTUK
ENIKEPADU, VIJAYAWADA - 521 108. A.P. INDIA

SRK FOUNDATION VIJAYAWADA

INSTITUTION'S INNOVATION COUNCIL (Ministry of HRD Initiative)

Certificate of Participation

This is to certify that Prof/Dr/Mr/Mrs/Ms Jayasree Nimmagadda

Vijaya institute of pharmaceutical sciences for women has actively participated in the Two day Webinar on **"Research Methodology and Data Analysis"** held on 23rd & 24th July 2021.

S. Venkateswara Rao
Coordinator, IIC

B. S. Sri Krishna
Secretary
SRK Foundation

Dr. K. Padmalatha
Programme Convenor
Principal, VIPW

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SRK FOUNDATION
VIJAYAWADA

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INSTITUTION'S INNOVATION COUNCIL
(Ministry of HRD Initiative)

Certificate of Participation

This is to certify that Prof/Dr/Mr/Mrs/Ms Bhuvaneswari polukonda has actively participated in the One day Webinar on **"IPR & Regulatory Guidelines in Different Countries"** held on 17th July 2021.

S. Venkateswara Rao
Dr. S. Venkateswara Rao
Coordinator, IIC

Sri B. Sri Krishna
Secretary, SRK Foundation

Prof. K. Padmalatha

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IPA ENIKEPADU BRANCH
VIJAYAWADA, A.P.

Certificate of Participation

This is to certify that Ms. SUMAIYA SALEEM

has participated in the **Webinar** on **Comprehensive Prospects of Pharm.D: Drug Safety and Entrepreneurship** conducted on **26th and 27th June 2021.**

Dr. Purushothama Reddy
Programme Coordinator
Pharmacy Practice

Sri B. Sri Krishna
Secretary, SRK Foundation

Prof. K. Padmalatha
Principal, VIPW

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Association of Community Pharmacists of India (ACPI)

International webinar on

"Community Pharmacy - Strengths and opportunities"

Certificate

This Certificate is Awarded to

D.Nandini

Participated in the Webinar on

"Community Pharmacy - Strengths and opportunities"

Delivered by **Dr. Atmaram P Pawar, Principal, BVDU Poona College of Pharmacy, Pune, India**
Organized by **ACPI-South-India** In association with Sarada Vilas College of Pharmacy, Mysuru
Gokula Krishna College of Pharmacy, Sullurpet, AP on **12th June 2021**.

Prof. Anantha Naik Nagappa
National President ACPI

Prof. N.Udupa
Executive Director, ACPI.

Dr.Hanumanthachar Joshi
President- ACPI
South India & Karnataka

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Krishna University

Machilipatnam, Andhra Pradesh - 521003

Certificate of Participation

This is to certify that

Kadiyala Madhulika , Vijayawada

Vijaya institute of pharmaceutical sciences, Enikepadu

has participated in One Day National Webinar on

COVID-19 DISEASE WAVE BASIC TREATMENT GUIDELINES-PREVENTION INCLUDING VACCINATION

Organized by NSS Cell, Krishna University, Machilipatnam.

On 9th June, 2021.

Vijaya Institute of Pharmaceutical Sciences for Women * ENIKEPADU VIJAYAWADA.

DR.M.KOTESWARA RAO
WEBINAR DIRECTOR

PROF. Y.SUNDRA KRISHNA
REGISTAR

PRINCIPAL
VIJAYA INSTITUTE OF
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Sarojini Naidu Vanita Pharmacy Maha Vidyalaya

(sponsored by Exhibition Society, Tarnaka, Secunderabad) Affiliated to Osmania University, Secunderabad,

In collaboration with

3Analytics

&

Pharm.Doctors

CERTIFICATE OF PARTICIPATION

VEMPARALA LAKSHMI CHAITHRA

For attending a Webinar on

VACCINATE WITH CONFIDENCE -Pharmacist in active surveillance

On

16th MAY, 2021

Dr. B. Prabha Shankar	Dr. N. Srinivas	Dr. Vemuri Jyothi	Dr T. Saritha Jyostna
Chairman, SNVPMV	Director, SNVPMV	Principal, SNVPMV	Vice-Principal, SNVPMV

Mr. Sushil Jha	Dr. R. Karthik
CEO, 3ANALYTICS	Founder, Pharm.Doctors

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ENIKEPADU, VIJAYAWADA - 521 108.

Association of Community Pharmacists of India (ACPI)

National webinar on

"Safe Disposal of Unused and Expired Medicines"

Certificate

This Certificate is Awarded to

D.Nandini

Participated in the Webinar on

"Safe Disposal of Unused and Expired Medicines"

Organized by ACPI-South India on **4th May 2021**.

Prof. Anantha Naik Nagappa
National President ACPI

Dr.Hanumanthachar Joshi
President- ACPI
South India & Karnataka

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ANTIVIRAL RESEARCH SOCIETY

Reg. No. 144/2016 | https://antiviral.in | +91 9384218275

1st PRIZE

WINNER

CERTIFICATE
of appreciation

This certificate is proudly presented to

ATLURI PRIYADHARSHNI & SIVADASU PRAVEEN

Vijaya Institute of Pharmaceutical Sciences for Women, Vijayawada, Andhra Pradesh

has participated and won the FIRST prize in National e-poster competition entitled "Role of Herbal Medicine on Management of COVID-19" on 10th March 2021 organized by ANTIVIRAL RESEARCH SOCIETY.

Vijaya Institute of Pharmaceutical Sciences for Women ★ ENIKEPADU VIJAYAWADA.

PRESIDENT – ANTIVIRAL RESEARCH SOCIETY

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INTERNSHALA TRAININGS

Certificate of Training

Shravani Udde,

student of Vijaya Institute Of Pharmaceutical Sciences for Women, has successfully completed a four weeks online training on **Business Communication Skills**. The training consisted of Introduction to Business Communication, Essential Communication Skills, The Application Process and Workplace Communication Skills modules. In the final assessment, Shravani scored 68% marks.

We wish Shravani all the best for the future.

Vijaya Institute of Pharmaceutical Sciences for Women
ENIKEPADU
VIJAYAWADA.

Sarvesh Agarwal
FOUNDER & CEO, INTERNSHALA

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Date of certification: 2021-02-28 Certificate no. : AA6B9483-DCF2-F308-98AF-445D0105FACB

For certificate authentication, please visit https://trainings.internshala.com/verify_certificate

SREE VIDYANIKETHAN
College of Pharmacy

National Webinar on
The Fundamentals of Scientific Writing

Certificate Of Participation

This is to certify that Dr./Mr./Mrs./Ms. Paladugu vishnu priya, Student / Assistant Professor / Associate Professor / Professor from _____ has participated in the event of National Webinar on **"The Fundamentals of Scientific Writing"** organized by the Department of Pharmacology, Sree Vidyanikethan College of Pharmacy, Sree Sainath Nagar, Tirupati held on 17th Feb 2021.

Mrs. K. Anitha
Co-ordinator

Dr. R.Jayaraman
Organizing Secretary

Dr. Anna Balaji
Convener & Principal

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Pharm.Doctors
Transforming Health and Education

Certificate of participation

This certificate is presented to

UDDE SHRAVANI

for attending the workshop on Role of Clinical Pharmacist in Identification, Prevention and Management of Drug Therapy Problems organized by Pharm.Doctors on 5th & 6th of February 2021.

Dr. Karthik Rakam
Founder, PharmDoctors

160401

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Reg. no. SPSR/Webinar/3058

CERTIFICATE OF PARTICIPATION

This certificate is awarded to

PENDYALA MEGANA

for participating in the SPSR National Webinar on **'NANOTECHNOLOGY AND MEDICAL SCIENCE: CHALLENGES AHEAD'** organized by Society of Pharmaceutical Sciences and Research (SPSR) on January 16, 2021

In association with

Mrs. Monika Sabharwal
(Hon. Secretary, SPSR)

www.spsrpharma.org

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Paladugu Vishnu Priya.JPG

CliMed Research Solutions

WYHF INDIA

CERTIFICATE OF ATTENDANCE

This certifies that

PALADUGU VISHNU PRIYA

In recognition for his/her active participation as 'Delegate' during **"International Symposium on Medication Therapy Management-2020" (ISMTM)** held virtually on 2nd & 3rd January, 2021, conducted by **CliMed Research Solutions** in collaboration with **Indian Pharmaceutical Association, World Youth Heart Federation - India** and **Association for Community Pharmacist in India**. Your interest and willingness are greatly appreciated.

Dr. Ajit Singh
CEO & Co-Founder
CliMed Research Solution
India

Dr. T. V. [illegible]
National President
Indian Pharmaceutical
Association-India

Dr. Anantha Naik N
President
Association of Community
Pharmacists of India (ACPI)

Priyansh Shah
Priyansh Shah
Founder & President
World Youth Heart
Federation-India

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JSS ACADEMY OF HIGHER EDUCATION & RESEARCH
(DEEMED TO BE UNIVERSITY) MYSURU

CERTIFICATE OF APPRECIATION

This is to certify that

Pacha Dhanika

Participated as Delegate for the Webinar on "Vaccine Safety: Basics to Advanced" held on 19th Dec 2020
Organized by
Regional Training Center for South Zone, Department of Clinical Pharmacy, JSS Medical College & Hospital, Mysuru
In association with
Department of Pediatrics, JSS Medical College and Hospital, JSS AHER, Mysuru
&
Pharmacovigilance Program of India, Indian Pharmacopeia Commission (IPC), Ghaziabad

Dr M Ramesh
Coordinator, AMC-JSS MC&H
Professor & Head, Dept. Clinical P...
JSS Hospital, JSS AHER, M...u

Dr Jai Prakash
Officer (I/C), PvPI &
Senior Principal Scientific Officer
IPC, Ghaziab...

Dr K Jagadish Kumar
Professor & Head
Department of Pediatrics
JSSMC & Hospital, JSS AHER, Mysuru

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ADITYA
PHARMACY COLLEGE

ADITYA NAGAR, ADB ROAD, SURAMPALEM, ANDHRA PRADESH

Website: www.adityapharmacy.edu.in. Email: office@adityapharmacy.edu.in

CERTIFICATE OF PARTICIPATION

This is to certify that

SUMAIYA SALEEM

(VIJAYA INSTITUTE OF PHARMACEUTICAL SCIENCE FOR WOMEN)

has participated in the Pharma Feiringer 2020 on

" Pharmacists: Frontline Health Professionals"

organized by *ADITYA PHARMACY COLLEGE* on 30th November, 2020.

His / Her Participation is highly appreciated.

SHRI. N. SATISH REDDY	**DR. V. RAVI SANKAR**	**DR. D. SATHIS KUMAR**
VICE-CHAIRMAN	PRINCIPAL & CONVENOR	CO-ORDINATOR
DR. A. HARANI		**MR. S.NAGESWARA RAO**
SCIENTIFIC COMMITTEE		CO-ORDINATOR

Vijaya Institute of Pharmaceutical Sciences for Women ENIKEPADU VIJAYAWADA.

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PHARMACEUTICAL SCIENCES FOR WOMEN

ENIKEPADU, VIJAYAWADA - 521 10

This is a computer generated document. No signature is required.

ANDHRA PRADESH STATE SKILL DEVELOPMENT CORPORATION(APSSDC)

(Department of Skills Development & Training, Govt.of Andhra Pradesh)

Skill AP APSSDC

CERTIFICATE OF PARTICIPATION

This is to Certify Mr./Mrs. Seelam.Deepthi with A has successfully completed the online Webinar on **"Calligraphy Handwriting Skills"** held from **04th Nov 2020 to 21th Nov 2020**.

Dr. D.V. Rama Koti Reddy
Executive Director
APSSDC

Dr Arja Srikanth
Special Secretary to Government
MD&CEO,APSSDC

Andhra Pradesh State Skill Development Corporation, Government of Andhra Pradesh

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ENIKEPADU, VIJAYAWADA - 521 108.

IPA-SF
Indian Pharmaceutical Association
Students' Forum

CERTIFICATE OF PARTICIPATION

This certificate is presented to Pacha Dhanika *for attending the Webinar ,*
on Promises & Pitfalls of Computational Approaches to Drug Design & Discovery
conducted by the Indian Pharmaceutical Association-Students' Forum
on October 31, 2020.

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CERTIFICATE OF PARTICIPATION

This is to Certify Mr./Mrs. *D.Nandini*

has successfully completed the online Webinar on **"Global Emerging Trends In Pharmacy"** held from **05th Oct 2020 to 11th Oct 2020**.

Dr. D.V. Rama Koti Reddy
Executive Director
APSSDC

Dr Arja Srikanth
Special Secetary to Goverment
MD&CEO,APSSDC

Andhra Pradesh State Skill Development Corporation, Goverment of Andhra Pradesh

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ARTICLES PUBLISHED IN JOURNALS 2020-21

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2.	Solid dispersion: Strategy to enhance solubility	Ch. Greeshmika, P. Kavya, Shaik Sayeeda Sarah, B. Hemalatha , K. Padmalatha.	Pharmaceutics	Indo American Journal Pharmaceutical Sciences	2021	2359-7750
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SJIF Impact Factor: 7.187

http://doi.org/10.5281/zenodo.4432151

Avalable online at: http://www.iajps.com *Review Article*

NANOSUSPENSION TECHNOLOGY: A REVIEW

T. Pavani Priya[1], K. Manasa[1], Ch. Greeshmika[1], B. Hemalatha[1], K. Padmalatha[2]
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Article Received: November 2020 **Accepted:** December 2020 **Published:** January 2021

Abstract:
Solubility is the crucial factor for drug effectiveness, independence of the route of administration. Large proportions of newly discovered drugs are water insoluble, and therefore poorly bioavailable contributing to deserted development effort. These so-called 'Brickellia' candidates can now be delivered by formulating them into Nanosuspension. Nanosuspension technology solved the problem of drugs which are poorly aqueous soluble and less bioavailability. Stability and bioavailability of the drugs can be improved by the Nanosuspension technology. Preparation of Nanosuspension is simple and applicable to all drugs which are aqueous insoluble. Nanosuspensions are prepared by using wet mill, high pressure homogenizer, emulsion-solvent evaporation, melt emulsification method and super critical fluid techniques. Nanosuspension can be prepared by using stabilizers, organic solvents and other additives such as buffers, salts, polyols, osmogent and cryoprotectant. Nanosuspensions can be delivered by oral, parenteral, pulmonary and ocular routes. Nanosuspensions can also be used for targeted drug delivery when incorporated in the ocular inserts and mucoadhesive hydrogels.

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Please cite this article in press B. Hemalatha et al, ***Nanosuspension Technology : A Review.,*** *Indo Am. J. P. Sci, 2021; 08(1).*

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CODEN [USA]: IAJPBB ISSN : 2349-7750

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SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4446489

Avalable online at: http://www.iajps.com *Review Article*

SOLID DISPERSION: STRATEGY TO ENHANCE SOLUBILITY

Ch. Greeshmika[1], P. Kavya[1], Shaik Sayeeda Sarah[1], B. Hemalatha[1], K. Padmalatha[2]
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Article Received: November 2020 **Accepted:** December 2020 **Published:** January 2021

Abstract:
Solid dispersion is defined as dispersion of one or more active pharmaceutical ingredient in a carrier at solid state and an efficient technique to improve dissolution of poorly water-soluble drugs to enhance their bioavailability. Solid dispersions have attracted considerable interest as an efficient means of improving the dissolution rate and hence the bioavailability of a range of poorly water-soluble drugs. Solid dispersions of poorly water-soluble drugs with water-soluble carriers have been reduced the incidence of these problems and enhanced dissolution. The focus of this review article on advantages, disadvantages, types and the method of preparation and characterization of the solid dispersion and various types of marketed preparations.

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Please cite this article in press Ch. Greeshmika et al, ***Solid Dispersion: Strategy To Enhance Solubility.,*** *Indo Am. J. P. Sci, 2021; 08[1]*

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Research Article **CODEN: IJRPJK** **ISSN: 2319 – 9563**

International Journal of Research in Pharmaceutical and Nano Sciences

Journal homepage: www.ijrpns.com

https://doi.org/10.36673/IJRPNS.2021.v10.i01.A04

VARIOUS TECHNIQUES FOR SOLUBILITY ENHANCEMENT: AN OVERVIEW

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ABSTRACT

The success of formulation depends on how capably it makes the drug available at the site of action. Therapeutic effectiveness of a drug depends upon the bioavailability which ultimately depends upon the solubility of drug molecules in case of oral formulations. So, solubility enhancing techniques like co-solvency, hydrotropy, co-crystallisation, salt formation, change in pH, addition of solubilizing agent, micronization, complexation, modification of crystal habit, solid dispersion have to be used to enhance solubility of poorly soluble drugs. The intention of this article is to describe the solubilisation techniques for improving bioavailability of poorly soluble drugs.

KEYWORDS

Soluble drugs, Techniques and Enhancing techniques.

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INTRODUCTION

The therapeutic effectiveness of any drug depends upon its bioavailability and thus ultimately upon the solubility of those drug molecules. Solubility is important parameter to attain the desired concentration of drug in the systemic circulation to prove its pharmacological response. The solubility of a solute is defined as the maximum quantity of solute that can dissolve in a certain amount of solvent at a specific temperature. The solubility is defined as the capability of one substance to form a solution with another substance. The substance which is to be dissolved is called the solute and the dissolving fluid in which that solute dissolves is

CODEN [USA]: IAJPBB ISSN : 2349-7750

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SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4649558

Avalable online at: http://www.iajps.com *Review Article*

A BRIEF OVERVIEW ON MICRONEEDLES

A. V. S. Himabindu*, M. Manasa, N. Neeraja, M. J. L. Manasa Reddy, B. Umadevi, S. Umamaheswari, K. Padmalatha

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Article Received: February 2021 **Accepted:** February 2021 **Published:** March 2021

Abstract:

Transdermal drug delivery carried out a promising carrier in the transport of drugs to get direct access across the skin deep into the systemic circulation. Transdermal drug delivery has a number of advantages including improved patient compliance, sustained release, avoidance of gastric irritation, as well as elimination of pre-systemic first-pass effect. It gives attraction to many researchers due to various biomedical advantages. Due to the limitation of oral drug delivery system and the pain related with the use of needles in case of injections, drug delivery research has tremendously oriented towards the transdermal route. The objective of the present review is to focus on newly innovations in transdermal drug delivery systems which can create a platform for the research and development of pharmaceutical drug dosage form for efficient transdermal delivery. In this review, we tell about different types of microneedles are described and their methods of fabrication. Microneedles can be fabricated in different forms like hollow, solid, and dissolving. There are also hydrogel-forming microneedles. In relation to hydrogel-forming microneedles, special attention, these are innovative microneedles which does not contain drugs but imbibe interstitial fluid to form continuous conduits between dermal microcirculation and an attached patch-type reservoir. Regulatory authorities approved several microneedles for clinical uses are also examined. The last part of this review discusses concerns and challenges regarding microneedles use.

Key words: *transdermal drug delivery, microneedles, patient compliance, avoid first pass effect.*

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Please cite this article in press A. V. S. Himabindu et al., **A Brief Overview On Microneedles.,** *Indo Am. J. P. Sci, 2021; 08(03).*

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CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.5095048

Online at: http://www.iajps.com *Research Article*

FORMULATION DESIGN AND IN VITRO EVALUATION OF VILDAGLIPTIN MUCOADHESIVE MICROSPHERES

A. V. S. Himabindu*[1], M. Manasa[1], N. Neeraja[1], M. J. L. Manasa Reddy[1], B. Umadevi[1], S. Umamaheswari, K. Padmalatha[2]

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Article Received: May 2021 **Accepted:** June 2021 **Published:** July 2021

Abstract:

The main aim of the present work was to formulate and characterize oral sustained release mucoadhesive microspheres of Vildagliptin. Vildagliptin is a dipeptidyl peptidase IV (DPP-IV) inhibitors used in the management of diabetes. This drug also undergoes first-pass metabolism. To overcome this problem Vildagliptin mucoadhesive microspheres were developed to control the release rate of the drug and target to the specific site of the body to make an enormous impact in the formulation and development of novel drug delivery system and also improve efficient absorption and enhances oral bioavailbility of the drug due to high surface to volume ratio. It also provides an intimate contact of the drug delivery system to the absorbing mucous membrane for sustaining the drug action. This is a new oral drug delivery system which was developed and utilized both the concepts of sustained release and mucoadhesiveness in order obtain a unique drug delivery system which could remain in intestine and control the drug release for longer period of time.

Key words: *mucoadhesive, bioavailability, sustained release*

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Please cite this article in press A. V. S. Himabindu et al., ***Formulation Design And In Vitro Evaluation of Vildagliptin Mucoadhesive Microspheres****., Indo Am. J. P. Sci, 2021; 08(07).*

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CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.5094921

Online at: http://www.iajps.com *Review Article*

A COMPREHENSIVE REVIEW ON CO-CRYSTALS

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Article Received: May 2021 **Accepted:** May 2021 **Published:** June 2021

Abstract:

Poor aqueous solubility and low oral bioavailability of an active pharmaceutical ingredient are the limitations during the growth of a new product. Co-crystal formation is a new approach to enhance the physicochemical properties of the active pharmaceutical ingredient. Co-crystallization with pharmaceutically acceptable compounds does not affect the pharmacological activity of the API but can improve the physical properties like solubility, stability and dissolution rate. Cocrystals are multi-component system of active pharmaceutical ingredient with a stoichiometric amount of a pharmaceutically acceptable coformer included within the crystal lattice. By manufacturing pharmaceutical co-crystals, the physicochemical properties of a drug can be improved thus it offers a great opportunity for the development of new drug products in the pharmaceutical industry. Most significantly, co-crystals can create new medicines with increased solubility and hence improve the efficiency and safety of the treatment. The main factor which affects co-crystal preparation is its thermodynamic stability. There are different methods used for the synthesis of co-crystal such as grinding, slurrying, antisolvent, hot-melt extrusion, spray drying, etc.

KEYWORDS: *Pharmaceutical co-crystals, co-crystallization, Dissolution rate, solubility, stability, solvent evaporate*

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*Please cite this article in press P.M.M. Naga Lakshmi Varma et al., **A Comprehensive Review On Co-Crystals**., Indo Am. J. P. Sci, 2021; 08(06).*

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CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4946919

Online at: http://www.iajps.com *Review Article*

NIOSOMES-A NOVEL DRUG DELIVERY SYSTEM

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Article Received: May 2021 **Accepted:** May 2021 **Published:** June 2021

Abstract:
Niosomes or non-ionic surfactant vesicles are microscopic lamellar structures formed on admixture of non-ionic surfactant of the alkyl or dialkyl polyglycerol ether class and cholesterol with subsequent hydration in aqueous media. They are vesicular systems similar to liposomes that can be used as carriers of amphiphilic and lipophilic drugs. The method of preparation of niosome is based on liposome technology. The basic process of preparation is the same i.e. hydration by aqueous phase of the lipid phase which may be either a pure surfactant or a mixture of surfactant with cholesterol. After preparing niosomal dispersion, unentrapped drug is separated by dialysis, centrifugation or gel filtration. A method of in-vitro release rate study includes the use of dialysis tubing. Niosomes are promising vehicle for drug delivery and being non-ionic, it is less toxic and improves the therapeutic index of drug by restricting its action to target cells. Niosomes are unilamellar or multilamellar vesicles formed from synthetic non-ionic surfactants. They are very similar to the liposomes. Niosomal drug delivery is potentially applicable to many pharmacological agents for their action against various diseases. Niosomes have shown promise in the release studies and serve as a better option.

Keywords: *Niosomes, Vesicular systems, Drug Delivery*

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*Please cite this article in press G. Pramoda et al., **Niosomes-A Novel Drug Delivery System**., Indo Am. J. P. Sci, 2021; 08(06).*

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WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 7, 2199-2210 Review Article ISSN 2278 – 4357

A REVIEW ON HOSPITAL WASTE MANAGEMENT

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Article Received on
18 May 2021,

Revised on 6 June 2021,
Accepted on 26 June 2021,

DOI: 10.20959/wjpps20214-19455

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ABSTRACT

Hospital care waste is indispensable for our life and health, but waste generated from the hospital activities represents a factual problem of living nature and human world. Hospital waste constitutes a potentially deleterious materials with a distinct category of waste . Every day huge amount of indisputably infectious and hazardous wastes are generated in the health care hospitals and facilities around the world. The disposal of these wastes could also lead to environmental problems. Bio waste is composed of various fractions with variable dangers depending on their origin and content. The community to the toxic effects of waste generated from health activity may leads to poor management of health care waste which exposes health labors,waste handlers like garbage disposer,waste disposal unit etc. This article intends to describe various health care wastes, BMW Classification, categories based waste management hierarchy, waste minimization, Hospital solid waste management plan, treatment, processing and disposal options.The main aim of this paper is to highlight the present condition of hospital based waste and a review on scientific method of hospital waste management.

KEYWORDS: Hazardous waste, waste management hierarchy, solid waste Managemen , Environmental problems, waste minimization.

A REVIEW ON STEM CELL THERAPY IN OSTEOARTHRITIS: EARLY DIAGNOSIS AND STEM CELL THERAPY INDUCED CARTILAGE REGENERATION

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ABSTRACT: Osteoarthritis (OA) is a chronic disease with primary supply of painful discomfort, incapacity, and socioeconomic price worldwide. The epidemiology of the disease is complicated and multifactorial, with genetic, organic, and biomechanical additives. Aetiological factors may also be joint specific. Joint replacement is an effective treatment for symptomatic last-stage ailment, even though functional effects may be poor and the lifespan of prostheses is constrained. Consequently, the main aim is shifting to disease prevention and the treatment of early-stage osteoarthritis. Joint-replacement interventions implying disease progression include life-style modification and pharmaceutical and surgical modalities. This assignment is tough due to the fact regular imaging techniques can locate only superior changes and the relation between ache and structural degeneration isn't determined. Though, advances in each imaging and biochemical markers offer ability for analysis and as final results measures for brand new treatments. No cures have confirmed efficacy in stopping the development of this degenerative joint disorder. Mesenchymal stem cells (MSCs) are a multipotent. MSCs are endogenous population of progenitors capable of differentiation to musculoskeletal tissues. MSCs have a well-documented immunomodulatory function, handling the entire inflammatory reaction through paracrine signalling. Given these characteristics, MSCs were proposed as a probable regenerative cellular therapy supply for patients suffering with OA. Research efforts are focused on determining the appropriate source for derivation, as MSCs are local to numerous tissues.

Key words: Arthritis, Osteoarthritis, cell therapy, cartilage regeneration, mesenchymal stem cell and adipose tissue derived stem cell therapy.

INTRODUCTION: Osteoarthritis is the most prevalent joint disease worldwide, affecting an anticipated 10% of male and 18% of female population over 60 years of age.[1]Arthritis is the constant supply of disability among adults within the united states in 2003, the disorder concerned 50 million Americans and this variation is anticipated to increase to 67 million through 2030.[2] Studies on the predominance of OA in India present clashing outcomes because of contrasts in incorporation models and review strategies. The predominance of knee OA dependent on clinical standards has been assessed to be 4.4% and 3.4% in country and metropolitan India, separately, when adapted to segment divergence.[3] The hip and knee are the fundamental massive joints suffering from OA. Despite the fact that estimates of the superiority of hip and knee OA range significantly relying on whether or not the disease is described by each sign and symptoms and radiographic modifications, or via radiographic standards alone, knee OA is more frequent than hip OA. typically, as many as 40% of those aged over sixty-five within the community can also have symptomatic OA of the knee or hip. As there may be no single therapy

ejpmr, 2021,8(7), 229-233

SJIF Impact Factor 6.222

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Review Article

ISSN 2394-3211

EJPMR

A NEW PROMISING STRATEGY ISLET MACROCELL ENCAPSULATION DEVICE IN THE TREATMENT OF TYPE I DIABETES

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Article Received on 02/05/2021 **Article Revised on 23/05/2021** **Article Accepted on 13/06/2021**

ABSTRACT

Islet transplantation can treat the foremost severe cases of type I diabetes (TID), but it currently requires deceased donor pancreatic as an islet source and chronic immunosuppression to forestall rejection and recurrence of autoimmunity. Stem cell derived insulin-producing cells can overcome the shortage of organ donors, while cell encapsulation can reduce or eliminate the necessity for immunosuppression, reduce the risks related to with the islet transplantation process and potentially prolonged can survive. A range of materials are used to test for microencapsulation in various animal models and a few materials were shown to induce immunosuppression in islet grafts without the necessity for chronic immunosuppression. Despite the initial success of microcapsules within the NHP model, the combined use of islet transplantation and microencapsulation has not yet been successful in clinical trials.

KEYWORDS: Type I diabetes (TID), Immunosuppression, Microencapsulation, Islet transplantation.

INTRODUCTION

Type I Diabetes Mellitus (TIDM) also known as insulin-dependent diabetes mellitus, is an autoimmune disease that causes a progressive destruction of the insulin-producing pancreatic β cells. As a result, patients require exogenous insulin to maintain normal blood glucose levels. In patients with TIDM, long-term hyperglycaemia often causes complications such as nephropathy, neuropathy and retinopathy. According to a report from the American Diabetes Association (ADA), there are nearly three million children and adults living with TIDM in the USA and millions of others affected worldwide. Management of TIDM and other associated complications is burdensome to both individuals and to society as a whole.

About 422 million people worldwide have diabetes until 2020, the majority living in low-and middle-income countries and 1.6 million deaths are directly attributed to diabetes each year. Both the number of cases and the prevalence of diabetes have been steadily increasing over the past few decades. It is estimated that there are around 601 thousand children worldwide who have type I diabetes. Type I diabetes also known as juvenile diabetes or insulin-dependent diabetes, is a condition in which the body cannot produce insulin, requiring people with the condition to take artificial insulin to stay alive. Insulin injection is a common method to directly control blood glucose levels. However, intensive insulin therapy can induce more frequent episodes of hypoglycemic symptoms in certain populations of patients with TIDM. T1D is an autoimmune disease in which beta cells within the pancreatic islets are destroyed by selecting independent responses against beta cell auto antigens. The pathophysiology of beta cell destruction in T1D has been reviewed previously. Beta cells are responsible for secreting insulin, which regulates glucose metabolism and homeostasis. Currently, patients with T1D are dependent on external insulin injections but insulin injections do not prevent serious and chronic T1D complications, which can be life-threatening4. In addition, severe hypoglycaemia is often diagnosed by patients as a result of external insulin injections. Hypo ignorance about 6 to 10% of all people who die of T1D. In addition to the widespread use of novel analogues of insulin novels, pump therapy, and glucose sensors, uncertainty persists. Restoring normoglycemia without increasing the risk of severe hypo can have a significant impact on the well-being of people with T1D. Pediatric pump therapy with automatic insulin suspension reduced

ISSN- 2230-7346
Journal of Global Trends in Pharmaceutical Sciences

SOCIOECONOMIC INEQUALITIES IN THE PRESCRIPTION OF ORAL ANTICOAGULANTS IN STROKE PATIENTS WITH ATRIAL FIBRILLATION

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ARTICLE INFO

Key words:
Anticoagulants, Atrial Fibrillation, Stroke, Socioeconomic inequalities

Access this article online
Website: https://www.jgtps.com/
Quick Response Code:

ABSTRACT

Anti-coagulants are known as blood thinners. These drugs prevent recurrences and existing blood clots from enlarging but do not dissolve them. These are widely used in, Stroke (CVA), Atrial Fibrillation (AF), Coronary Artery Disease (CAD), Vascular surgery and other conditions where clots are formed. About 17million people die from cardiovascular diseases every year all over the world and about 5million die from heart attack & stroke. Intravenous (IV) anticoagulants are used for immediate effect and oral anticoagulants for maintenance therapy. Anticoagulants are highly expensive.Commonly used oral anticoagulants are Dabigatran, Rivaroxaban, Apixaban and Warfarin. There are many socioeconomic inequalities are seen in the prescription of oral anticoagulants in stroke patients with AF. In this study socioeconomic inequalities were described based on their age, sex, economic status, birth country, diseased states and education. To reduce economic inequalities in low income and uneducated patients cost effective drugs can be prescribed.

INTRODUCTION

Cardiovascular disease is a serious condition which effect heart and blood vessels.[1, 2]Throughout the world high morbidity and mortality is associated with cardiovascular diseases. The various risk factors are elevated cholesterol and blood pressure levels, excessive smoking habits, diabetes, malnutrition and obesity.[3]About 17million people die from cardiovascular diseases every year all over the world and about 5million die from heart attack & stroke. AF patients are up to 5 times likely to have an ischemic stroke when compared to non-atrial fibrillation patients. Men are estimated to have 2.7 million new cases each year, while woman have 2 million by 2030, the European Union expects 4-17 million AF patients with 120000-215000 new patients Diagnosed each year. By the year 2050, the incidence of AF is expected to have increased 2.5 – fold.[4] In comparison to studies from other parts of the world, prevalence of AF in India was 0.196% lower.[5] In USA, its prevalence is in rise and is expected that 12 million people gets affected by 2050.[6]Atrial fibrillation affects the majority of people suffering from cardiovascular diseases globally. It is the most common supraventricular arrhythmia, which is associated with increased risk of stroke.[4,7]AF has a detrimental effect on one's quality of life and has a substantial impact on one's ability to function and raises the risk of hospitalization.[4]When the blood flow to part of your brain is disrupted or diminished, brain tissue is deprived of

EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 8
Issue: 7
397-402
Year: 2021

NEURODEGENERATION DUE TO INSULIN RESISTANCE IN ALZHEIMER'S DISEASE

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Article Received on 03/05/2021 **Article Revised on 24/05/2021** **Article Accepted on 14/06/2021**

ABSTRACT
Alzheimer's Disease (AD) is a neurodegenerative disorder in which there will be decrease in the memory and cognition impairment. This was 1st described by in 1906. The name Alzheimer's disease is coined by after the name of the scientist Dr. Alois Alzheimer. AD is characterised by the accumulation of Amyloid beta peptides (Aβ) plaques extracellularly and there will be intracellular aggregation of Neurofibrillary Tangles (NFTS). NFTS are formed due to tau protein hyperphosphorylation. This accumulation of NFTS and plaques leads to necrosis of the brain tissue. There is growing evidence that interlink between Diabetes Mellitus type II (DM type II) and AD. There is almost doubled risk of AD for the patients with type II DM insulin resistance in DM type II is the underlying mechanism for the occurrence of AD in type II DM patients. Insulin is helpful for the dendritic sprouting, cell repair and growth. Hence insulin helps in maintaining the healthy neuronal tissue. With the insulin resistance there will be inhibition of the insulin degrading enzyme. This enzyme is useful for the degradation of the insulin as well as Aβs in the brain tissue. As insulin degrading enzyme is inhibited there will be amyloid beta cells in the brain tissue, which ultimately leads to damage of the brain tissue.

KEYWORDS: Alzheimer's Disease (AD), Amyloid beta peptides (Aβ) plaques, Neurofibrillary tangles (NFTS), Intranasal (NAS) insulin and Diabetes Mellitus type II.

INTRODUCTION
The term AD was named after the German physician "Dr. Alois Alzheimer". There are 2 - forms of AD;

1. Familial form of AD (early stage) – It has symptoms like confusion, lapses of short-term memory loss, mood swings and these subjects are more withdrawn (it is a very rare form of the disease that occurs in people between the age of 30 - 60 years).

2. Sporadic form of AD - Is late onset AD which has symptoms like that of the early onset AD. This usually occurs at the age of 60 years and above.

In this disease there will be accumulation of Amyloid beta peptides (Aβ) extracellularly and Neurofibrillary Tangles (NFTs) intracellularly in the brain tissue. Accumulation of NFTs occurs due to hyper phosphorylation of tau proteins. Accumulation of NFTs and amyloid beta proteins leads to necrosis of the brain tissue.[1]

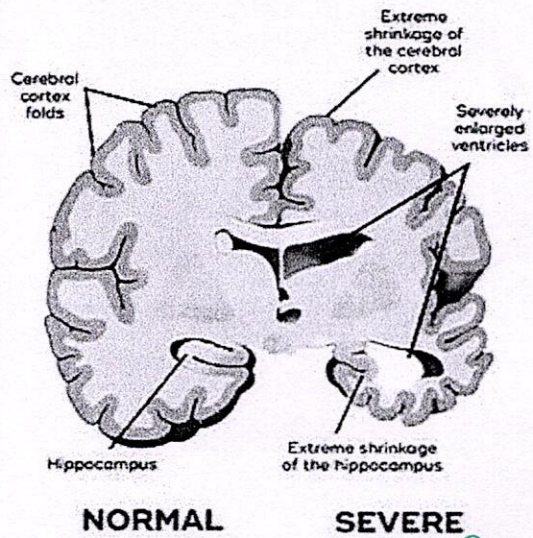

Figure 1: Normal Brain (Vs) Alzheimer's.

EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 8
Issue: 8
248-252
Year: 2021

REVERSE AGEING BY TELOMERES IN HUMANS

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Article Received on 08/06/2021 **Article Revised on 29/06/2021** **Article Accepted on 19/07/2021**

ABSTRACT

As people live longer, population aging puts pressure on economy in terms of increased health care services, decreased capacity to do work and dependence on others. Aging is gradual process of becoming older that increases mortality over time by negatively affecting its vitality and functional performance. Aging is major risk factor for developing variety of diseases. The 2 - main hallmarks of aging at cellular level are telomere length shortening and cellular senescence. Telomeres are specific ribonucleoprotein contains tandem repeats of TTAGGG bases, which are bounded by complex called shelterin, prevents the DNA repair machinery from mistaking, helps in ensuring effective DNA replication and preventing from deterioration each time a cell inside your body divide, a silver of your youth vanishes in the wind, this occurs via shortening of telomeres, eventually telomeres become critically short, thus results in cellular senescence, where the cell no longer undergoes division and starts accumulating the damage that it cannot repair which leads to aging and development of illness. A human immortality enzyme called telomerase capable of indemnifying the progressive attrition of telomere by adding TTAGGG repeated chunks to the chromosome ends, thus delays, stops or even reverses the ageing that occurs because of telomere shortening. Scientists has proposed ways for extension of telomeres by exposing humans to HBOT (Hyperbaric Oxygen Therapy) and introduction of modified TERT (Telomerase Reverse Transcriptase) mRNA into human cells. These methods were found to be fruitful in reversing the age of the human. Hence, the chances of reverse aging were more when subjects were treated with above methods. If these methods were well succeeded one can decrease the percentage of old age population which further reduces the aging and associated diseases thus leads to increased global productivity and economy.

KEYWORDS: Reverse Aging, Telomeres, Economic burden, reverse aging.

INTRODUCTION

As aging population increases, burden on economy increases because with increasing age, productivity decreases and they prone to more disease exposure which increases health services and make them reliable on others. In the past 1800's the life expectancy was relatively very shot i.e., 40 yrs. It was drastically increased from the past 150 yrs. Now the global life expectancy has risen to 72.6 years, this is due to advancement in medical field, better living, increased productivity of agriculture; the longevity of life has increased.

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An OVERVIEW ON DANDY WALKER SYNDROME

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Abstract:

Dandy-Walker syndrome is a rare disorder characterized by complete or partial agenesis of the vermis, cystic dilatation of the fourth ventricle, and an enlarged posterior fossa. The etiology is unknown but some reports are associated with risk factors like virus infections (rubella, toxoplasma, and cytomegalovirus) and alcohol consumption. The reported incidence varies from one in 25000 births to one per 50,000 births. An increase in the size and pressure of fluid spaces surrounding the brain may also present. Symptoms often occur in early infancy, include slow motor development and progressive enlargement of the skull. In children, symptoms of increased intracranial pressure such as irritability and vomiting, and signs of Cerebellar dysfunction as unsteadiness, lack of muscle coordination, or jerky movements of the eyes may occur. Other symptoms include increased head circumference, bulging at the back of the skull, abnormal breathing problems, and problems with nerves that control the eyes, face, and neck. Dandy-Walker Syndrome is sometimes associated with disorders of other areas of the central nervous system, including the absence of the area made up of nerve fibers connecting the two cerebral hemispheres (corpus callosum) and malformations of the heart, face, limbs, fingers, and toes. Diagnostic tests such as MRI, CT scan, and ultrasound have been done for diagnosis of DWM. The surgical method of treatment are been done.IN children older than 1year, endoscopy third ventriculostomy as first-line treatment in DWM, along with Ventriculoperitoneal (VP), Or Cystoperitoneal (CP) Shunts. Along with vocational therapy, physical therapy, occupational therapy, and genetic counseling must be given to family members.

Key words: dandy walker syndrome, dandy walker malformation.

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MATERNAL AND NEONATAL OUTCOMES OF WOMEN WITH DIABETES IN PREGNANCY.

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ABSTRACT:

Among the pregnant women 2 to 17.8% develop the gestational diabetes. One in 100 pregnancies are having pre- GDM. the prevalence of diabetes in pregnancy may increase day by day. it results in increase the burden of pregnancy. Women with diabetes in pregnancy may affect the both mother and fetus metabolism. Pregnancy with diabetes can predispose the fetus to several alterations in organogenesis, growth restrictions congenital anomalies, shoulder dystocia, hypoglycemia and mother to some diabetes related complications (retinopathy, nephropathy), emergency c- section, polyhydramnios, preterm delivery and still birth. Women diagnosed with diabetes in pregnancy start their treatment with diet and lifestyle modifications. Keep their blood sugar levels in control. Those with pre-existing type diabetes must start a glycemic control preferably before conception. Of these procedures are performed getting to keep normal or near normal as possible to avoid adverse peri-natal outcomes to the mother and to the fetus . The objectives of this study were to estimate the burden of diabetes and to explore the incidence of adverse pregnancy outcomes related to pre-gestational DM (Pre-GDM) and gestational DM (GDM) among the pregnant population.

Keywords: Pre-existing gestational diabetes, Gestational Diabetes, Maternal Outcomes, Neonatal Outcomes.

INTRODUCTION:

Pregnancy is related to changes in insulin sensitivity which can cause changes in plasma glucose levels. For women with known diabetes or for women who develop diabetes during the pregnancy, these changes can put outcomes in danger. (IDF). It's a major public ill health in the world consistent with recent (2017) International Diabetes federation(IDF) estimates, Diabetes affects approximately 14% of pregnancies worldwide, representing 18 million births annually. It is estimated that by the year 2030 quite 360 million people will have DM. And because the burden of disease increases the management of pregnancy of pregnancies complicated by DM are going to be a part of the daily obstetric practice in many regions of the world. With increasing the prevalence of diabetes in pregnancy there seems to be a rise the prevalence of adverse outcomes of pregnancy. The multiple risk factors are related to women who are developing GDM, Obesity and maternal age are major risk factors to develop GDM. In many studies states that, About 60% pregnant women with GDM later develops TYPE II Diabetes. Rates of adverse neonatal outcomes are 3 -9 times greater than infants of diabetic mothers compared with those of non-diabetic mothers.women with diabetes in pregnancy may experiences at least one adverse outcome in entire gestation . hence, this study is aimed to estimate the incidence of adverse outcomes of pregnancy associated with Diabetes.

GUILLAIN- BARRE SYNDROME WITHIN THE POST –PARTUM PERIOD: A CASE REPORT

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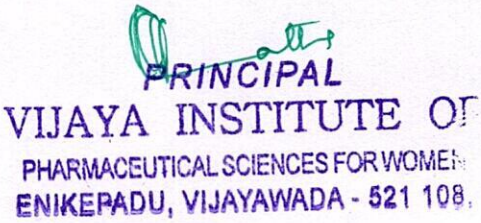
ABSTRACT:

Predominant form of GBS (Guillain – barre syndrome) was acute inflammatory demyelinating polyneuropathy (AIDP). The danger of GBS increases in third trimester and first two weeks of pregnancy.GBS is rare in pregnancy with an incidence between 11.2 and 1.9 cases per 100,000 people annually. Most patients complain of paresthesia, numbness, or similar sensory changes. The pain related to GBS is described as throbbing or aching in nature. Surgery and anesthesia may trigger the syndrome and in rare incidence vaccination may increase the chance of GBS. It's occurrence in pregnancy is related to an increased need of ventilator support, and a rise in maternal mortality up to 7% and 20% are disabled after a period of 1 year. Here, we report a case of a 21-year-old primigravida came with complaints of weakness of lower limbs and unable to walk.

KEY WORDS: GBS, Post-partum period, Paresthesia, C section

INTRODUCTION:

GBS Guillain – Barre syndrome (GBS) represents a heterogeneous group of immune mediated poly neuropathies generally manifests as a symmetric motor paralysis with or without sensory and autonomic disturbances. Guillain–Barré syndrome (GBS) is generally characterized as a postinfectious, acute flaccid paralysis with albumin cytologic dissociation: that is, high levels of protein in the cerebrospinal fluid combined with a normal cell count.GBS manifests as an acute inflammatory poly radicle neuropathy with resultant weakness and diminished reflexes. Paresthesia begins within the toes and finger tips, progressing upwards, but does not extend beyond wrist and ankles. It occurs mainly within the third trimester and the first two weeks of postpartum period. Gastrointestinal tract infection has been reported in approximately two-thirds of GBS patients. Epidemiology studies have shown that Campylobacter jejuni, Mycoplasma pneumonia, Hemophilus influenza, cytomegalovirus, and Epstein-Barr virus infection are strongly associated with GBS. Molecular mimicry and cross-reactive immune triggers play an important role in the immunopathogenesis of GBS. Antibodies to gangliosides following infection with Jejune have been demonstrated in patients with GBS.



USAGE OF PROPHYLACTIC ANTIBIOTICS TO PREVENT POSTOPERATIVE INFECTION IN CESAREAN SECTION

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ABSTRACT:

Cesarean section delivery is a major operation with great potential benefit but also with the substantial risk for both mother and baby with 5 to 20 times greater when compared to normal vaginal delivery. The major postoperative infection after c section is fever, endometritis, surgical site infection, urinary tract infection the infection is usually by aerobic, anaerobic microorganisms. usage of antibiotic prophylaxis will reduce the incidences of postoperative infection. Selection of antibiotics for prophylaxis based on the timing of administration, route of administration, duration, and its efficacy. Various studies in the past have demonstrated the role of different antibiotics use in cesarean section but no ideal drug regimen and multiple-dose regimen has been found to be superior. This article reviews various recent past studies regarding the usage of prophylactic antibiotics in the c section.

Keywords: cesarean section, post-operative infections, antibiotic prophylaxis

BACKGROUND:

Cesarean section is one of the major surgical procedures in obstetrics and gynecology practice worldwide, with potential benefits and substantial risk for both mother and baby, and morbidity and mortality rates are higher when compared to normal vaginal delivery. Women undergoing cesarean delivery is a major risk factor for postpartum infection with 5 to 20 times greater when compared to normal vaginal delivery. The major complications after cesarean delivery are fever, surgical site infection, endometritis, and urinary tract infection. Endometritis is an infectious complication in 9% to 65% of patients delivered by cesarean section. Women undergoing cesarean delivery are a higher chance of infection.

Cesarean without indication would bring many complications for both mother and baby. Maternal death caused by cesarean delivery 3 times more when compared to vaginal delivery. The most common complication seen in babies born by cesarean section is transient tachypnea and respiratory distress syndrome. Modern cesarean delivery begins to reduce maternal and newborn complications but nowadays c-section is not used only to save the mother and baby it gradually being assumed as luxurious by some communities. It is essential, to decrease such a phenomenon, making the mothers aware of the risks of cesarean delivery, and establishing counseling sessions as well to eliminate the mothers' fear of vaginal delivery. The major microorganisms responsible for endometritis are aerobic gram-negative bacilli, principally E. coli; anaerobic gram-negative bacilli, principally Bacteroides species and Gardnerella vaginalis; aerobic gram-positive cocci, primarily Group B and Group D streptococci; and anaerobic gram-positive cocci, specifically Pepto coccus species and Pepto streptococcus species

Recent data also indicate that primary cesarean deliveries in the absence of obstetric indications are rapidly rising, reflecting both shifting obstetric practices and maternal preference.10 If these trends continue, cesarean deliveries will make up approximately 50% of the more than 4 million annual deliveries by 2020. Therefore, the health and economic burden of post-cesarean infection will likely continue to rise. Cesareans without indications, as compared to Normal Vaginal Delivery (NVD), would bring about many complications for both mother and the baby. Antibiotics administered before the contamination of previously sterile tissues or fluids are deemed „prophylactic antibiotics". Prevention of surgical site infection is the major goal of antibiotic prophylaxis. For optimal prevention of postoperative wound infection, it is necessary to follow a series of general principles. This includes the type of surgical intervention, class, and character of antibiotic used, its time, and route of administration

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES
SJIF Impact Factor 7.632
Volume 10, Issue 3, 1619-1627 Research Article ISSN 2278 – 4357

A DESCRIPTIVE STUDY ON PRESCRIBING PATTERN AND ASSESSMENT ON QUALITY OF LIFE OF STROKE PATIENTS IN NEUROLOGY DEPARTMENT IN A TERTIARY CARE HOSPITAL

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Article Received on
13 Jan. 2021,
Revised on 03 Feb. 2021,
Accepted on 23 Feb. 2021
DOI: 10.20959/wjpps20213-18574

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ABSTRACT

Cerebrovascular accident (CVA) or stroke is the second leading cause of the death third leading cause of disability. The main aim of the study is to assess the prescribing pattern and assess about quality of life of stroke patients in neurology department. The total no. of patients was 93. According to the age group, 41-50 males were 14 (24.5), females were 5 (13.8). 51-60 males were 21 (36.8), females were 15 (41.67). 61-70 males were 18 (31.5), females were 9 (25.0). 71-80 males were 4 (7.02), females were 7 (19.43). From the above data males and females are more common in the age group 50-60. A gender wise distribution was mentioned males were 57 (61.29%) and females were 36 (38.71%). had hypertension 18 (31.57), females had 10 (27.78). Males had diabetes mellitus 11 (19.29), females had 7 (19.44%). Both hypertension and diabetes mellitus in males was 16 (28.07%), in females 11 (30.56%) and none of both hypertension and diabetes mellitus 12 (21.05%) in males and 8 (22.22%) in females. The present study was performed in patients to assess the quality of life after stroke. Start slowly and build up to at least 150 minutes of moderate physical activity a week and regular treatment should be followed.

KEYWORDS: Stroke, Hypertension, Diabetes, GCS, MMSE.

INTRODUCTION

The World Health Organization (WHO) definition of stroke is: "rapidly developing clinical

CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
https://doi.org/10.5281/zenodo.5499449

Available online at: http://www.iajps.com Research Article

A PROSPECTIVE OBSERVATIONAL STUDY ON DRUG UTILIZATION OF ANTI-DIABETICS IN GOVERNMENT GENERAL HOSPITAL, VIJAYAWADA

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Article Received: July 2021 **Accepted:** August 2021 **Published:** September 2021

Abstract:
Diabetes Mellitus refers to group of diseases that affect how body uses blood sugar(glucose). Glucose is vital for health because it's an important source of energy for the cells that make up muscles and tissues. Anti-Diabetic Therapy is to return blood sugar to a safe threshold and reduce the risk of complications such as Heart attacks and stroke, Neuropathy, Nephropathy, Retinopathy and Vision loss, Hearing loss, Foot damage, Depression etc. The classification include: For TYPE-1 Diabetes Insulin is given and for TYPE-2 Diabetes drugs are classified into different types Sulfonylureas, Biguanides, Meglitinides, Thiazolidine diones, Alpha glucosidase inhibitors, Dipeptidyl peptidase (DPP4), Glucagon like peptide (GLP-1). The World Health Organisation (WHO) has shown that about 79.4 million people in the world are likely to suffer from diabetes mellitus by 2030. This is the prospective observational study and was conducted in the government general hospital, Vijayawada. The study period is about 4months ie. September to December2019. All the prescriptions of OP, IP departments and Diabetic camp were included. The use of Antidiabetics in the teritiary care hospital was found to be more and in department of Outpatient was found to be 195788, Inpatient department found to be 26,636 and in diabetic camp found to be 338222. diabetic camp consumption of antidiabetic drugs was found to be more than the Inpatient and Outpatient Departments.

Keywords: *Diabetes mellitus, Antidiabetic drugs, Drug Utilization, In-patient, Out-patient, Diabetic camp.*

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Please cite this article in press Vishnu Priya Paladugu et al, A Prospective Observational Study On Drug Utilization Of Anti-Diabetics In Government General Hospital, Vijayawada., Indo Am. J. P. Sci, 2021; 08(9).

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WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 7, 927-936 Review Article ISSN 2278 – 4357

A REVIEW ON COMPLICATIONS OF HEMODIALYSIS IN CHRONIC KIDNEY DISEASE PATIENTS

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Article Received on
10 May 2021,

Revised on 01 June 2021,
Accepted on 21 June 2021

DOI: 10.20959/wjpps20217-19375

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ABSTRACT

Haemodialysis is the most commonly utilized current standard practice for the patients with end stage renal disease (ESRD). The main aim of this study is to describe the complications of dialysis in chronic kidney disease patients when kidneys are not able to perform its normal function. Complications are frequently encountered although haemodialysis is a safest measure. The common complications include hypotension, muscle cramps, fever, chills, electrolyte imbalance, and headache. Life threatening cardiovascular complications such as arrhythmias is rare. Hence, this study helps to understand the complications of dialysis which aids the health practitioner to control or prevent the complications of dialysis and in turn promote the better-quality life of patient.

INTRODUCTION

Dialysis is a medical procedure which involves the removal of toxins from the blood and adjust electrolyte imbalances at which substances diffuse through a semi-permeable membrane with the help of a dialyzer. It is primarily used as an artificial replacement in people when kidney function is lost. Dialysis works on the principle of diffusion which is defined as the process of movement of substances from high concentration to low concentration. Blood flows through a semi-permeable membrane which is a thin layer of material that contains pores of various sizes. The membrane blocks the passage of larger substances and allows smaller solutes and fluids. This reflects the filtering process that usually takes place in kidneys.

COMPARISION OF SAFETY AND EFFECTIVENESS OF ORAL AND IV ANTICOAGULANTS IN ATRIAL FIBRILATION PATIENT'S IN TERTIARY CARE HOSPITAL

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ABSTRACT : Anticoagulants are madicines that help p to prevent blood clots. They are given to people at high risk of getting clots, to reduce their chances of developing serious conditions such as stroke and heart attacks. A blood clot is a seal created by the blood to stop bleeding from wounds. However, the blood is not actually made any thinner. It just does not clot so easily whilst you taken an anticoagulant. Among 321,501 patients, use of different oral anticoagulants included Vit-K antagonist (VKA:35.0%), APIXABAN (27.2%), RIVAROXABAN (31.1%) and DABIGATRON (6.6). The non-vitamin K antagonist oral anticoagulant has been a major advance for stroke prevention in atrial fibrillation. Aimed to evaluate the effectiveness and safety of oral and iv anticoagulants. These are mostly used in , Stroke, Atrial Fibrilation(AF), Coronary Artery Disease(CAD), Vascular surgery and some other conditions where clots should be formed.

Key Words: Anticoagulants, Atrial Fibrilation, Stroke

INTRODUCTION: [(1)]Anticoagulants are the cornerstone therapy for thrombosis prevention and treatment. While these are commonly employed, anticoagulants use is often associated with adverse drug events and increased readmission rates[(1)]. Anticoagulants solutions are used to keep restoration of stored whole blood and blood fractions. The result of direct oral anticoagulants in non-valular atrial fibrillation should be judge in actual condition. [(2)]Although vit-k antagonist (VKAs) are highly effective in the prevention and treatment of thromboembolic events, these are having drug and food interactions. Alternatives of VKAs are Direct Oral Anticoagulants (DOACs) and inhibits the coagulation by directly binding the active site of thrombin(dabigatron) or factor 10 A i.e.(rivaroxaban and apixaban)[(2)].NAXOS (Evaluation of apixaban in stroke and systemic embolism prevention in patients with Non valular Atrial Fibrillation) focused to compare the safety, effectiveness and transience of apixaban with Vit-K antagonists, rivaroxaban and dabigatron in oral anticoagulant-naïve patients with non valular

Atrial Fibrillation.[(3)] Anti coagulants treatment should not used for certain patients who are suffering with health problems because they increase the risk of bleeding. Patient who is pregnant should not take these anti coagulants.[(3)] Four new oral anti coagulants compare beneficial with warfarin for stroke prevention in patients with Atrial Fibrillation. However the stability between efficacy and safety in branch needs better definition. [(4)]The main results were stroke and systemic embolic events, Ischemic stroke, haemorrhagic stroke, all-cause mortality, Myocardial Infarction, major bleeding, intracranial haemorrhage and gastro intestinal bleeding. [(5)]An anticoagulants that gives some of the useful attributes (eg, wide therapeutic index, less complex pharmacodynamics) of the newer

HEALTH RELATED QUALITY OF LIFE AND DEPRESSION AMONG THE INJECTING DRUG USERS

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ABSTRACT: Psychiatric disorders like Anxiety, Depression and Suicidal tendency are being an important public health issue worldwide. Whereas the mental disorders are most probably seen among the people who inject drugs. Even though there are comorbidities in drug users more attention was given to mental disorders and other chronic infections like HIV (Human Immune Deficiency Virus) and Hepatitis due to involvement of needle exchange process. Awareness about the disease plays a key role in the screening and treating of particular diseases especially in case of HIV and Hepatitis to increase the Quality of Life (QOL).

STUDY 1: It was a Cross-sectional study conducted in PWID (People Who Inject Drugs) at different geographical areas in Delhi for 2 months study was carried out in April and May of 2012. The findings from this study profile an impoverished, vulnerable and isolated population of men who inject drugs and whose lives are shaped by a significant level of psychosocial distress. The prevalence of depressive and anxiety symptoms among this population of men who inject drugs in Delhi was very high and suicidal thoughts and acts were disconcertingly common. **STUDY 2:** It is a Cross-sectional study which was conducted in 11 main land Scottish health boards in Scotland. Study was carried out in January to November 2010. This is the 1st study to compare health-related QoL in PWID who are chronically infected with HCV and aware, with those who are chronically infected but unaware of their infected status and those who are not chronically infected and the finding that awareness of infection status among chronically HCV- infected current PWID is associated with a reduction in QoL implies that unless clinicians are prepared and have the means, to act on a HCV diagnosis, the case for promoting the identification of infected individuals is weak.

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 9, XXX-XXX Review Article ISSN 2278 – 4357

A REVIEW ON CONVENTIONAL TREATMENT OF PEPTIC ULCER DISEASE

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Article Received on
26 June 2021,

Revised on 16 July 2021,
Accepted on 06 August 2021

DOI: 10.20959/wjpps20219-19730

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ABSTRACT

Peptic ulcer disease is the widespread disease, effecting around 5-10% of global population. However, based on significant and racial versions, two most common etiological reasons are persistent infection of H. pylori and usage of NSAIDs. Prognosis can be primarily based on endoscopy and lively such of H. pylori presence. Eradication therapy of H. pylori is pleasant preference to achieve final cure of peptic ulcer disease. Numerous global guidelines, recommended triple therapy as first line therapy which includes proton pump inhibitor, amoxicillin, clarithromycin. Combination therapy suggest the decreased efficacy over a period of time. Several new treatment options or changes are already established few years back to overcome the therapy. Primary purpose in growing the antibiotic resistance in the presence clarithromycin, metronidazole strains. The aim of this study is to describe the occurrence and primary therapeutic options of the peptic ulcer disease.

KEYWORDS: Peptic ulcer disease. Pylori, NSAIDs, Proton pump inhibitors.

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 7, 1897-1904 Review Article ISSN 2278 – 4357

PREVALENCE OF SUBSTANCE ABUSE DISORDERS IN YOUNG AGE

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Article Received on
10 May 2021,
Revised on 01 June 2021,
Accepted on 21 June 2021
DOI: 10.20959/wjpps20217-19416

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ABSTRACT

Substance use disorder occurs when a person's use of alcohol or another substance (drug) leads to health issues or problems at work, school or home. This disorder is called substance abuse. The exact cause is not known. Commonly used substances include **Opiates and other narcotics** (heroin, opium, codeine, and narcotic pain medicines), **Stimulants** (cocaine and amphetamines), **Depressants** (alcohol, barbiturates, benzodiazepines, chloral hydrate, and paraldehyde). **Hallucinogen** (LSD, phencyclidine) **Marijuana** (cannabis, or hashish).

Study 1 was a cross-sectional study; with a sample size of 730 randomly selected 12th-grade students out of 3773, in Yazd, a central province of Iran, during 2014.

Study 2 was an institution-based survey was conducted in February 2014 at a private university in Khartoum State, Sudan, with a sample size of 500.

Study 3 was a descriptive study carried out at the University of Benin City, Edo state, with a sample size of 800 students.

KEYWORDS: Substance abuse disorder, Prevalence.

INTRODUCTION

Adolescents and young adults are at high risk of tobacco, alcohol, cannabis or other illegal drugs use (Choquet et al., 2004; Merline et al., 2004). Prevalence of substance use tends to decrease during the 20s and 30s (except for tobacco), but a significant fraction of young adults continue using and abusing alcohol and illegal drugs (Melchior et al., 2008;

PREVALENCE AND RISK OF ANTIPSYCHOTIC POLYPHARMACY AMONG ELDER SCHIZOPHRENIA PATIENTS IN ASIA

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ABSTRACT: Antipsychotic Polypharmacy (APP) is a controversial topic in the treatment of older adults with schizophrenia. APP is prescribing the multiple anti psychotics for individual patient to get symptoms relief by immediate therapeutic response and used in case of insufficient therapy or in treatment resistant conditions. Monotherapy is preferred as 1st line choice for management of symptoms but are in effective in 15 – 39 % of schizophrenia cases. APP causes extra pyramidal side effects and drug interactions in combinational regimen due to high dosage of drugs. Instead of these APP are highly effective then monotherapy. Prevalence rate of APP ranges from 4 - 92.2 % depending on patient population, diagnosis, study design and geographical region. The aim of this study was to know the use of antipsychotic polypharmacy (APP) pattern in Asian patients with schizophrenia and examine their prevalence and risk association.

Study 1 - is Cross sectional case record audit conducted at 32 centers in 6 - East Asian countries and territories (Taiwan, China, Japan, Hong Kong, Korea and Singapore) in July 2001.

Study 2 - was Research on Asian Psychotropic Prescription Patterns (REAP) project conducted in July 2001 followed by 2 waves of studies in July 2004 and October 2008 to March 2009.

Study 3 - was REAP – AP4 project based on the dataset of the 4th survey conducted between March and May 2016.

Antipsychotic prescriptions of patients with schizophrenia from different countries and territories were evaluated. Daily doses of antipsychotic medications were converted to standard chlorpromazine equivalents (CPZ).

KEYWORDS: Antipsychotic Polypharmacy (APP), Schizophrenia, Monotherapy, Prevalence, Chlorpromazine equivalent (CPZ equivalent).

INTRODUCTION: Schizophrenia or Dementia praecox is severe psychiatric disorder in which people interpret reality abnormally that result in combination of delusions, hallucinations, loss of personality and extremely disordered behavior and thinking which has reduced life expectancy up to 20 % compared to healthy population. Antipsychotic medication (Neuroleptics) is 1st line treatment for schizophrenia to manage

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 10, Issue 6, 385-395. Review Article ISSN 2277– 7105

AN OVERVIEW ON IMPACT OF PSYCHOLOGICAL FACTORS IN PATIENTS UNDERGOING DIALYSIS

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Article Received on
26 March 2021,
Revised on 15 April 2021,
Accepted on 06 May 2021
DOI: 10.20959/wjpr20216-20484

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ABSTRACT

Chronic kidney disease (CKD) also known as End stage renal disease (ESRD) is a commonest, debilitating, long standing public health condition. During the initial stages of CKD, treatment is mainly focused on slowing the progression of kidney damage and treating the complications. In the final stage, dialysis or renal transplantation becomes core responsible to maintain health. The most frequent psychopathological problems among patients undergoing dialysis are depression and anxiety which is still under recognized and misdiagnosed. The dialyzed patients are often subjected to depression and anxiety symptoms due to myriad physical, mental and psychosocial factors. Females are more prone to develop anxiety while males have high tendency to develop depression. The overall prevalence rate of depression and anxiety in dialyzed patients is about 66% and 61% respectively. Moreover, the mechanisms involved between psychological factors and adverse medical outcomes in dialyzed patients are discussed. Hospital Anxiety and Depression Scale (HADS), Beck Depression Inventory (BDI) are some of the screening tools to diagnose depression and anxiety. Management of dialyzed patients with depression and anxiety is a key role to improve their quality of life. Besides pharmacological treatment, cognitive behavioral therapy and life style modifications have immense fortune on patient's survival. More attention should be given to depression and anxiety care in context to dialyzed patients management. This review provides a selective overview on prevalence rate, etiology, coping mechanisms and treatment in complex patients and also management strategies are appraised and discussed briefly the relevant literature.

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 7, 877-886 Review Article ISSN 2278 – 4357

A BRIEF OVERVIEW ON ACUTE PANCREATITIS

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Article Received on
5 May 2021,

Revised on 25 May 2021,
Accepted on 13 June 2021,

DOI: 10.20959/wjpps20217-19356

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ABSTRACT

Acute pancreatitis is a common condition brought on by gallstones or excessive alcohol consumption. The diagnosis is usually made based on the patient's symptoms, which are frequently accompanied by increased serum pancreatic enzymes. Imaging is not always necessary, but May be Performed for many reasons, such as to confirm a diagnosis of pancreatitis, rule out other causes of abdominal pain, elucidate the cause of pancreatitis, or to evaluate for complications such as necrosis or pseudocysts. While the majority of patients will have mild, self-limiting disease, a small percentage will develop severe disease that leads to organ failure. These patients are at risk for pancreatic necrosis, fluid collections, pseudocysts, and pancreatic duct distortion as a result of persistent pancreatic inflammation. Acute pancreatitis is treated with supportive treatment that includes fluid Replacement, pain management, and a gradual return to normal eating habits. Validated grading systems can help guide monitoring and treatments by predicting the severity of pancreatitis. If there is no evidence of pancreatic infection, prophylactic antibiotics are not required in acute pancreatitis. Patients who do not improve will need to be evaluated further to see whether they have any problems that necessitate intervention, such as pseudocysts or pancreatic necrosis. In the right clinical situation, endoscopy, including ERCP and EUS, and/or cholecystectomy may be recommended. The treatment of a patient with severe acute pancreatitis will eventually necessitate a multidisciplinary approach.

KEYWORDS: Pancreatitis, alcohol, abdominal pain, organ failure, treatment, inflammation, fluid replacement.

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 10, Issue 6, 396-109. Review Article ISSN 2277– 7105

A REVIEW ON IMPACT OF MENTAL HEALTH ISSUES BURDEN AND ITS THERAPEUTIC STRATEGIES IN COPD PATIENTS

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Article Received on
26 March 2021,
Revised on 15 April 2021,
Accepted on 06 May 2021
DOI: 10.20959/wjpr20216-20486

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ABSTRACT

Chronic obstructive pulmonary disease (COPD) is described by chronic airflow restriction induced by an overactive inflammatory response in the lungs and partially reversible symptoms. People with the chronic obstructive pulmonary disease face a significant challenge, which may include a variety of symptoms (breathlessness, cough, sputum production, wheezing, and chest tightness) of varying severity. COPD patients also experience psychiatric comorbidities. Anxiety and/or depression have been related to an increased risk of death, exacerbation rates, hospitalization duration, and a lower quality of life and functional status in COPD patients. Comorbid depression is common in COPD patients and is linked to a worsening of the disease's course. Despite its negative consequences, depression and anxiety are frequently undiagnosed and untreated in COPD patients. There is no consensus on the best way to screen COPD patients for anxiety and depression. The treatment strategies include behavioral and pharmacological approaches and more high-quality trials are required to improve the screening and treatment of anxiety and depression in COPD patients, as well as their complex chronic condition management. The findings of this narrative analysis, which primarily focus on clinical data in COPD patients in various locations, indicate that improved knowledge and recognition are needed to alleviate this burden.

KEYWORDS: Mental health issues, anxiety, Depression, Mechanisms, Therapeutic options.

DRUG UTILIZATION STUDY OF ANTIHYPERTENSIVE DRUGS

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ABSTRACT:

Hypertension is a condition in which the force of blood against the artery walls is too high .it is a major global public health issue and non communicable disease .it is a major health problem because it leads to initiation and progression of major cardiovascular complications , renal and cerebrovascular complications. Anti hypertensive drugs such as Ace inhibitors, Angiotensin receptor blockers, calcium channel blockers, Beta blockers are used for management of hypertension. Based on its severity and progression hypertension can be reduced by early detection and appropriate therapy for elevated blood pressure. The aim of the study is to analyze the utilization pattern of anti hypertensive drugs.

Study-1:

Cross sectional observational study aims at analyzing the utilization pattern of antihypertensives used for treatment of hypertension at a tertiary care hospital which include 286 prescriptions of patients suffering from hypertension

Study-2:

Data from prescription of drugs were recorded in pre specific case record forms and analyzed for drug utilization parameters with sample size of 127 patients was conducted in OPD of king Georges medical university were included in the study

Study-3:

Was conducted in Outpatient Department of Medicine in Government Medical College, Thrissur.with sample size of 100

KEY WORDS: Antihypertensive, prescription pattern study and Antihypertensive drug utilization.

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 7, 896-903 Review Article ISSN 2278 – 4357

PRESCRIBING PATTERNS OF ANTIBIOTICS IN REPIRATORY TRACT INFECTIONS IN DIFFERENT COUNTRIES

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Article Received on
04 May 2021,

Revised on 24 May 2021,
Accepted on 14 June 2021

DOI: 10.20959/wjpps20217-19358

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ABSTRACT

Tremendous respiratory tract infection burden developed in various countries. Communicable diseases raises the mortality and morbidity worldwide. Respiratory tract infections include upper and lower respiratory tracts infection. Antibiotics are therapeutically used in the management of the respiratory tract infections. These are inappropriately prescribed and utilization of improper antibiotic makes the prescription irrational in various countries which leads to development of antibiotic resistance, progression of infection and can be fatal to the patient. Analysis of prescription improves the rational use of antibiotics. While auditing the prescription, the clinical pharmacist should focus on preventing infections with rational use of antibiotic which helps in optimizing management and preventing unnecessary use of antibiotics. Along with the prescriptions patterns studies, it allows to know the standards and quality of health care professionals. Few studies follow international recommendations for prescribing patterns, and the majority of prescribers do not follow the guidelines, the most frequently prescribed antibiotics from these studies are Penicillin, Penicillin beta lactam combinations followed by cephalosporins; macrolides followed by cephalosporin beta lactam combinations, quinolones, carbapenems, metronidazole were prescribed. In this review article five studies have been included from various articles and results of their respective study were analysed.

KEYWORDS: Respiratory tract infection, antibiotics, prescription.

Int. J. Adv. Res. Biol. Sci. (2021). 8(6): 31-36

International Journal of Advanced Research in Biological Sciences
ISSN: 2348-8069
www.ijarbs.com
DOI: 10.22192/ijarbs Coden: IJARQG (USA) Volume 8, Issue 6 -2021

Review Article

DOI: http://dx.doi.org/10.22192/ijarbs.2021.08.06.005

Overview on Quality of Life in Patients with Hypertension

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Abstract

Although the prevalence of hypertension is increasing, less than half of hypertensive patients are aware of their condition. The most common risk factor for cardiovascular disease is hypertension. Because symptoms of hypertension are not visible in the early stages, it is known as the silent killer; if left untreated, it causes end-organ damage. Because hypertension is a chronic disease, medications should be taken for the rest of one's life. To keep blood pressure under control, both pharmacological and non-pharmacological treatment is required. Quality of life has emerged as an important tool in the fields of social science, clinical medicine, and health care. Non-communicable and chronic diseases are evaluated in terms of quality of life. The assessment of health-related quality of life is important because it aids in the understanding of the effects of disease on health. Various questionnaires, such as the SF-36 (Short Form-36) and the SF-12 (Short Form-12), are used to assess the quality of life. Questionnaires cover a wide range of topics, including patients' mental and emotional health, physical functioning, social aspects, vitality, and overall health. The number of questions varies depending on the questionnaire used to assess quality of life, but most of them cover the same domain, such as mental health and general health.

Keywords: End organ damage, Quality of life, SF-36, SF-12

Introduction

A persistent elevation of blood pressure (bp) in the arteries is defined as hypertension/high blood pressure. It is measured in terms of systolic and diastolic blood pressure (systolic –pressure excreted by blood on the artery walls of the heart during systole or heart contraction, diastolic –pressure excreted by blood on the artery walls of the heart during heart relaxation). Cardiac output (CO) and Systemic Vascular Resistance (SVR) or Systolic blood pressure (SBP), diastolic blood pressure (DBP) can be used to calculate Mean Arterial Pressure (DSP).

MAP=CO×SVR or MAP=1/3 SBP + 2/3 DBP

Hypertension is called as a silent killer because there are no symptoms in the early stages of hypertension; it increases the risk of developing cardiovascular diseases and other conditions such as hemorrhagic stroke, ischemic stroke, stroke, and ischemic heart disease if left untreated. Headache, facial flushing, dizziness, chest tightness, and vertigo are a few clinical manifestations/symptoms of hypertension. Lack of physical activity, obesity, excessive salt consumption, smoking, and chronic alcohol consumption all increase the risk of hypertension.

Impact Of Premature Menopause On Neurological &Cognitive Functioning, Sexuality, Bone Health and Thyroid

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Abstract:

Menopause is a phase of Female reproductive infirmity specified by depletion of ovarian follicles and termination of menstruation, begins at a middle age of 51 in developed countries. Premature menopause (PM) refers to Hyper gonadotropic amenorrhea occurring at (Or) before the age of 40yrs. At the age of 40yrs,1% of women affected by premature menopause. Though it is a natural process, these women are at the risk of premature death, neurological disease, cognitive, psycho sexual dysfunction, mood disorders, osteoporosis, thyroid disorders, ischemic heart disease and infertility. As the age of menopausal onset decreases, the deleterious effects are increased. as these consequences have a higher impact on the women's health, awareness should be created regarding these risks to maintain the better quality of life.

Key words: menopause, premature menopause, consequences, neurological, cognitive, osteoporosis, sexual dysfunction, thyroid.

INTRODUCTION:

Menopause is a phase of Female reproductive infirmity specified by depletion of ovarian follicles and termination of menstruation, begins at a middle age of 51 in developed countries. Although, a remarkable number of women enter menopause early/ prematurely (<40) as a result of Hysterectomy ± oophorectomy, premature ovarian insufficiency (or) Iatrogenic damage from surgery, radiation(or) chemotherapeutics (Erin L Scott, Quan-guang zhang et al,2015).

The end of women's reproductive life and spontaneous ovarian function prompt the menopause. Endocrine changes that accompany menopause includes a gradual erratic decline in estrogen levels over several years, which drop to a low level in the post menopause (J Ryan Et al,7 May 2014).

As with the gradual increasing in the life expectancy, the mean women go through natural menopause will spend least 30yrs of age (OR) one third of her life with long term symptomatic and metabolic complications in the Hypogenic state. Due to low estrogen levels, in 90% of women during these years having variety of symptoms, even affects the quality of life (Subrat panda, 2018).

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

Volume 10, Issue 7, 887-895 Review Article ISSN 2278 – 4357

A DESCRIPTIVE REVIEW ON GLUCOCORTICOID INDUCED HYPERGLYCEMIA

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Article Received on 4 May 2021,
Revised on 24 May 2021,
Accepted on 14 June 2021
DOI: 10.20959/wjpps20217-19353

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ABSTRACT

Glucocorticoids are steroid hormones, which are therapeutically used in almost all medical specialities, as anti-inflammatory and immunosuppressant. Glucocorticoids are widely indicated to treat inflammatory disorders and autoimmune diseases like rheumatoid arthritis, multiple sclerosis, asthma, skin rashes, chronic obstructive pulmonary disease, acute gout and systemic lupus erythematosus. Although the successful evidence for the efficacy of glucocorticoids in the treatment, their clinical use is restricted by some side effects. However, a numerous side effects have been pointed associated with use of glucocorticoids including increased blood pressure and blood sugar levels, glaucoma, fluid retention, menstrual irregularities, weight gain, insomnia, stomach pain and infection. Approximately 40% and 70% of patients had been developed with new-onset of steroid induced hyperglycemia at 550-bed and 1000-bed teaching hospital respectively. The underlying and fundamental mechanisms of these effects of glucocorticoids are recognizable, complex and partly defined. Glucocorticoid induced hyperglycemia (GIH) is a transient condition, developed either by stimulating gluconeogenesis in hepatic metabolism or by showing inimical on insulin action. Early detection and appropriate management of glucocorticoid induced hyperglycemia should provide better remission for the patients receiving glucocorticoid treatment. This review article mainly focuses to highlight the prevalence, risk factors, pathogenesis and treatment guideline of glucocorticoid induced hyperglycemia.

KEYWORDS: Glucocorticoids, Side effects, Hyperglycemia, Treatment.

Research Article

A prospective observational study on assessment of adverse drug reactions in the in-patients of general medicine department at a tertiary care hospital

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Received: 7 May 2021 Revised: 14 June 2021 Accepted: 15 June 2021

Abstract

Objective: According to World Health Organisation (WHO), "an Adverse Drug Reaction (ADR) is a response to a drug which is noxious and unintended that occurs at doses which are normally used to prophylaxis, diagnosis, therapy of disease or for the modifications of physiological function". The main aim of the present study was to evaluate and assess the ADRs with prescribing rationale in the patients admitted in General Medicine Department at a tertiary care teaching hospital. **Material and Methods:** It is a Prospective Observational Study that was carried out for a period of 6 months in new Government General Hospital, Vijayawada. **Results and conclusion:** A total of 208 subjects were included in this study and assessed using WHO causality assessment scale, Naranjo's Causlity assessment scale and Hartwig's Severity assessment scale. Among the 208 subjects 54(25.96) ADRs were observed. Most of the ADRs were seen in males when compared to females between the age groups of 31-40 years and 51-60 years and affected gastrointestinal tract. Depending upon the Causality, most of the ADRs were 'Probable' as per WHO-UMC Causality Assessment Scale and 'Possible' as per Naranjo's Causality Assessment Scale.

Keywords: ADRs, drugs, tertiary care hospital, General Medicine department, observational study, causality assessment and severity assessment.

According to the World Health Organization (WHO), Adverse Drug Reaction (ADR) is defined as "a response to a dangerous and unintended drug, which occurs in doses commonly used for prophylaxis, diagnosis, treatment or physical therapy" (Shukla et al., 2017). Although India accounts for 10% of global drug use, the reported ADR of drugs is 2%. This is mainly due to the poor report of drug abuse in India (Bahri, 2016). The incidence of ADRs as a whole leads to emergency admissions ranging from 0.2% to 41.3% worldwide, while 28.9% are safe (Palanisamy, 2013). Hospital admissions for ADR ranged from 2.9% to 5.6%. About 35% of patients in hospitals receive ADR. In India, the incidence of ADR is between 5.9 to 22.3% while deaths due to ADR accounts as 1.8% (Sivasankaaran et al., 2016). Many factors can put a patient at the forefront of the diagnosis of ADR patients with one or more risk factors for ADR including the pharmacy of Poly, many diseases and current, age, drug characteristics, gender, race and genetic factors (G. Parthasarathi, Sten Olsson). The purpose of this study was to evaluate and evaluate Adverse Drug Reaction with reasonable determination in patients admitted to the General Department of Health of a tertiary education hospital.

Materials and methods

Source of data: Collection of data from the patients admitted into General Medicine

Department of New Government General Hospital, Vijayawada.

Study Procedure: All the patients admitted in the General Medicine department during the

study duration were followed from the day of admission to the day of discharge and during the follow up.

Study Site: New Government General Hospital, Vijayawada.

Study Duration: The study was carried out for a period of 6 months from 1st August 2019 to 31st January 2020.

Study Design: A Prospective Observational Study.

Study Criteria: The study was carried out by considering the

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DOI: https://doi.org/10.31024/ajpp.2021.7.3.6

wjpls, 2020, Vol. 6, Issue 3, 62-66 Review Article ISSN 2454-2229

World Journal of Pharmaceutical and Life Sciences
WJPLS
www.wjpls.org SJIF Impact Factor: 6.129

A SYSTEMIC REVIEW ON ADVERSE DRUG REACTIONS REPORTED IN A PERIOD FROM 2014 TO 2018 IN DIFFERENT PARTS OF INDIA

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Article Received on 05 01 2020 **Article Revised on 26 01 2020** **Article Accepted on 16 02 2020**

ABSTRACT

One of the main causes for the morbidity and the mortality in the world is Adverse Drug Reactions (ADR). Thalidomide tragedy is the best example for ADR after which international attention to patient safety was gradually increased. There was global occurrence of 10% of ADRs where 2% were reported in India. Major contributors for morbidity, mortality and hospitalization of patients and increasing economic burden of patients are ADRs. CDSCO and Pharmacovigilance play a key role in the identification of ADRs. This study was carried out by collecting different ADRs collected and reported by health care professionals at different places of India. Underreporting was the main problem in reporting an ADR which can be overcome by following spontaneous reporting system. Most vulnerable organs for ADRs are Gastrointestinal tract along with skin & appendages. Antimicrobials are the class of drugs which mainly causes ADRs. Adults and middle aged are common group of people affected due to ADRs. Causality, severity and preventability were calculated using different scales like WHO-UMC causality assessment scale, Naranjo causality assessment scale, Hartwig's severity assessment scale and Schumock and Thornton Preventability assessment scale.

KEYWORDS: Adverse Drug Reaction, ADRs reported in different parts of India, vulnerable organs for ADRs, Most ADR causing drugs.

INTRODUCTION

One of the main causes for the morbidity and the mortality in the world is Adverse Drug Reactions (ADR). A best example for ADR was Thalidomide tragedy which occurred during late 1950's. An ADR is an unfavorable effect which can occur even when the drug is given within the therapeutic range.[1]

The most common cause for the medical intervention is drugs which uses generally for diagnosis or prevention or mitigation. So, the saying goes "Drugs are double edged weapons".[2,3] One of the important cause for increasing mortality and morbidity in ambulatory and hospitalized patients were Adverse Drug Reactions.[4] Age, gender, co-morbidities, genetic factors are the patient related factors and route of administration, time of administration, duration of therapy, type of drug and dosage of drug are the drug related factors which influences the severity and incidence of Adverse Drug Reaction.[5]

According to World Health Organization, (WHO) ADR is any response to a drug which is noxious, unintended which occurs at doses normally used in man for prophylaxis or diagnosis or therapy of disease or for the modification of physiology of the body.

According to Karch and Lasagna – An ADR is any response to a drug that is noxious and unintended which occurs at doses used in humans for prophylaxis or diagnosis or therapy excluding failure to accomplish the intended purpose.

An important tool for the collection of ADR is to establish a relation between drug and it's reactions. For the betterment of the ADR reporting FDA categorized the serious adverse event into life threatening, initial or prolonged hospitalization, disability, congenital anomaly, required intervention to prevent permanent damage.[1] Proper monitoring of ADRs can prevent the occurrence.[6] Pharmacovigilance and CDSCO (Central Drug Standard Control Organization) are helpful for reducing the preventable adverse drug reactions.[7,8] A health care professional (HCP's) plays a vital role in reporting the adverse drug reactions. ADRs reported by health care professionals created information to generate new signals which helped in updating the knowledge of other HCP's.[9] There are different scales for the

CASE STUDY ON PAEDIATRIC TYPE-1 DIABETES MELLITUS WITH DIABETIC KETOACIDOSIS

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Introduction

Type 1 diabetes mellitus (T1DM) is on increasing with a trend of 3–5% increase/year. India has three new cases of Type-1 Diabetes Mellitus /100,000 children of 0–14 years.Type -1 Diabetes is also known as juvenile diabetes. It is a condition in which the body is unable to make sufficient insulin. Juvenile diabetes is an autoimmune disorder. The cells that make the insulin in the pancreas are destroyed by the immune system in the body. The insulin is a hormone which helps the glucose in the blood to enter into the cells which can be used as a fuel to the body. When this glucose is unable to enter the cells, this builds up in the body which causes rise of glucose in the blood also called as hyperglycaemia. This affects all organs in the body eyes, heart, kidneys, nerves etc. It is a chronic condition and can start at any age. The insulin is not producing by pancreas so it must be replaced with insulin injection or insulin pumps.Thus, type 1 diabetes is also called insulin-dependent Diabetes Mellitus. It requires lifelong treatment. The management of diabetes for children should not be extrapolated from adult diabetic care. This is diagnosed by the fasting blood glucose, random blood glucose and also oral glucose tolerance test. Glycated haemoglobin (HbA1c) is also a tool to diagnose. The children with the Type-1 Diabetes commonly present with polydipsia, polyuria and weight loss and approximately a 3rd % with diabetic ketoacidosis. Most people around 90%who are newly diagnosed with type 1 diabetes have antibodies against specific beta cell proteins, insulin, glutamate decarboxylase, islet antigen-2, zinc transporter -8 etc.The transplantation of islets or the clinical pancreas has been considered a feasible treatment option for the patients with T1DM with poor glycaemic control. However, the severe shortage of pancreas and islets derived from human organ donors and the complications that have been associated with transplantations, high cost, and limited availability of procedures remain as limitations in the widespread application of these strategies. Stem cell therapy has a

International Journal of Pharmacy and Biological Sciences-IJPBS™ (2021) 11 (3): 116-130
Online ISSN: 2230-7605, Print ISSN: 2321-3272
Research Article | Pharmaceutical Sciences | OA Journal | MCI Approved | Index Copernicus

Phytochemical Screening, *in-vitro* Anti-Diabetic and Anti-Microbial Activities of Hydro-Alcoholic Leaf Extract of *Syzygium cumini*

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Received: 12 Mar 2021 / Accepted: 6 Apr 2021 / Published online: 1 Jul 2021
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Abstract

The plant under investigation (*Syzygium cumini*) was a large evergreen dicotyledonous plant and belongs to the family Myrtaceae. *Syzygium cumini* is a medicinal plant broadly used in conventional therapeutic preparation of many pharmacological activities. The goal of our investigation was to determine whether the leaf extracts of this plant held any significant anti-diabetic, anti-bacterial and anti-fungal activities. The Phytochemical screening of hydro alcoholic extract of *Syzygium cumini* leaves revealed that the extract is rich in phenols, flavonoids, triterpenoids, tannins and carbohydrates. In the present study, the In-vitro anti-diabetic property of *Syzygium cumini* leaves extracts was analyzed by using standard methods so as to ensure the biological potency of the plant. An *In vitro* anti-diabetic study was done by glucose uptake by yeast cells & inhibition of α-amylase enzymes. The results of the present study concluded that the hydro alcoholic extract of *Syzygium cumini* exhibited between 44.44% - 98.83% in glucose uptake by yeast cells when compared to metformin & 18.36% - 93.65% in α-amylase activity while compared to acarbose in dose dependent manner. Anti-microbial activity was evaluated employing the disc diffusion and agar well method. The extract of all the fractions and Amoxycillin and Fluconazole (standard) exhibited significant anti-bacterial & anti- fungal activity. The hydro alcoholic leaf extract produced significant effects as evaluated and Zone of Inhibition (ZOI) was measured.

Keywords
Syzygium cumini, *In vitro*, Anti-diabetic, Anti-microbial, yeast cells, α-amylase, ZOI.

*****

INTRODUCTION

Plants have served mankind since ages as they are reservoirs of important medicinal components and help to alleviate chronic diseases. The past was considered the synthetic era due to the commercial production of large varieties of synthetic drugs by pharmaceutical industries (Gershell *et al.*, 2005). Over time the continuous use of synthetic drugs caused severe side effects and led to resistance of microbes. Also, synthetic drugs are expensive and large populations cannot afford to get benefit from these drugs. During the last decades a global trend with focus on green medicines due to minimum side effects and cost effectiveness. Medicinal plants play an appreciable role in the development of modern herbal medicines as many diseases like cancer, liver diseases and arthritis find no complete cure in allopathy. The bioactive compounds of medicinal plants are used as anti-diabetic, chemotherapeutic, anti-inflammatory, anti-arthritic agents where no

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 7, 1225-1249 Review Article ISSN 2278 – 4357

HERBAL DRUGS AND SCREENING MODELS FOR ANTI-FERTILITY AND ANTI-SPASMODIC ACTIVITY- A REVIEW

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Article Received on
15 May 2021,

Revised on 05 June 2021,
Accepted on 25 June 2021

DOI: 10.20959/wjpps20217-19451

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ABSTRACT

The medicinal plants are used as miscarriage and contraceptive as well known to the ancient physicians of India. Some of the various medicinal plants extracts has been tested for their anti-fertility and anti-spasmodic activity both in males and female animal models .anti-fertility drugs are used for the prevention of the contraception, ovulation, fertilization and ovum implantation nothing but pregnancy. in other case anti-spasmodic drugs are used for the treatment of symptomatic cramping and embarrasses affecting smooth muscles from the gastrointestinal tract, biliary or genitourinary tract in a variety of clinical routes. The existing synthetic anti-spasmodic drugs may cause the serious unpleasant side effects. So, the discovery of new molecules of natural origin is an important goal for the pharmaceutical industry. This review was helping us to create a new innovation of medicinal plants which possess both anti-fertility and anti-spasmodic activity.

KEYWORDS: Medicinal plants, Anti-fertility, Anti-spasmodic activity.

INTRODUCTION

Birth control, also known as contraception, anticonception, and fertility control, is a method or device used to prevent pregnancy.[1] Birth control has been used since ancient times, but effective and safe methods of birth control only became available in the 20th century.[2] Planning, making available, and using birth control is called family planning.[3,4] The most effective methods of birth control are sterilization by means of vasectomy in males and tubal ligation in females, intrauterine devices (IUDs), and implantable birth control.[5] long-acting reversible birth control such as implants, IUDs, or vaginal rings are more successful in

CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.5027310

Online at: http://www.iajps.com Review Article

REVIEW ON HERBAL APPROACHES AND INVITRO AND INVIVO SCREENING METHODS OF ANTI-DIABETIC ACTIVITY

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Article Received: May 2021 **Accepted:** May 2021 **Published:** June 2021

Abstract:

Diabetes mellitus (DM), commonly known as just diabetes, is a group of metabolic disorders characterized by a high blood sugar level over a prolonged period of time. Symptoms often include fatigue, frequent urination, increased thirst and increased appetite. If left untreated, diabetes can cause many health complications. Acute complications can include diabetes ketoacidosis, hyperosmolar hyperglycaemic shock, or death. Serious long-term complications include cardiovascular disease, stroke, chronic kidney damage, foot ulcers, damage to the nerves, damage to the eyes and cognitive impairment.

Diabetes is due to either the pancreasnot producing enough insulin, or the cells of the body not responding properly to the insulin produced. There are three main types of diabetes mellitus: Insulin-dependent diabetes mellitus (IDDM) or juvenile diabetes-Type-1 diabetes, non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes-Type-2 diabetes, Gestational diabetes.

In this review we discussed about the various in-vitro and animal models for the screening of anti-diabetic activity. These methods include chemical, genetic, surgical manipulations relevant to the human diabetics. A brief description of Chemical causes of diabetes, virus induced diabetes, hormone induced diabetes and various other methods along with in-vitro techniques are explained.

Keywords: *Fatigue, Ketoacidosis, Gestational Diabetes, Genetic Manipulations.*

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Please cite this article in press Atluri Bhavana et al., ***Review On Herbal Approaches And In-vitro And Invivo Screening Methods Of Anti-Diabetic Activity****., Indo Am. J. P. Sci, 2021; 08(06).*

EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 8
Issue: 8
XX-XX
Year: 2021

INVESTIGATION OF *IN- VIVO* ANALGESIC AND *IN-VITRO* THROMBOLYTIC ACTIVITIES OF HYDRO ALCOHOLIC LEAF EXTRACT OF *Musa balbisiana*

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Article Received on 03/06/2021 **Article Revised on 23/06/2021** **Article Accepted on 13/07/2021**

ABSTRACT
The plant under investigation (*Musa balbisiana*) was a giant monocotoyledenous herbs and belongs to the family Musaceae. The goal of our investigation was to determine whether the leaf extracts of this plant held any significant medicinal properties. Leaves of *Musa balbisiana* were extracted with hydroalcohol. The extracts and fractions were tested for phytochemical analysis, analgesic activity was evaluated employing the eddy's hot plate and thrombolytic activity was evaluated by the clot lysis test. The extract of all the fractions and streptokinase (standard) exhibited significant clot lysis. The hydro alcoholic leaf extract and fractions produced significant analgesic effects as evaluated. In the hot plate method the extract produced a significant ($p < 0.001$) dose dependent reduction of thermally induced pain. The overall results suggested that this plant deserves further investigation to isolate the active compounds which are responsible for these activities and to establish the mechanism of action.

KEYWORDS: Phytochemical, *Musa balbisiana*, Eddy's hot plate, Thrombolytic activity.

INTRODUCTION
Although the introduction of scientific study on herbal medicines is new but the use of herbal medicines has been gifted as a blessing to the mankind for its fewer side effects. In history plants have been used for medicinal purposes prevent when all these advanced technologies were not introduced. In the early 3000 BC ancient Chinese and Egyptian papyrus used herbal medicines for the betterment of health. Different cultures used herbs in different aspects of treatment and diagnosis. Many herbal plants are used for health beneficial in different region of world.[1]

Plants have been one of the rich and important sources of medicines since the dawn of human civilization. These are the gift of nature to the mankind for treating different types of diseases. Almost from prehistoric period, use of herbal medicine for alleviation of suffering caused by different diseases in human are well documented in India and other countries and even today they are in great use in these countries.

In recent years, medical science has experienced dramatic changes, and surprisingly, every year the global traditional herbal medicine market is growing, and it is anticipated that within 2050 this market will reach to 5 trillion dollars.

Pain has been defined by International Association for the Study of Pain (IASP) as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Failure to relieve pain is morally and ethically unacceptable. All these drugs carry potential toxic effects. Pain, pyrexia and inflammation act as a warning of external noxious stimuli and microbial invasion to the body. However, they are viewed as sources of discomfort and are commonly suppressed with analgesic medications respectively.[6] These conventional drugs may have various severe side effects. The major adverse reactions of ibuprofen, an analgesic, include the effects on the kidney, the gastrointestinal tract and the coagulation system.[7] Diclofenac, an analgesic and anti-inflammatory drug, is a known hepatotoxic drug in certain individuals and it also causes deposition of urate crystals in kidneys, liver, heart and spleen.[8] Sulindac causes serious gastrointestinal (GI).adverse effects including inflammation, ulceration, bleeding, stomach perforations, large and small intestines perforations, which can be fatal.[9] In addition to having the above side effects, the conventional drugs are expensive and have low efficacy.[10] Piroxicam increased the risk of bleeding in both acute and chronic therapy.[11] Opioids are the commonly used drugs for the management of acute postoperative pain.[12] One study suggests that

CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187

Online at: http://www.iajps.com *Review Article*

AN OVERVIEW OF ARTIFICIAL SKIN

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Article Received: April 2021 **Accepted:** April 2021 **Published:** May 2021

Abstract:
Background: *The skin is a multifunctional organ that is protective, self-healing and capable of sensing and many forms of artificial skins have been developed with properties and functionalities approximating those of natural skin.*
Objective: *Objective of this review article is about the different materials used for the preparation of artificial skin, skin grafting, skin bioprinting and manufacturing process of artificial skin.*
Study Selection: *In bioengineering process, the production of artificial skin substitute is increases gradually and at the same time the synthesis of keratinocytes by in vitro culture also. Artificial skin came to include products used for the clinical treatment of acute and chronic wounds as well as laboratory models for the study of the basic biology of the skin.*
Methods and Materials: *Different Biomaterials used in the preparation of Artificial Skin such as Collagen, PLGA, glucophage, Bovine type 1 collagen, HA, Chitosan. Two manufacturing process are commonly used, they are Mesh Scaffolding Method and Collagen Method.*
Skin Substitutes are classified in to three class such as Temporary and Impervious Dressing Materials, Single Layer Durable Skin Substitutes, Composite Skin Substitutes.
The first-class materials again classified in to two more types such as Single layer materials, Double layer materials produced by tissue engineering. Similarly, second class materials are classified in to epidermal substitutes, dermal substitutes. Class three composite skin substitutes classified in to Human skin substitutes, Produced by tissue engineering.
Conclusion: *The main study of this review article, includes the artificial skin technologies are to provide protection from infection, dehydration, and protein loss after severe skin loss or damage.*
Keywords: *Artificial Skin, Skin Bioprinting, Skin Substitutes, Biomaterials*

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*Please cite this article in press A. Manisha Gowd et al., **An Overview Of Artificial Skin.**, Indo Am. J. P. Sci, 2021; 08(05).*

ISSN 0974-3618 (Print)
0974-360X (Online)

www.rjptonline.org

RJPT Research Journal of Pharmacy and Technology

RESEARCH ARTICLE

Antibacterial and Antifungal Activity of *Carica papaya* L Seed Extracts

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ABSTRACT:
Medicinal plants contain a richest source of antimicrobial agents. Medicinal plants are used in different countries and are sources of many powerful and effective drugs. Whole plant parts such as roots, fruits, bark, seeds and pulp of *Carica papaya* are known to have medicinal properties. It has been used for treatment of various diseases like eczema, warts, sinuses, cutaneous tubercles, dyspepsia, blood pressure, amenorrhoea and constipation. *Carica papaya* belonging to the Caricaceae family and it is a more important medicinal herb that is being used as a folk medicine for the treatment of numerous diseases throughout the world. *Carica papaya* (Papaya) seeds were extracted by soxhlet apparatus using ethanol, methanol and chloroform solvents. Antibacterial and antifungal activity of extracts with different concentrations (50, 100, 150µg/ml) was tested with three gram positive, three gram negative bacteria and two fungal organisms by agar disc diffusion method. Gentamicin and Fluconazole was used as standard drugs for antibacterial and antifungal activity respectively. Methanol and chloroform extracts produced greater zone of inhibition for gram negative microorganisms than ethanol extract. According to gram positive microorganism, ethanol and chloroform extracts produced more zone of inhibition (10 -15mm) than methanol extract. *Candida albicans* produced 15, 16mm zone of inhibition in the concentration of 150µg/ml of chloroform and methanol extracts respectively. Similarly, *Aspergillus niger was* produced 11, 13 mm zone of inhibition in 150µg/ml of methanol and chloroform extracts respectively. From these studies, it is concluded that *Carica papaya* seed extracts possess very good antibacterial and antifungal activity in both methanol and chloroform extracts. Further it is recommended to isolate of active constituents responsible for these activities.

KEYWORDS: *Carica papaya* seed extracts, antibacterial, antifungal, Zone of inhibition.

INTRODUCTION:

Antibacterial are the substances which can effectively cure the infections caused by the different types of bacteria. The frequency of life threatening diseases caused by the micro-organisms has increased throughout the world and is becoming a main reason of mortality and morbidity in developing countries[1]. The antibacterial properties of several medicinal substances have been analyzed by a number of studies worldwide and many of them substances have been used as therapeutic alternatives because of their very good medicinal properties[2]. Plant based antimicrobials have more therapeutic effect with lesser side effects[3].

Papaya belongs to a family of Caricaceae having four different genera in world. The genus *Carica* L. is represented by four types of species in India, of which *Carica papaya* L. is the most widely cultivated and the best-known species[4].

It is commonly known as Pawpaw, Tapayas, Papaya Melon tree, Kapaya, Papyas, Papye, papita, papayabaum and papaya[5]. Papaya is basically originated from southern Costa Rica and Mexico, then introduced in to Sri Lanka, Australia, South Africa, Hawaii, Philippines and India all tropical and subtropical regions. It is growing both commercially and in home garden[6].

Carica papaya tree is an erect, fast-growing tree measuring 7 - 8m tall, with copious latex and trunk of about 20cm in diameter[7]. Its leaves are soft, lobulated, clustered, long-petiolated and measuring up to 80cm long. Its fruit is a greenish-orange berry about 7.5cm long and bitter in wild types, up to 45cm long with flesh

Received on 10.02.2020 Modified on 29.03.2020
Accepted on 08.05.2020
Research J. Pharm. and Tech. 2021; 14(2):1085-1090.
DOI: 10.5958/0974-360X.2021.00195.5

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 6, 735-748 Review Article ISSN 2278 – 4357

A REVIEW ON ORGAN TRANSPLANTATION

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Article Received on
31 March 2021,

Revised on 21 April 2021,
Accepted on 12 May 2021

DOI: 10.20959/wjpps20216-19071

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ABSTRACT

Organ transplantation is one of most successful advances in modern medicine. For patients with end stage disease, transplantation most often provides their only chance for survival. Recent advances in the fields of organ donation and organ transplant have introduced new hope for the treatment of serious diseases. However, this promise has been accompanied by several issues. One challenge that has remained from the outset is to overcome the shortage of suitable donor organs. The results of organ transplantation continue to improve, both as a consequence of the above innovations and the improvements in peri- and postoperative management. The most common issue raised is ethical implications, but in a multicultural society like Malaysia, additional concerns arise pertaining to social and religious issues. These concerns needs to be addressed as attitudes toward and acceptability of organ donation varies according to social, culture, and religion. The diverse cultural, religious, and traditional concepts pertaining to organ donation may hamper its acceptability and cause a lack of willingness to donate organs. The purpose of this article is to briefly explore the types of organ transplant, sources of donor organs, transplant rejection and transplant tourism.

KEYWORDS: Organ Transplantation, Transplant Rejection, Transplant Tourism, Organ Trafficking.

INTRODUCTION

Organ transplantation is a fortunate technique for substituting damaged organ from healthy and fit organ. Organs may be impaired due to injury or some other elements. At 18th century,

CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4670500

Avalable online at: http://www.iajps.com *Review Article*

AN OVERVIEW ON FLASH CHROMATOGRAPHY

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Article Received: March 2021 **Accepted:** March 2021 **Published:** April 2021

Abstract:

In earlier days, Column chromatography is used for preparative purposes, qualitative and quantitative analysis in many laboratories but it is an extremely time-consuming process. This led to the development of novel preparative liquid chromatography called as flash chromatography in which the mobile phase runs down by positive air pressure. Flash chromatography is a purification technique obtained by the blend of medium, short column chromatography, which results in quick separation of mixture of components. This technique is used as preceding step to highly sophisticated methods like HPLC, NMR, FT-IR to obtain pure samples. It is a simple, fast, economical approach to preparative liquid chromatography. This review focuses on the different aspects of flash chromatographic technique.

Keywords: *Flash chromatography, Preparative liquid chromatography, Highly sophisticated, Purification technique*

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Please cite this article in press Ch. Anupama Swathi et al., ***An Overview On Flash Chromatography.,*** *Indo Am. J. P. Sci, 2021; 08(04).*

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 10, Issue 8, 1830-1842 Research Article ISSN 2278 – 4357

METHOD DEVELOPMENT AND VALIDATION OF VILDAGLIPTIN IN TABLETS AND DOSAGE FORM BY UV SPECTROPHOTOMETER

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Article Received on 01 June 2021,

Revised on 22 June 2021, Accepted on 13 July 2021

DOI: 10.20959/wjpps20218-19577

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ABSTRACT

Current study develops and validates a simple, precise, accurate, specific and highly sensitive method for he determination of Vildagliptin in bulk and pharmaceutical dosage forms. Vildagliptin is an oral anti-hyperglycaemia agent (anti-diabetic drug) of the dipeptidyl peptidase-4 (DPP-4) inhibitor class of drugs.Vildagliptin inhibits the inactivation of the GLP-1 and GIP by DPP-4, allowing GLP-1 and GIP to potentiate the secretion of insulin in the beta cells and suppress glucagon release by the alpha cells of the islets of Langerhans in the pancreas. Vildagliptin also shown to reduce hyperglycaemia in type 2 diabetes mellitus. The solvent used is P^H 6.8 Buffer and the λmax or the absorption maxima of the drug was found to be 210nm.The parameters specificity, linearity, accuracy, precision and robustness were evaluated according to international Conference on Harmonization (ICH) Guidelines. A linear response was observed in the range of 10-60µg/ml with a regression coefficient of 0.9901. The limit of detection (LOD) and limit of quantification (LOQ) was found to be 0.308 and 0.934 mcg/ml respectively

KEYWORDS: Vildagliptin, Hyperglycaemia, UV-Spectroscopy.

1. INTRODUCTION

Vildagliptin is an oral anti-hyperglycaemic agent (anti-diabetic drug) of the dipeptidyl peptidase-4 (DPP-4) inhibitor class of drugs. Vildagliptin inhibits the inactivation of the

CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4773954

Online at: http://www.iajps.com *Review Article*

A REVIEW ON BIOANALYTICAL METHOD DEVELOPMENT AND VALIDATION

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Article Received: April 2021 **Accepted:** April 2021 **Published:** May 2021

Abstract:
In bioanalytical methods are widely used to quantitative drugs and their metabolites in plasma matrices and the methods should be applied to studies in areas of human clinical and nonhuman study. Bioanalytical method employed for the quantitative estimation of drugs and their metabolites in biological media and plays an important role in estimation and interpretation bioequivalence, pharmacokinetic, toxicokinetic, studies. The major bioanalytical role is method development and sample analysis liquid-chromatography coupled with double mass spectroscopy can be used for the bioanalysis of drugs in body. Each of the instruments has its own merits and demerits. Chromatographic methods are HPLC and gas chromatography have been mainly used for the bioanalysis of small/large molecules, with LC/MS. Linearity, accuracy, precision, selectivity, sensitivity, reproducibility, and stability are some of the regularly used parameters. In this review article, we are proposed to add some points regarding bioanalytical method development and validation parameter, beneficial to quality assurance to determine the drug, concentration and its metabolite.

Keywords: *Method development, clinical and nonclinical study, analyte, validation of bioanalysis techniques, validation parameter.*

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Please cite this article in press V. Supriya et al., ***A Review On Bioanalytical Method Development And Validation.,*** *Indo Am. J. P. Sci, 2021; 08(05).*

CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
http://doi.org/10.5281/zenodo.4879455

Online at: http://www.iajps.com *Review Article*

AN OVERVIEW OF CAPILLARY ELECTROPHORESIS

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Article Received: April 2021 **Accepted:** April 2021 **Published:** May 2021

Abstract:

Capillary electrophoresis is an effective separation technique where the ions are separated based on their electrophoretic mobility under an applied voltage. Capillary electrophoresis is most predominately used because it gives faster results and provides a high-resolution separation. It is one of the useful techniques as there is a large range of detection methods available. CE is an alternative for traditional methods such as gel electrophoresis and liquid chromatography and is employed to detect both high and low affinity molecular interactions, and separation of both charged and non-charged molecules. CE classified according to mode of separation on the basis of differences in charge, size and frictional force, offers fast separations with excellent efficiency. CE is an effective analytical tool for assay of pharmaceutical API including determination of drug related impurities. It possess other versatile applications like chiral, and bioanalysis of pharmaceutical API This review focuses on various aspects of capillary electrophoresis and CE-based separation modes with some advantages and disadvantages along with applications.

KEYWORDS: Capillary Electrophoresis, High Resolution, Frictional Force, liquid chromatography

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*Please cite this article in press O. Krupa Santhi et al., **An Overview Of Capillary Electrophoresis**.., Indo Am. J. P. Sci, 2021; 08(05).*

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES
SJIF Impact Factor 7.632
Volume 10, Issue 9, XXX-XXX Review Article ISSN 2278 – 4357

A REVIEW ON CONVENTIONAL TREATMENT OF PEPTIC ULCER DISEASE

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Article Received on
26 June 2021,
Revised on 16 July 2021,
Accepted on 06 August 2021
DOI: 10.20959/wjpps20219-19730

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ABSTRACT

Peptic ulcer disease is the widespread disease, effecting around 5-10% of global population. However, based on significant and racial versions, two most common etiological reasons are persistent infection of H. pylori and usage of NSAIDs. Prognosis can be primarily based on endoscopy and lively such of H. pylori presence. Eradication therapy of H. pylori is pleasant preference to achieve final cure of peptic ulcer disease. Numerous global guidelines, recommended triple therapy as first line therapy which includes proton pump inhibitor, amoxicillin, clarithromycin. Combination therapy suggest the decreased efficacy over a period of time. Several new treatment options or changes are already established few years back to overcome the therapy. Primary purpose in growing the antibiotic resistance in the presence clarithromycin, metronidazole strains. The aim of this study is to describe the occurrence and primary therapeutic options of the peptic ulcer disease.

KEYWORDS: Peptic ulcer disease. Pylori, NSAIDs, Proton pump inhibitors.

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES
SJIF Impact Factor 7.632
Volume 10, Issue 7, 877-886 Review Article ISSN 2278 – 4357

A BRIEF OVERVIEW ON ACUTE PANCREATITIS

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Article Received on
5 May 2021,
Revised on 25 May 2021,
Accepted on 13 June 2021,
DOI: 10.20959/wjpps20217-19356

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ABSTRACT

Acute pancreatitis is a common condition brought on by gallstones or excessive alcohol consumption. The diagnosis is usually made based on the patient's symptoms, which are frequently accompanied by increased serum pancreatic enzymes. Imaging is not always necessary, but May be Performed for many reasons, such as to confirm a diagnosis of pancreatitis, rule out other causes of abdominal pain, elucidate the cause of pancreatitis, or to evaluate for complications such as necrosis or pseudocysts. While the majority of patients will have mild, self-limiting disease, a small percentage will develop severe disease that leads to organ failure. These patients are at risk for pancreatic necrosis, fluid collections, pseudocysts, and pancreatic duct distortion as a result of persistent pancreatic inflammation. Acute pancreatitis is treated with supportive treatment that includes fluid Replacement, pain management, and a gradual return to normal eating habits. Validated grading systems can help guide monitoring and treatments by predicting the severity of pancreatitis. If there is no evidence of pancreatic infection, prophylactic antibiotics are not required in acute pancreatitis. Patients who do not improve will need to be evaluated further to see whether they have any problems that necessitate intervention, such as pseudocysts or pancreatic necrosis. In the right clinical situation, endoscopy, including ERCP and EUS, and/or cholecystectomy may be recommended. The treatment of a patient with severe acute pancreatitis will eventually necessitate a multidisciplinary approach.

KEYWORDS: Pancreatitis, alcohol, abdominal pain, organ failure, treatment, inflammation, fluid replacement.

World Journal of Pharmaceutical Sciences
ISSN (Print): 2321-3310; ISSN (Online): 2321-3086
Available online at: http://www.wjpsonline.org/
Review Article

A brief review on bubble baby disease

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Received: 09-07-2020 / Revised Accepted: 20-08-2020 / Published: 30-08-2020

ABSTRACT

Bubble baby disease is scientifically known as Adenosine deaminase - Severe combined immunodeficiency disease (ADA-SCIDS) which is a rarely occurring disease predominantly in infants (one in a lakh population). The disease is initiated by a complete deficiency of the immune system where the infants cannot tolerate even minor infections or allergies. Further, it is mainly caused due to the mutation in the gene IL2RG located on the X chromosome of the parents. To date, there is no particular test to diagnosis this disease, and delay in diagnosing this disease may lead to the death of a particular infant. Furthermore, in recent times researchers are concentrating on developing a test method to diagnose the disease rapidly. The treatment options include bone marrow transplantation, gene therapy, and pharmacotherapy (Calcarea phosp tablets) with reckeweg treatment (natural immunity booster drops). Though therapies very effective in improving the health of infants they possess few drawbacks like keeping the babies in sterile and isolated conditions which are done by placing the baby in a bubble made up of plastic. This short communication will cover about the disease and treatment options available in the present scenario.

Keywords: Bubble baby disease; Immunodeficiency; X chromosome; IL2RGgene; Infants

INTRODUCTION

Severe combined immunodeficiency (SCID) is a group of genetic diseases causing profound developmental and functional impairment of T cells, affecting cellular and humoral immunities. Under this classification when an infant is unable to synthesize adenosine which decreases levels of T&B lymphocytes leading to a complete shutdown of the immune system and making the baby live in a bubble made of plastic is termed as bubble baby disease as shown in Fig 1. [1]Further, among the various genes that cause this disorder IL-2 receptor gamma chain gene (IL2RG) which accounted for more than 19% of total 45 cases prior and post T-cell receptor excision circle (TREC) in the USA

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How to Cite this Article: Sajja Molya, Naveen Y, Praveen Sivadasu and Padmalatha Kantamaneni. A brief review on bubble baby disease. World J Pharm Sci 2020; 8(9): 175-178.

Vijaya Institute of Pharmaceutical Sciences for Women ENIKEPADU VIJAYAWADA.

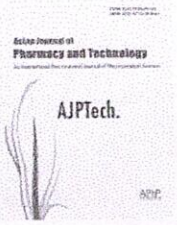
PRINCIPAL
VIJAYA INSTITUTE OF
PHARMACEUTICAL SCIENCES FOR WOMEN
ENIKEPADU, VIJAYAWADA

ISSN 2231–5705 (Print)
2231–5713 (Online)
DOI: 10.5958/2231-5713.2020.00025.2

Vol. 10 |Issue-03|
July- September | 2020

Available online at
www.anvpublication.org
www.asianpharmaonline.org

Asian Journal of Pharmacy and Technology
Home page *www.ajptonline.com*



RESEARCH ARTICLE

Evaluation of Phytochemical and *in Vitro* Anti-Inflammatory activity of Leaf and Fruit Extracts of *Casuarina equisetifolia*

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ABSTRACT:

The plant *Casuarina equisetifolia*, commonly called as horse tail belonging to family Casuarinaceae is used traditionally for the treatment of infections, ulcers, cough, diarrhea etc. The plant is a rich source of tannins and flavonoids. In the current study the plant leaf, fruit aqueous and ethanolic extracts were determined for total flavonoid content followed by *in vitro* anti-inflammatory activity study by HRBC membrane stabilization and protein denaturation assays. The results indicate that highest amount of rutin equivalent flavonoids were present in ethanolic extract of leaf, aqueous and ethanolic extracts of fruit. Fruit extracts exhibited highest % inhibition of lysis of HRBC. Aqueous leaf and fruit extracts exhibited highest inhibition of protein denaturation, The results indicate that further in vivo studies, phytochemical isolation, characterization studies could be conducted for plant extracts

KEYWORDS: *Casuarina equisetifolia*, total flavonoid, anti-inflammatory, HRBC lysis, protein denaturation.

INTRODUCTION:

Medicinal plants are potential store houses of various secondary metabolites regarded as phytochemicals gifted to Mankind to lead a disease-free life. The currently used 74% of drugs were developed with the help of ethnobotanical information[1]. Plant-based drugs have greater scientific and economic significance[2] with about 80% of the world's inhabitants relying mainly on traditional medicines for their primary health care needs [3]. The inflammatory response involves a complex array of enzyme activation, mediator release, cell migration, tissue breakdown and repair which are aimed at host defense and usually activated in most disease condition. The practice of using plants, their parts or extracts as anti-inflammatory compounds is known since antiquity [4]. Flavonoids, including around 6000 phenolic compounds, are products of the secondary metabolism of plants which can be a part of one's diet via the consumption of many edible plants. Chemically, flavonoids have a polyphenolic structure that confers antioxidant activities on them[5]. Beyond antioxidant properties, some particular kinds of flavonoids have shown protective effects against inflammatory-mediated disorders such as cancer, cardiovascular diseases, gastrointestinal alterations and nervous system-related syndromes, such as depression, epilepsy, Alzheimer's disease and neurodegenerative disease, insulin-resistance obesity among other pathologic conditions[6]. In an immunity, inflammation context, in inflammatory-mediated diseases, the six subclasses of the flavonoid compounds act by various mechanisms at molecular

Received on 20.04.2020 Accepted on 23.05.2020

Accepted on 29.06.2020
Asian J. Pharm. Tech. 2020; 10(3):143-148.
DOI: 10.5958/2231-5713.2020.00025.2

ISSN 2231–5667 (Print)
2231–5675 (Online)
DOI:

Vol. 10 | Issue-04|
October- December |2020

Available online at
www.anvpublication.org
www.asianpharmaonline.org

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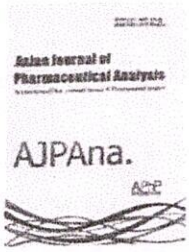

RESEARCH ARTICLE

Validated UV Spectrophotometric Method for Estimation of Prasugrel in Bulk and Tablet Dosage Form

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ABSTRACT:

Current study develops and validates a simple, precise, accurate, specific and highly sensitive method for the determination of Prasugrel hydrochloride in bulk and pharmaceutical dosage forms. Prasugrel hydrochloride is used as an antiplatelet drug for the treatment of myocardial infarction, Thrombosis prevention after percutaneous coronary intervention. It is an agent which reduces the aggregation ("clumping") of platelets by irreversibly binding to P2Y12 receptors. The solvent used is methanol and the λmax or the absorption maxima of the drug was found to be 218nm.The parameters specificity, linearity, accuracy, precision and robustness were evaluated according to international Conference on Harmonization (ICH) Guidelines. A linear response was observed in the range of 5-30µg/ml with a regression coefficient of 0.997. The limit of detection (LOD) and limit of quantification (LOQ) was found to be 0.1178 and 0.3571mcg/ml respectively

KEYWORDS: Prasugrel hydrochloride, Myocardial infarction prevention, UV-Spectroscopy, Antiplatelet.

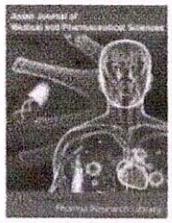
INTRODUCTION:

Quality level of any analytical work in a quality control laboratory depends on the expertise of the analyst, most appropriate analytical procedures and overall performance of analytical instruments. The main task of pharmaceutical analyst is therefore to provide reliable analytical data rapidly and accurately.

Analytical[5,6] research and development is a requisite part of pharmaceutical industry whose goals include contributing to the development of new active substances and pharmaceutical dosage forms by providing information based on analytical chemistry, by developing analytical methods and specifications used in quality control of material for toxicological and clinical trials, and by subsequent transfer of these methods and specifications.

The development of a way for analysis of a sample should take into consideration that the analytical information is characterized with quality and reliableness. The quality[13-17] and reliableness are obtained provided that the analyst is versatile in selecting simplest ways for the sample and for instruments used

Asian Journal of Medical and Pharmaceutical Sciences
ISSN: 2348-0165
Journal Home Page: www.pharmaresearchlibrary.com/ajmps



A Review on MUSA

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ABSTRACT

Banana is commonly a fruit but technically, a berry. The genus Musa of herbaceous plants produces this universally consumed fruit. It is suitable for consumption by people of any age group and so, is one of the world's most important food producers. Banana offer great medical benefits. This is partly because bananas aid in the body's retention of calcium, nitrogen and phosphorus, all of which work to build healthy and regenerated tissues. It has a rare combination of energy value, tissue-building elements, protein, vitamins and minerals. It is a good source of calories since it is rich in solids and low in water content as compared to any other fresh fruit. Banana is one of the most important gigantic and oldest cultivated fruit crops grown almost everywhere in India. Presently, the banana pseudo stem is hazardous waste in India while it has been used in several countries to develop important bio-products such as fibre to make yarn, fabric, apparel as well as fertilizer, fish feed, bio-chemicals, paper, handicrafts, pickles, candy, etc. Looking at this perspective, entrepreneurs of India should take this golden opportunity and do the needful for such kind of business. The land of our country is suitable for banana production. Its fruit is a healthy diet and demandable in local markets as well as the free waste could be utilized to produce such bio-products which will contribute directly in our national economy. Thus, farmers or entrepreneurs should cultivate more banana trees in unproductive lands of coastal and hilly areas for extra income from the useless wastes and ensure eco-friendly environment. Women can also be employed in production of different bio-products from banana wastes and thus, they can contribute to their livelihood improvement. In conclusion, this review on Musa possess various phytochemicals and it is having important pharmacological activity which can help in improving various health problems and waste utilization will be of help to the farmers, entrepreneurs, planners, scientists as well.

Keywords: Musa, Phytochemical, Uses, Pseudostem, bio-products, employment, eco-friendly, health care

ARTICLE INFO

ARTICLE HISTORY: Received 19 Oct 2019, **Accepted** 29 Nov 2019, **Available Online** 19 June 2020

Citation: Atluri Bhavana, *et al.* A Review on MUSA. *A. J. Med. Pharm, Sci.*, 8(1), 2020: 01-09

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STUDENTS PUBLISHED ARTICLES IN COLLEGE MAGAZINE AND NEWSLETTER

MAY— AUG 2021 Volume 6, Issue 2

Sanjivini 2021
THE VIJAYA AUSHADHI

A Triannual Official Publication of
VIJAYA INSTITUTE OF PHARMACEUTICAL SCIENCES FOR WOMEN
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A Newsletter on Pharmacy Practice

Dear reader,

Hope you and your family are safe and following social distancing, and other Covid protocol. We are going through unprecedented crises in human history, humanity has never seen such a pandemic in the last 100 years. It is so devastating to hear that about 33 million died across the globe. However, the great scientific achievement in 2021 was the development of several vaccines in less than one year and evidence shows that people who are vaccinated are far less likely to spread Covid -19. So, it is mandatory that all of us must rule out all the apprehensions regarding vaccination and must get vaccinated. Vaccination procedures may evolve soon for the young generation too and let us pray for the world to be a safe planet for living.

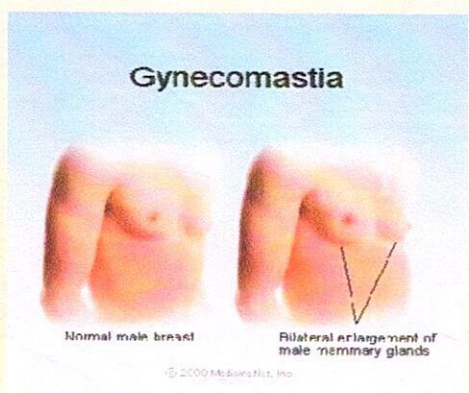
I encourage all the readers to get vaccinated and fight back against the disease.

"Tough times never last, but tough people do."

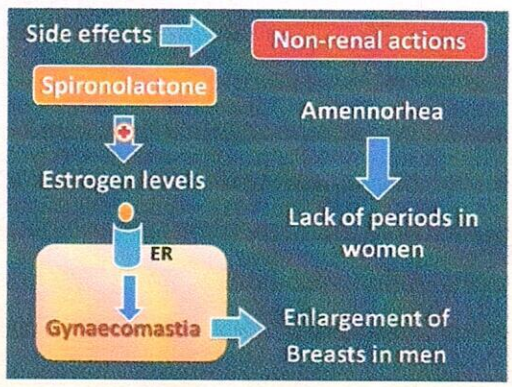
SPIRONOLACTONE-INDUCED GYNECOMASTIA

Drug-induced gynecomastia accounts for about 20%–25% of all new cases in adults. Gynecomastia is clinically defined as benign enlargement of male breast due to proliferation of glandular component with deposition of fat. It usually occurs due to imbalance between actions of estrogen and androgen on the breast tissue. The causes for gynecomastia can be either physiological (neonatal, pubertal, or involutional) or pathological condi-tions (drug induced, endocrine disorders such as testicular, adrenocortical, or pituitary tumors, hyperthyroidism, and nonendocrine causes such as cirrhosis, starvation, stress, and renal failure).

Spironolactone is a potassium-sparing diuretic



used to treat high blood pressure and heart failure. can cause gynecomastia by multiple mechanisms. It blocks the androgen receptors and prevents the binding of testosterone and dihydrotestosterone. It decreases testosterone production from testes by inhibiting enzymes 17α-hydroxylase and 17, 20-desmolase. In addition it displaces testosterone from sex hormone-binding globulin, and enhances the metabolic clearance of testosterone. It increases the levels of estrogen by enhancing



peripheral conversion of testosterone to estradiol. The antiandrogen action of spironolactone responsible for the development of gynecomastia depends on the dose and duration of treatment and is usually bilateral. A study conducted by Roseet al. has reported that 6 out of 16 patients with hypertension treated with spironolactone developed gynecomastia. They also found low blood testosterone levels and higher estradiol levels among these patients compared to controls which confirms hormonal imbalance as the causative factor for spironolactone-induced gynecomastia. Deepinder and Braunsteinet al. observed 10% of 1663 heart failure patients who received 25 mg/day of spironolactone for 24 months have developed gynecomastia. Stopping the offending agent resolves the problem and thereby can save the patient from embarrassment, anxiety, physical discomfort of investigations, and surgical procedure. Patients should be informed about this side effect while prescribing this drug and alternatively eplerenone can be used.

Source:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5846220/
https://www.cmaj.ca/content/176/5/620.2
https://www.iosrjournals.org/iosr-jdms/papers/Vol18-issue11/Series-1/H1811015659.pdf

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A Primer on Covid-19 Vaccines

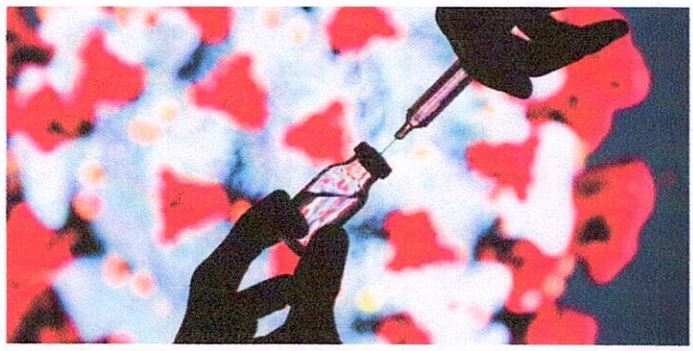
Vaccinology provides another opportunity for pharmacists to prove their mettle. Vaccine researchers are looking at several ways to present the SARS-CoV-2 antigen in such a way that it does not cause infection but stimulates the immune system to produce circulating antibodies and creates cell memory against this antigen. The target of most vaccine researchers is to use the RNA gene or subunit of the spike protein S of the SARS-CoV-2 virus for stimulating the production of antibodies. A successful vaccine would generate enough antibody immunoglobulin G in the blood and immunoglobulin A in the mucosa. Both these types of immunoglobulins antibodies help destroy the single-stranded positive-sense RNA virus SARS-CoV-2 that causes Covid-19.

Covaxin (from Bharat Biotech) provides 6 micrograms per 0.5 ml of the whole virion inactivated SARS-CoV-2 virus strain NIV-2020-7070, where NIV stands for National Institute of Virology. Aluminum hydroxide gel in the Covaxin vial helps in vaccine efficacy and other inactive ingredients in the vial are required for the stability of the vaccine. The whole inactivated virion technology is also used in the production of seasonal influenza vaccines, rabies vaccines, and hepatitis A vaccines. Covaxin is given in two doses each of 0.5 ml, 4 weeks apart. The efficacy of Covaxin as per phase 3 data is 77.80%, this data has been submitted to DCGI.

Covishield manufactured by Serum Institute of India (SII), Pune is based on viral vector technology for the SARS-CoV-2 virus by Oxford University and AstraZeneca. World-over the vaccine is popular as the AZ-Oxford vaccine or AstraZeneca Oxford vaccine. In this technology, the DNA virus adenovirus is used as a vector or carrier of the RNA gene that produces the spike protein of SARS-CoV-2. So the DNA of the adenovirus that is found in chimpanzees is taken, genetically engineered with the help of special enzymes, so that only the viral RNA gene portion that codes for the spike protein of the SARS-CoV-2 virus, gets fused into the chimpanzee adenovirus DNA. The generic name of Covishield is ChAdOx nCoV-19 coronavirus vaccine (recombinant). Each dose of Covishield is 0.5 ml, and each dose provides ChAdOx nCoV-19 coronavirus vaccine (recombinant) 5 X 1010 viral particles (vp).

After Covishield is injected into a person the adenovirus gets into the human host cell. The virus is broken down and the recombinant DNA gets into the nucleus of the host cell. The spike protein is manufactured by the host cell ribosome and this goes to the surface of the host cell. Immediately T lymphocyte cells break down this abnormal host cell with spikes, and the spike protein fragments stimulate B lymphocytes to produce specific antibody immunoglobulin M and G that help destroy the spike protein antigen. Thus, when a vaccinated individual is exposed to the SARS-CoV-2 virus in society, the B lymphocytes produce corresponding antibodies that help destroy the SARS-CoV-2 virus that has entered the human body.

Hence, vaccinated individuals seldom suffer severe Covid-19 and hospitalization. Covishield is given in two doses, the second dose is 6 to 8 to 12 weeks after the first dose. Covishield efficacy rate is generally reported as 73.4% but some studies have said



that it is up to 100%. With a dosing interval of 12 weeks, the efficacy rate of Covishield is 78.79% as reported.

Sputnik 5 Covid-19 vaccine invented by Gamaleya National Center of Epidemiology & Microbiology, Russia - a leading center for virus research, their competence is on adenovirus vector technology. However, they use the human adenovirus and not the chimpanzee adenovirus. The efficacy claim of Sputnik 5 is reported from 91% to 97.6%. Sputnik 5 is a two-dose vaccine (the second dose uses a different adenovirus vector than the first dose to enable beer efficacy), dose interval is 3 weeks. Single-dose Covid-19 vaccine Sputnik Light is the first dose of Sputnik 5 and is also said to generate a good level of antibody production for a protective effect from Covid-19.

The specific mRNA that codes for the SARS-CoV-2 spike protein is presented by the Pfizer mRNA vaccine brand name Comirnaty and Moderna's mRNA vaccine. When the mRNA vaccine is injected into a person - the vaccine mRNA is wrapped in a lipid nanoparticle – this is taken up by host cells. The mRNA goes directly to the host cell ribosome (protein factory) and the spike protein is manufactured.

Biological Evans, Hyderabad is on the verge of launching an antigen recombinant protein (subunit of the spike protein) based vaccine in collaboration with Baylor College of Medicine, the USA at a projected cost of Rs. 110 per dose, this too is a two-dose vaccine (28 days apart). The brand name of this vaccine is Corbevax.

Zydus Cadila is using a plasmid DNA technology platform, however, this technology platform has not been used widely in vaccine production. The spike protein RNA gene is combined into the circular plasmid DNA of certain bacteria – the recombinant plasmid thus created is injected intradermally. The brand name of these three-dose vaccines is Zy-CoV-D. In the Covid-19 vaccine constellation, work is on for an oral vaccine too! A company by the name ORAVAX (Israel – India partnership), is creating an oral vaccine with a triple antigen VLP (virus-like particle). Early analysis showed an efficacy of 66.6% for the three-dose vaccine.

As per WHO the efficacy threshold for any COVID-19 vaccine is 50%. In current pandemic times, the benefit outweighs any risk associated with vaccination. Hence, taking the vaccine is most vital to avoid severe COVID infection and restore routine living.

Source:
https://www.who.int/news-room/q-a-detail/coronavirus-disease-(covid-19)-vaccines?adgroupsurvey

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REGULATORY NEWS

COVID-19 vaccine NRVV Ad (ChAdOx1 nCoV-19)

Risk of thrombosis with thrombocytopenia syndrome (TTS)

The Committee for Medicinal Products for Human Use (CHMP) has recommended that COVID-19 vaccine NRVV Ad (ChAdOx1 nCoV-19) (Vaxzevria®) must not be given to anyone who has had thrombosis with thrombocytopenia syndrome (TTS). COVID-19 vaccine NRVV Ad (ChAdOx1 nCoV-19) is a vaccine for preventing COVID19 in people aged 18 years and older. As TTS requires specialist treatment, health-care professionals should consult applicable guidance and/or specialists to diagnose and treat the condition. Also, health-care professionals should check for signs of thrombosis in any person who has thrombocytopenia within three weeks of vaccination and should advise people to seek urgent medical attention if they have any symptoms suggesting thrombosis or thrombocytopenia.

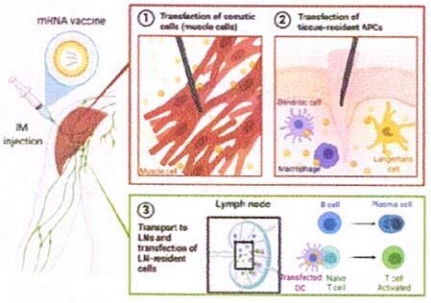
Reference: Reference: EMA, 21 May 2021 (www.ema.europa.eu) (ipc.gov.in)

Tozinameran, COVID19 vaccine mRNA

Risk of myocarditis

The PRAC has requested more detailed information on myocarditis and pericarditis from the marketing authorization holder of tozinameran. This should be included in the next pandemic summary safety report before considering if any other regulatory action is needed. Additionally, the PRAC has requested the marketing authorization holder for COVID19 vaccine mRNA (mRNA 1273) (COVID-19 vaccine Moderna®) to also monitor for cases of myocarditis and pericarditis and to the provide a detailed analysis.

Reference : EMA, 7 May 2021 (www.ema.europa.eu)



Risk of facial swelling

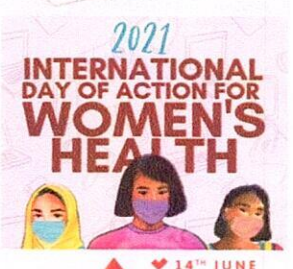
The PRAC has recommended that the SmPC and the PIL for tozinameran (Comirnaty®) should be revised to include facial swelling in people with a history of injections with dermal fillers as an adverse reaction. Tozinameran is indicated for active immunization to prevent COVID-19 caused by SARSCoV-2 virus, in individuals 12 years of age and older. The PRAC reviewed the available evidence including cases of facial swelling reported to the European database for suspected adverse effects (EudraVigilance) and scientific literature. A causal association between the vaccine and the reported cases of facial swelling in people with a history of injections with dermal fillers was considered to be reasonably possible.

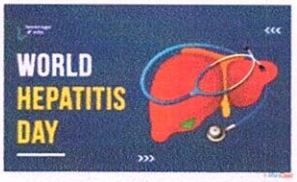
Reference: EMA, 7 May 2021 (www.ema.europa.eu)

NOVEL DRUG APPROVALS FOR 2021

DRUG NAME	ACTIVE INGREDIENT	APPROVAL DATE	USES
Empaveli	Pegcetacoplan	14.05.21	To treat paroxysmal nocturnal hemoglobinuria
Lybalvi	olanzapine and samidorphan	28.05.21	To treat schizophrenia and certain aspects of bipolar I disorder
Brexafemme	Ibrexafungerp	01.06.21	To treat vulvovaginal candidiasis
Aduhelm	Aducanumab-avwa	07.06.21	To treat Alzheimer's disease
Kerendia	Finerenone	09.07.21	To reduce the risk of kidney and heart complications in chronic kidney disease associated with type 2 diabetes
Bylvay	Odevixibat	20.07.21	To treat pruritus
Nexviazyme	Avalglucosidase alfa-ngpt	06.08.21	To treat late-onset Pompe disease
Korsuva	Difelikefalin	23.08.21	To treat moderate-to-severe pruritus associated with chronic kidney disease in certain populations

Source : https://www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and-new-therapeutic-biological-products/novel-drug-approvals-2021





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Lockdown Activities

- On 21-06-2021, International Yoga day was celebrated virtually, Mrs. L. Santhi & Mr. L. Murali Krishna from yoga association of A.P addressed the virtual gathering and the students were made to do yoga according to the yoga protocol released by ministry of Aayush, Govt of India.
- Lockdown provided Pharm. D students with an ample opportunity to involve themselves in creating awareness to public through various social media platforms.
- Students presented posters, videos on the following topics : 05-05-2021 - World Asthma Day; 08-05-2021 -World Thalassemia Day; 05-06-2020 - World Environment Day; 07-06-2020 - World Food Safety Day; 26-06-2020 - International Day Against Drug Abuse and Illicit Trafficking.
- A webinar on Comprehensive prospects of PharmD; Drug Safety and Entrepreneurship was organized by the institution on 26th & 27th June 2021.
- A webinar on Research Methodology and Data Analysis was organized in the campus on 23th & 24th July 2021.
- On 31.07.21 Medi Healthcare Campus Placement Drive conducted by ASC Pvt Ltd for PharmD students at college campus. 17 students from our institution participated in the drive, out of which 5 students are shortlisted for the required positions.

To,

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We are pleased to receive your feedback and suggestions :

The Editorial Board,
A Newsletter on Pharmacy Practice,
Vijaya Institute of Pharmaceutical Sciences for Women (VIPW),
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JAN— APR 2021 Volume 6, Issue 1

Sanjivini 2020
THE VIJAYA AUSHADHI

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A Newsletter on Pharmacy Practice

Dear reader,

COVID 19 is unprecedented and shockingly has been trembling the entire world, especially, India. Vaccination has become the priority for Indian government, as the number of pandemic victims is increasing day by day. Rumours and hesitations are ruled out by the government and awareness regarding vaccination along with safety measures are taken up on a major scale. Before the country goes for another lockdown, the citizens of India have to get themselves vaccinated. Second Wave has been taking its toll, with India observing a victim rate of 4 lakh daily. Third Wave of Corona Virus, before it surges up, entire India has to get vaccinated, Indian and State Governments have to take up contact tracing also as the major criterion, and increase surveillance on affected zones. Pharmacists as front-line health warriors participating in health awareness programmes are playing a major role in adding up to the National Health Policy and I appreciate all my students and faculty members who have been carrying out their due responsibilities, offline and online during the grave situation.

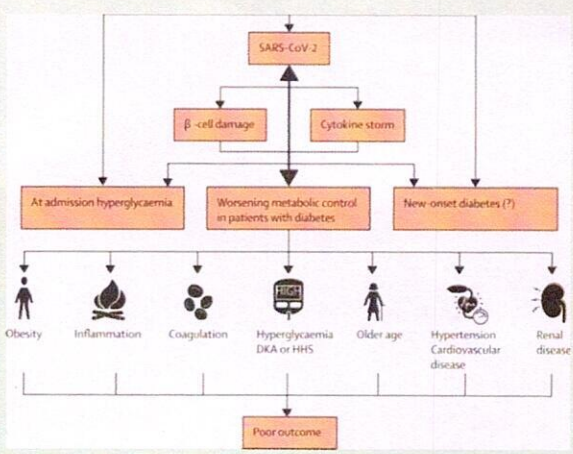
Hope to see a Corona free India soon!

Diabetes Mellitus and Hypertension Increase the Risk of Death in Novel Corona Patients Irrespective of Age

Elderly people and people with comorbidities have emerged as the most vulnerable group at risk of developing complications and succumbing to this illness. They are also at increased risk of requiring intensive care unit (ICU) care and critical care resources. In a resource-scarce country like India, it is imperative that the effects of co-morbidities on overall prognosis of COVID-19 cases to effectively allocate healthcare resources and plan the overall management strategy of COVID-19. As higher the age, presence of tachycardia, HTN, tachypnoea with baseline lower SpO2 and higher grade of fever were associated with more chances of ICU admission. Mortality was also significantly more in cases initially admitted in ICU.

Viral infections are known to cause leucopenia with relative lymphocytosis and COVID-19 infection is no different. Lower hemoglobin and serum albumin leads to poorer outcomes in ICU patients. Higher total leucocyte count, absolute neutrophil count, international normalized ratio and transaminases have been reported in COVID-19 infection. The most common co-morbidities in patients were HTN, DM, cancer, HD, CKD, ND and Respiratory diseases. The probability of ICU admission was significantly more in cases of Respiratory diseases, DM, CKD, and HTN.

Patients with 2 or more co-morbidities had poorer outcomes and higher age as a significant risk factor for poorer outcomes in older patients with COVID-19 infection. In other words, younger age had a relatively protective effect in terms of outcome in COVID-19 infection. However, it was brought that in patients with HTN and DM, younger age did not provide any major advantage in survival. It was always being suspected that younger patients with these co-morbidities also had a significantly higher risk of ICU admission and mortality. HTN and DM were common and associated with greater risks of adverse events. Young adults with more than 1 of these conditions faced risks comparable with those observed in middle-aged adults without them. Public health experts in our country should target young people with comorbidities and reinforce that social distancing, face masks and other approaches to prevent transmission are as important in young adults as in older persons.



Source:https://www.thelancet.com/journals/landia/article/PIIS2213-8587(20)30238-2

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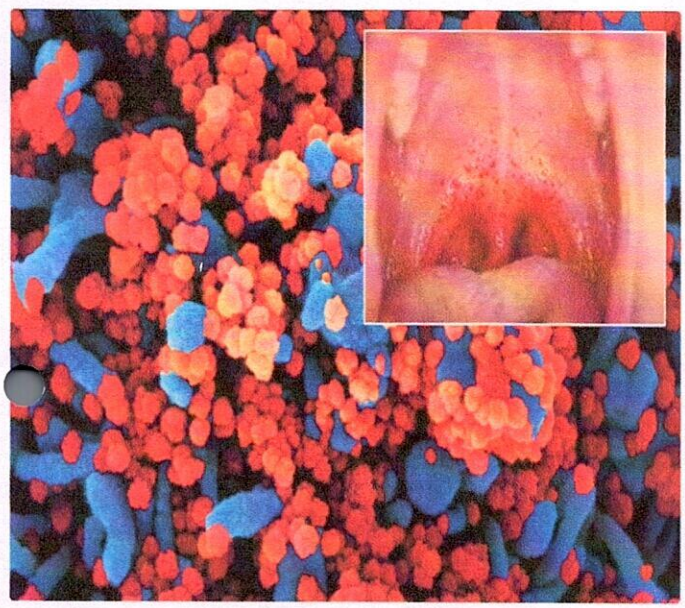
Oral manifestations of COVID-19 disease

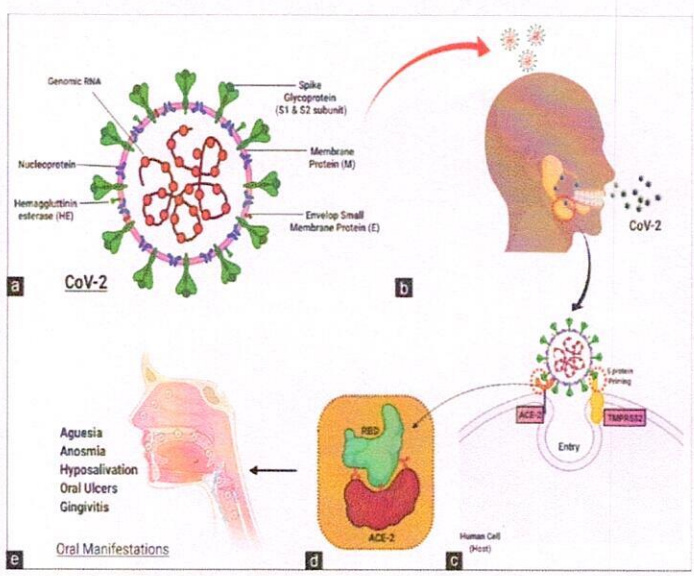
Viral invasion by the SARS-CoV-2 virus causes injury to the respiratory system, mouth cavity and lungs. When viral load increases in the body, there is defense activity, which includes the secretion of inflammatory immune molecules called



cytokines. The cytokine surge leads to a cytokine storm and the excess pro-inflammatory cytokines themselves cause damage to the lungs, there is also intravascular coagulation. Excess cytokines also damage other organs (such as the heart, liver and kidneys). This multi-organ damage leads to morbidity and mortality. Hence, it is prudent to constantly reduce the viral load in the nasal and oropharyngeal tissues. Similarly, the use of suitable oral rinses for mouth rinsing and throat gargling has rendered lowering of viral load.

Dysgeusia or distorted taste sensation is the first oral symptom of Covid-19. The other prominent sign is 'oral mucosal lesions' of various types. The tongue is the region with maximum lesions in Covid-19 patients. The next is the labial mucosa or the inner mucosal lining of the lips. The third in descending order for oral cavity lesions in Covid-19 patients is the palate or roof of the mouth. These oral lesions are commonly occurring in Covid-19 patients of both genders. Elderly patients of Covid-19 and those with severe Covid-19 disease had more incidences of oral lesions. The occurrence of oral lesions (or wounds or tissue damage) is increased with bad oral hygiene. Further, in Covid-19 cases that have weak immunity as with patients on steroids (glucocorticoids) and uncontrolled hyperglycemia (diabetes), there was an increased incidence of oral lesions. Opportunistic infections (in the mouth and other parts of the body) occur as a side effect of various drugs used in the management of Covid-19. This also includes secondary bacterial infections. These opportunistic infections cause lesions including in the inner layer of lip and roof of the mouth (palate).

Steroids are useful as powerful anti-inflammatory drugs, they suppress the signs and symptoms of inflammation locally and systemically, however, the oral or injectable use of steroids (glucocorticoids) also causes a cycle of immune suppression and hyperglycemia – both these encourage opportunistic infections - both fungal and bacterial infections. Such infections are also called superinfection (for example due to steroid usage). The use of anti bacterials and antivirals also interferes with carbohydrate metabolism and causes dysbiosis. This side effect in turn results in folic acid and Vit. B complex deficiency, and thereby oral lesions form. Thus, we see there is a multi-modal manner in which opportunistic infections cause oral lesions. The use of oral care products is crucial and the oral care range is an ideal adjuvant to all oral or parenteral antibiotics, antivirals and steroids. The side effects of drugs used to manage viral infections like Covid-19 and bacterial infections most often result in oral lesions. In such situations, oral care products help alleviate the suffering, discomfort and pain of oral lesions. The pandemic has accentuated the role of community pharmacists as healthcare advisors and dispensers of medications. Further, pharmacists



are the most accessible trusted healthcare professionals for patients. Hence, pharmacists should understand the oral manifestations such as mucosal lesions, loss or altered sense of taste in Covid-19 patients, and consequently provide counsel, and dispense suitable oral care products. This will enhance the role of the pharmacist for benefit of patients.

Source:
https://www.magonlinelibrary.com/doi/full/10.12968/denu.2021.48.5.418

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REGULATORY NEWS

Alemtuzumab

Risk of cardiac toxicity, hepatotoxicity and hematological toxicity

The National Pharmaceutical Regulatory Agency (NPRA) has announced that the approved indication of Alemtuzumab (Lemtrada®) has been revised, to include restrictions for use due to the risk of myocardial ischemia, myocardial infarction, autoimmune hepatitis, hemorrhagic stroke and thrombocytopenia. Alemtuzumab is indicated to treat active relapsing remitting multiple sclerosis. Alemtuzumab is now restricted for use in patients with at least one disease modifying therapy, including those with highly active disease despite a full and adequate course of treatment. Additionally alemtuzumab is contraindicated in patients with uncontrolled hypertension and with a history of stroke, including those with severe active infection. Additional risk minimization measures have been implemented regarding initiation, infusion and post infusion monitoring.

Reference: Safety Alerts, NPRA, 20 January 2021 (www.npra.gov.my/) (ipc.gov.in)

Tramadol

Potential risk of hallucinations

Health Canada has announced that it will work with manufacturers to update the product safety information for tramadol containing products to include the risk of visual and auditory hallucinations. Tramadol is indicated to treat moderate to moderately severe pain in adults who require treatment for several days or more. Health Canada reviewed the risk of hallucinations with the use of tramadol containing products using information from the Canada vigilance database, international databases and scientific literature. Also, Health Canada reviewed 24 serious case reports of hallucinations with the use of tramadol containing products. Health Canada's review of the available information has established a link between the use of tramadol containing products at normal doses and the risk of visual and auditory hallucinations, particularly in patients over 65 years of age..

Reference : Summary Safety Review, Health Canada, 29 December 2020 (www.hc-sc.gc.ca)

Chloroquine

Risk of psychiatric disorders

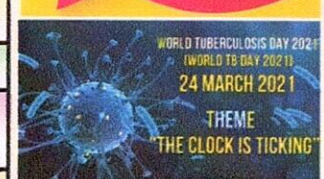
Pharmacovigilance Risk Assessment Committee (PRAC) has recommended updating the product information for chloroquine and hydroxychloroquine containing medicines to include the risk of psychiatric disorders and suicidal behavior. Chloroquine and hydroxychloroquine are indicated for the treatment of certain autoimmune diseases such as rheumatoid arthritis and lupus, as well as for prophylaxis and treatment of malaria. They are not authorized for the treatment of COVID-19, but both medicines have been used as off-label treatments in patients with the disease. In view of the use during the COVID-19 pandemic, the EMA had reminded health-care professionals of the risks in 2020. It is already known that chloroquine and hydroxychloroquine can cause a broad range of psychiatric disorders, even if used in approved doses for authorized indications. The review confirmed that psychiatric disorders have occurred and may be serious, both in patients with and without prior mental health problems. Patients using chloroquine or hydroxychloroquine who experience mental health problems should contact a health-care professional.

Reference: EMA, 27 November 2020 (www.ema.europa.eu)

NOVEL DRUG APPROVALS FOR 2021

DRUG NAME	ACTIVE INGREDIENT	APPROVAL DATE	USES
Verquvo	Vericiguat	19.01.21	To treat chronic heart failure
Cabenuva	Cabotegravir and rilpivirine	21.01.21	To treat HIV
Tepmetko	Tepotinib	03.02.21	To treat non-small cell lung cancer
Evkeeza	Evinacumab-dgnb	11.02.21	For the treatment of homozygous familial hypercholesterolemia
Fotivda	Tivozanib	10.03.21	To treat patients with renal cell carcinoma
Ponvory	Ponesimod	18.03.21	To treat patients with relapsing forms of multiple sclerosis
Zegalogue	Dasiglucagon	22.03.21	To treat severe hypoglycemia
Qelbree	Viloxazine	02.04.21	For the treatment of attention deficit hyperactivity disorder
Nextstellis	Drospirenone and estetrol tablets	15.04.21	To prevent pregnancy

Source : https://www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and-new-therapeutic-biological-products/novel-drug-approvals-2021



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Campus News

- Ms. Vemparala Lakshmi Chaitra Pharm.D appointed as Research Intern (Scientific & Clinical Development) in the CliMed Research Solutions.
- On 31-01-2021, III B. Pharm students participated in the Pulse Polio Campaign organized by the Government of India.
- On 15-02-2021, Dr. Nagesh, Psychologist and Advisor on Covid 19 to the state of Telangana delivered a motivational Guest Lecture on "Behavioral Psychology."
- On 22-02-2021, on account of International Mother Tongue Day, (Mathru Bhasha Diwas), Dr. G. Naga Raju, Lecturer in Telugu, KBN College, Vijayawada -1 was invited to deliver a Guest Lecture.
- On 28-02-2021, II Pharm D students were made a part of Health Camp organized at Bhavanipuram organized on the occasion of Golden Jubilee Celebrations of Almighty Nursing Home (Kola Hospitals), Bhavanipuram, Vijayawada.
- On account of Water Conservation Day on 23.03.2021, Dr. P. Prabhakar, Asst. Professor, Dept. of Sciences & Humanities, Andhra Loyola Institution of Engineering & Technology, Vijayawada delivered a Guest Lecture on "Significance of Conserving Water for Future Generations".
- Red Cross Society of India, on account of Centennial Cycle Rally, on 25-03-2021 organized a meet for NSS students and Coordinators of Vijayawada. Mrs. K. R Rajeswari along with NSS Volunteers of the institution attended the Grand Finale at S Convention Hall, Vijayawada graced by Sri Biswabhushan Harichandan Ji, Honourable Governor, AP and President, IRCS, AP State Branch.

To,

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We are pleased to receive your feedback and suggestions :