

2018-19


# ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES


Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

## IDENTITY CARD

Name : V. RANJISH KUMAR  
S/o. : RAVINDER  
Class : 19. PHARM.  
Date of Birth : \_\_\_\_\_

Blood Group : \_\_\_\_\_

  
Signature of Candidate

Principal  
  
Signature of Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda  
Warangal T.S.

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda  
WARANGAL-506 001

PROVISIONAL CERTIFICATE

No.: 460652

Date: 30-04-2022

This is to certify that VARANGANIL KARTHIK  
Son/ Daughter of V. RAMESH BABU  
has passed the M. Pharmacy examination of  
this University, held in APRIL 2022 with Roll no 20004P1017  
and that he/she was placed in FIRST DIVISION WITH DISTINCTION

He/ She was examined in the following  
ELECTIVE(S) Pharmaceutics

  
Principal  
St. Peter's Institute of Pharmaceutical  
Vidyahagar, Hamarikon  
WARANGAL-506 001 (T.S.)



# KAKATIYA UNIVERSITY

WARANGAL - 506 009 (T.S.) India  
MEMORANDUM OF MARKS

N 1069534

Examination: **B PHARMACY III SEM. OCT., 2021**  
Candidate's Name: **PANDARU SURESH**  
Father's Name: **B BIXAPATHI**

Date: \_\_\_\_\_

Roll No.: \_\_\_\_\_

SUBJECT: \_\_\_\_\_  
SEMINAR (TOPIC ON RESEARCH & WORK PLAN)  
COMPREHENSIVE VIVA-VOCE

U.E. Marks	M.A. / Sess. Marks	Total Marks		Result
		Max.	Secured	
100	100	100	100	PASS
100	100	100	100	PASS

GRAND TOTAL : \* EIGHTY EIGHT \*  
RESULT : PASSED

100 0000



Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)

*P. Suresh*  
SECTION-IN-CHARGE

*S. M. Reddy*

CONTROLLED



KOLKATA

राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान - कोलकाता  
NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH  
(Ministry of Chemicals and Fertilizers, Govt. of India)  
Chunlat Bhawan, 168, Manikata Main Road, Kolkata - 700 054  
Phone: (033) 2328 2422/0116, Fax: (033) 2320 1032, Website: www.niper.kolkata.in



Registration No. : NK19MSMCF637

Name : MALLADI MOUNIKA

Course : Ms. (Pharm) Medicinal Chemistry

M. Mounika

Signature of  
the Holder

Director  
NIPER, Kolkata

## राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान

Date of Birth : 26.05.1998

Blood Group : A+ve

Identification Mark: A mole on the left thumb

Date of Issue :

Valid upto :

### General Conditions of Issue

- This is a property of NIPER, Kolkata. In case of loss, holder has no right to retain or use it, but to hand over to nearest Police Station or mail it to address overleaf.
- Loss of ID card must be reported to Police Station immediately.
- ID card must be displayed in person and to be produced on demand by Security Staff / Issuing Authority.
- The ID Card must be surrendered to the Issuing Authority on Leaving the course.
- Rs. 60/- will be charged for duplicate issue.

Principal

St. Peter's Institute of Pharmaceutical Science  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001 (T.S.)

**GRADE REPORT  
I SEMESTER EXAMINATION**

Course : PGDM  
Month & Year : December, 2020  
Hall Ticket No. : 16019  
Specialization :

Name of the Student : Sampelli Alekhya  
Father's Name : Sampelli Ram Gopal Rao  
Regn No. : VVISM/PGDM/20/16019  
Batch : 2020 -22

Semester	Course Code	Course Title	Units	Grade	Points	Grade Value
July 20 — December 20	20 I GMFRSA	Financial Reporting Statement and Analysis	3.00	B-	2.75	8.25
	20 I GMMM	Marketing Management	3.00	B+	3.50	10.5
	20 I GMOB	Organization Behaviour	3.00	B+	3.50	10.5
	20 I GMCAB	Computer Applications for Business	3.00	B+	3.50	10.5
	20 I GMBL	Business Law	2.00	B+	3.50	7
	20 I GMIEBE	Indian Ethos & Business Ethics	2.00	B-	2.75	5.5
	20 I GMBC	Business Communication	2.00	B+	3.50	7
	20 I GMBSAD	Business Statistics and Analytics for Decision Making	3.00	B+	3.50	10.5
	20 I GMME	Managerial Economics	3.00	A-	3.75	11.25
			Total	24.00		

GPA  $\frac{\text{Total Credit Grade Value}}{\text{Total No. of Units}}$  3.38

Verified By   
Issued Date 27<sup>th</sup> July, 2021

  
Controller of Assessment & Evaluation  
Principal  
St. Peter's Institute of Pharmacy,  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)



# UNIVERSITY COLLEGE OF PHARMACEUTICAL SCIENCES

## KAKATIYA UNIVERSITY CAMPUS

VIDYARANYAPURI, WARANGAL 506 009  
TELANGANA STATE

Office Ph: 0870-2438844

### IDENTITY CARD



### M. PHARMACY

Academic Year : 2021-23

Date of Birth : 20-09-1997

## J. TEJASWI

Father's Name: KRISHNAREDDY

H.T. No : 20004P1020



*[Handwritten Signature]*  
**Principal**

# Q.No.A/45, NTPC, TTS,  
Jyothinagar Ramagundam,  
Peddapalli

Cell : 8919768621

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)

**SHRI LAKSHMI INSTITUTE OF PHARMACEUTICAL SCIENCES**

Laknepally, NARSAMPET, Warangal-506331, Ph. 9866050044, Fax 98713-230

**STUDENT ID CARD**



**Name :** DAMIERA VIJAY

**Course :** M.Pharm. **Branch:** Pharmaceutics

**Duratio :** 2019-2021

**H.T.No :** 20351P1006

  
**PRINCIPAL**

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Laknepally, Narsampet, Warangal-506331



9515185114

Address for Communication

Hno. 31-3-1553/7/1

SHIVPURI COLONY,

HANAMKONDA - NCC URBAN

Principal - S. 506001.  
Pharmaceutical Sciences

Hanamkonda

Warangal, T S - 506 001



**ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES**

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

**IDENTITY CARD**

Name : BANOTHU SRUTHI.

S/o. D/o. : TS. RAJUNAYAK.

Class : 19. PHARM

Date of Birth : 19-09-1998

Blood Group :   
Signature of Candidate: B. Sruthi

Principal:   
Signature of Principal

St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda  
Warangal, T S - 506 001

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001 (T.S.)

8374591916.

Address for Communication

Hno. 6-156 GOOLAL

*R. Vinay Kumar*

*Principal* DOLA RAD DSH

Pharmaceutical Sciences

Hanamkonda

TS - 506 001



**ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES**

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

**IDENTITY CARD**

Name : R. VINAY KUMAR  
S/o. Mr. : B. RAMESH  
Class : B.A. PHARM.  
Date of Birth : 03.06.96  
Blood Group : \_\_\_\_\_

*R. Vinay Kumar*  
Signature of Candidate

*R. Vinay Kumar*  
Signature of Principal

Vidyanagar, Hanamkonda

Warangal T.S. - 506 001.



Principal

St. Peter's Institute of Pharmaceutical Sciences

Vidyanagar, Hanamkonda,

WARANGAL-506 001(T.S.)

9701394255

**Address for Communication**

H.No. 24-5-152, Fadhimkonda

Rear Dargah, RAZIPET.

HANAMKONDA.

Principal

St. Peter's Institute of Pharmaceutical Sciences

Vidyanagar, Hanamkonda (506001).

Warangal, T.S. - 506 001



**ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES**

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

**IDENTITY CARD**

Name : J. SUGATHA.

S/o. : J. VENKATESHWARLU

Class : J. Pharm.

Date of Birth : 17.03.1998

Blood Group : Principal

St. Peter's Institute of Pharmaceutical Sciences

Signature of Candidate: M. Suresh Signature of Principal

Warangal, T.S. - 506 001

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)

9948894833..

Address for Communication

G. NO. 1869

GODHAVARI KHANI.

BEDDA PALU. DIST.

Pharmaceutical Sciences

Hanamkonda

T.S - 506 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : D. SAI ROSHITHA

S/o. : D. RAJESH YADU

Class : 59. PHARM.

Date of Birth : 07-12-1996

Blood Group : St. Peter's Institute of Pharmaceutical Sci

Signature of Candidate : D. Sai Roshitha

Signature of Principal : Principal

Vidyanagar, Hanamkonda

Warangal, T.S - 506 001

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)

# Gokaraju Rangaraju College of Pharmacy

(Approved By PCI, AICTE, Affiliated to OU)



P Sameeksha

170219886008

M.Pharm (Pharmaceutics)

Valid upto: 2019-2021



*(Signature)*  
Principal



Principal  
J. Peter's Institute of Pharmaceutical Science,  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)

# ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

## IDENTITY CARD

Name : G. AMULYA  
S/o. D/o. : G. VENKATESH KALU  
Class : B.E. PHARM.  
Date of Birth : 31-08-1997  
Principal

Blood Group

G. Amulya  
Signature of Candidate

St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda, Warangal, T.S. - 506001  
Principal

Warangal, T.S. - 506001

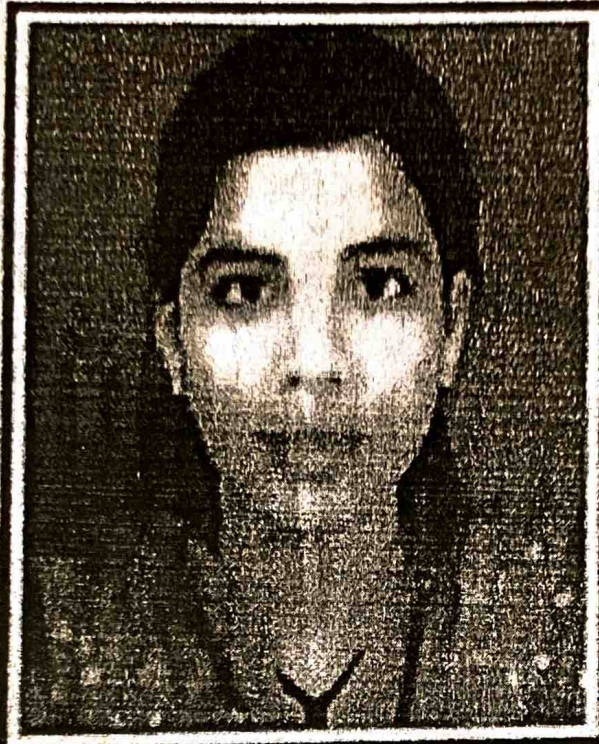


# PRINCETON COLLEGE

OF PHARMACY (2019)

approved By AICTE- New Delhi & PCI and Affiliated to JNTU Hyderabad  
Chowdariguda, Korremula, Ghatkesar, Medchal Dist

## STUDENT ID CARD



2019-2021

**Thirunagari Amulya**

Father's Name : T. Surendarbabu

DOB : 08-01-1997

Course : M. Pharm(Ph.Cology)

Reg.No : 19GA150102

Blood Group : O+ve

Address

6-6-412, Sharmanagar near Sri devi hospit  
Karimnagar

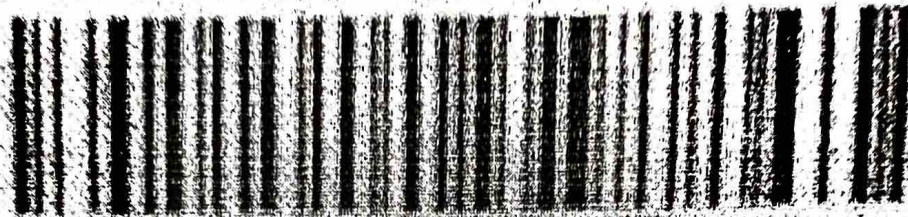
Ph.No : 9966165070

Principal

Pharmaceutical Services  
HANGAL-506 001 (F.S.)



# CMR COLLEGE OF PHARMACY



O+VE

**KANDIKONDA SAHASWI**

Course: M.Pharmacy  
Branch: PHARMACEUTICS  
Roll No: 19T21S0303  
Academic Year: 2019-2021

Pravin  
Peter's Institute of Pharmaceutical Sciences  
Vijayanagar, Hanamkonda  
WARANGAL-506 001(T.S.)

9652599747,



**Address for Communication**

HNO. 11-1-95

SHIVJI NAGAR

SIDDIPET, DIST-

Pharmaceutical Sciences  
Hanamkonda  
506001

**ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES**

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

**IDENTITY CARD**

Name : SILLA ABHISHEK.

S/o. : RAVINDER.

Class : 19-PHARM

Date of Birth : 17-07-1996

Blood Group : B+

S. Abhishek  
Signature of Candidate

[Signature]  
Signature of Principal

Vidyanagar, Hanamkonda  
Warangal, T.S. - 506001

*[Handwritten signature]*  
Pharmaceutical Sciences  
Hanamkonda  
(S. 11001(T.S.))

9848 941710.09.00



Address for Communication

H.No. 2-5-782

KALIPURA SUBEDARU

HANAMKONDA

Principal

of Pharmaceutical Sciences  
506001

Vidyanagar, Hanamkonda T.S.

Warangal, TS - 506 001

**ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES**

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

**IDENTITY CARD**

Name : SHAZIYA SIDDIQA

S/o. D/o. : SYED SUBHAN

Class : J.C. PHARM. P. (ENTRANCE)

Date of Birth : 06-04-1996

Blood Group : [Signature]

[Signature] - St. Peter's Institute of Pharmaceutical Sciences  
Signature of Candidate

Vidyanagar, Hanamkonda

Warangal, TS - 506 001

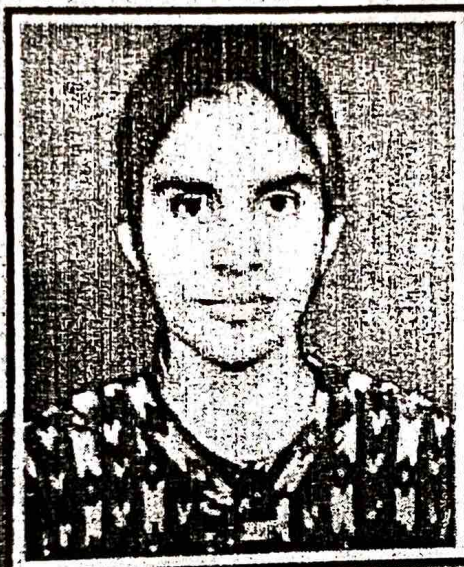
St. Peter's  
Principal  
of Pharmaceutical Sciences  
Hanamkonda,  
506 001 (T.S.)



# PRINCETON COLLEGE OF PHARMACY

Approved by AICTE- New Delhi & PCI and Affiliated to JNTU Hyderabad  
Chowdariguda, Korremula, Ghatkesar, Medchal Dist

## STUDENT ID CARD



2019-2021

**Gurrala Sai Prasanna**

Father's Name : G.Mahenderreddy

Date of Birth : 18-03-1998

Course : M. Pharm(Ph. Chemistry)

Roll No / ID No : 19GA150306

Blood Group : O+

Address

Kondapalka  
Manakondur, Karimnagar

Phone : 879026193

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARRANGAL-506 001(T.S.)



**CMR COLLEGE OF  
PHARMACY**



**GUNDA MANISHA**

Course: **M PHARMACY**  
Branch: **PHARMACEUTICS**  
Roll No: **19T21S0302**  
Academic Year: **2019-2021**

*Signature*

*Principal*  
Peer's Institute of Pharmaceutical Sciences  
Vijayanagar, Hampi, Konda,  
Warangal-506004 (T.S.)



# OSMANIA UNIVERSITY'S COLLEGE OF PHARMACY

(Approved by AICTE & PCI, Affiliated to Osmania University)

BARKATPURA, HYDERABAD. PH : 040-27563065

Name : MANDA PRAVALIKA  
Father's Name : Manda Pandu  
Course : M-Pharmacy(Ph. Analysis)  
Hall Ticket No. : 1706-19-885-005  
Academic Duration : 2019-2021  
Hostler/Day Scholar : Sri Aditya Women's Hostel  
Blood Group : O + ve      D.O.B : 15-05-1997  
Address : H. No. 2-111/2, Bad Colony, Prashanth Nagar.



Principal  
Osmania University's Institute of Pharmaceutical Sciences  
Vijaynagar, Hanamkonda,  
Warangal-506 001(T.S.)

**PRINCIPAL**



National Institute Of Pharmaceutical Education and Research (NIPER)  
 Under the Ministry of Chemicals & Fertilizers, Department Of Pharmaceuticals  
 Industrial Area, Hajipur (Vaishali) – 844102

HAJIPUR, BIHAR

Website: www.niperhajipur.ac.in

Mobile: 06204-277213

TEMPORARY IDENTITY CARD

Name: Mr. Ponnala Varun Raj

Email: varunissakh@gmail.com

Mob. No: 9492037388

Blood Group: B (+ve)

DoB: 02/05/1998

Department: Pharmacy Practice

Candidate

Signature

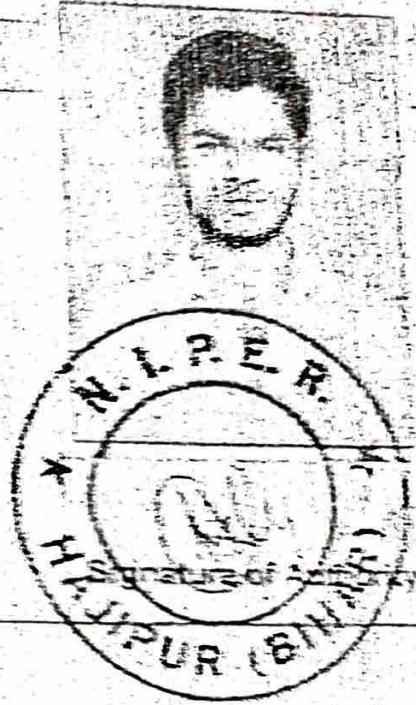
Card No.: 2019PP014

Issue Date: 08/08/2019

Father's Name: Mr. Ponnala Sudhakar

Permanent Address: H. No.:5-90, Hasanparthi Yar Japahad, Warangal Urban, Telangana, Pin:506006

Father's Mob. No.: 7036588204/9908291882



In Case of Emergency: Contact the institution or parent of the Card Holder.

Note: The ID card is required to be showed and when required by the Institute.

Principal  
 Vidyanagar, Hanamkonda,  
 Warangal-506 001(T.S.)

798 133 9454,

**Address for Communication**

H NO. 6-4-165/1  
BRAHMANAWADA.  
HANAMKONDA.

WARANGAL. 506001.

St. Peter's Institute of Pharmaceutical Sciences

Vidyanagar, Hanamkonda

Warangal, T.S. - 506 001

**ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES**

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

**IDENTITY CARD**

Name : K. SHEETHAL  
S/o. : NARSIMHARAMULU  
Class : 09. PHARM.  
Date of Birth : 05-09-1996  
Blood Group :  
Signature of Candidate : K. Sheethal  
Signature of Principal

Vidyanagar, Hanamkonda  
Warangal, T.S. 506 001

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)

9154614463. M.NO

Address for Communication

HNO- 1-7-873 4P/E

REBR RESIDENCY 505, 5th floor.

SHANIKARNAGAR.

St. Peter's Institute of Pharmaceutical Sciences - 506001.

Hanamkonda. T.S.

Warangal, T.S - 506 001

ST. PETER'S INSTITUTE OF PHARMACEUTICAL SCIENCES

Vidyanagar, Hanamkonda, Warangal - 506001, T.S. India.

IDENTITY CARD

Name : V. SRILAYA

S/o. No. : V. JYALLIKARJUN RAO.

Class : B.A. PHARM.

Date of Birth : 12-03-1998

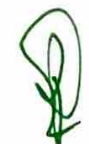
Blood Group : Principal

Signature of Candidate: Srilaya, Signature of Principal: Principal

Vidyanagar, Hanamkonda

Warangal, T.S - 506 001

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)



**Kingston  
University  
London**

ELIHAN K 1 2 3

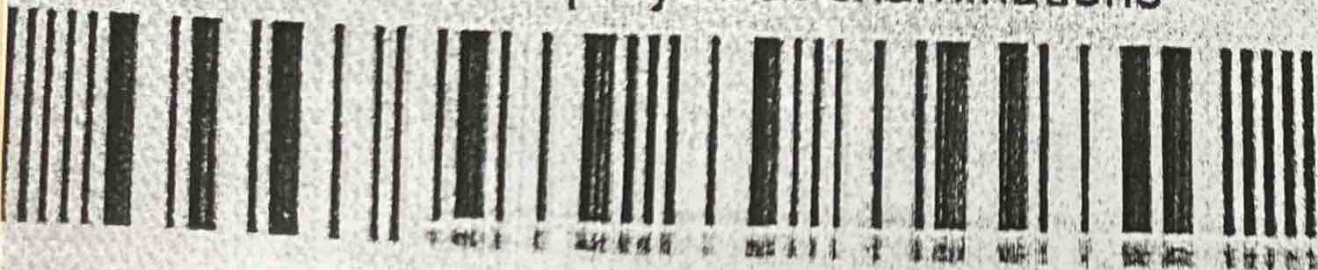
**Bala Abhilash Reddy  
Kasu**

<b>Username</b>	<b>Student ID</b>	<b>Faculty</b>
<b>K 1943435</b>	<b>1943435</b>	<b>NS / P</b>



**STUDENT**

This card must be displayed at examinations



**Expires:  
31-01-2022**

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)

**Issue No: 1**

# Wright State University

By Authority of the Board of Trustees and  
On Recommendation of the Faculty Hereby Confers Upon

Meghana Reddy Ginugu

The Degree of

Master of Science

With All the Honors, Rights, and Privileges Belonging Thereto. In Testimony Whereof  
This Diploma, Bearing the Seal of the University and the Signatures of  
Its Duly Authorized Officers, Is Granted at Dayton, Ohio, This  
First Day of May, Two Thousand and Twenty-one.



WRIGHT STATE  
UNIVERSITY

*Angela Miller*  
Dean, Graduate School

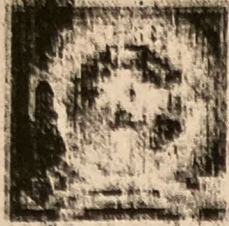
*Edwards*  
President of the University

*Val Uer*  
Dean, Wannakoff School of Medicine

*[Signature]*  
Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hampden, Ohio  
WARANGAL-500 001 (INDIA)

Chair, Board of Trustees





# PRINCETON COLLEGE OF PHARMACY

Approved by AICTE - New Delhi, PCI and Affiliated to JNTU Hyderabad  
Dowdaryguda, Kovvur, Srikalahasti, Medchal Dist



6109

## PINDI MANASWINI

Father Name	:	PINDI MANASWINI
Dob	:	11-05-1990
Course	:	M. Pharmacy
HT.No	:	1904150115
Blood Group	:	

Dr. Peter's Institute  
Waranangal-500004  
(S) Durgam Cheruvu  
Kondal  
Warangal  
www.petersinstitute.com

7-2-130, Machilivaraha, Hanma Konda  
Hanmakonda, Warangal

Ph.No : 9501355877

<b>SURNAMER/PRIMARY NAME</b> Fokkula	<b>GIVEN NAME</b> Bhargavanand Puthra	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> Bhargavanand Puthra Fokkula	<b>PASSPORT NAME</b> Pokkula Bhargavanand Puthra	
<b>COUNTRY OF BIRTH</b> INDIA	<b>COUNTRY OF CITIZENSHIP</b> INDIA	
<b>CITY OF BIRTH</b>	<b>DATE OF BIRTH</b> 22 DECEMBER 1995	
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE	<b>ADMISSION NUMBER</b>	

<b>SCHOOL INFORMATION</b>	
<b>SCHOOL NAME</b> The University of Findlay The University of Findlay	<b>SCHOOL ADDRESS</b> 1000 North Main Street, Findlay, OH 45840
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Jiening Liu International Admissions and Immigration Assitant	<b>SCHOOL CODE AND APPROVAL DATE</b> CLE214F00027000 02 OCTOBER 2002

<b>PROGRAM OF STUDY</b>		
<b>EDUCATION LEVEL</b> MASTER'S	<b>MAJOR 1</b> Medical Informatics 51.2706	<b>MAJOR 2</b> None 00.0000
<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	<b>EARLIEST ADMISSION DATE</b> 11 JULY 2022
<b>START OF CLASSES</b> 15 AUGUST 2022	<b>PROGRAM START/END DATE</b> 10 AUGUST 2022 - 08 MAY 2024	

<b>FINANCIALS</b>	
<b>ESTIMATED AVERAGE COSTS FOR: 9 MONTHS</b>	<b>STUDENT'S FUNDING FOR: 9 MONTHS</b>
Tuition and Fees \$ 18,238	Personal Funds \$ 0
Living Expenses \$ 10,720	UF Scholarship \$ 1,000
Expenses of Dependents (0) \$ 0	Family \$ 46,250
Other \$ 0	On-Campus Employment \$
<b>TOTAL \$ 28,958</b>	<b>TOTAL \$</b>

**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 Jiening Liu **SIGNATURE OF:** Jiening Liu, International Admissions and Immigration Assitant **DATE ISSUED** 12 May 2022 **PLACE ISSUED** Findlay, OH

**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

<b>SIGNATURE OF:</b> Bhargavanand Puthra Pokkula	<b>DATE</b>
<b>SIGNATURE</b>	<b>DATE</b>
<b>NAME OF PARENT OR GUARDIAN</b>	<b>ADDRESS (city/state or province/country)</b>
<b>SIGNATURE</b>	<b>DATE</b>

(S) 100 909-76291  
 Vidyangar, Hanamkonda  
 Institute of Pharmacy  
 Hyderabad, India

**Northeastern  
University**



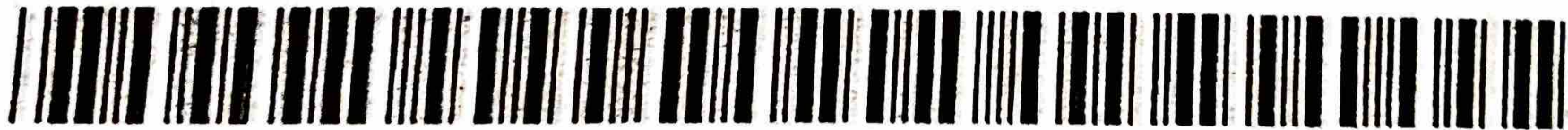
**Poojitha Arukonda**

**Husky Card**


**Student**

**6015249463429114**

**29358025391862**



Principal  
St. Peter's Institute of Pharmaceutical  
Vidyanagar, Hanamkonda  
WARANGAL-506 001

 **CHAITANYA**

**Institute of Pharmaceutical Sciences**

Approved by AICTE, PCI, New Delhi & Affiliated to K U

BYD Road, V:Rampur, M:Khazipet, D:Warangal Urban.

## IDENTITY CARD



**I. AMULYA**

Father Name : VENKATSWAMY

Course : M.PHARMACY

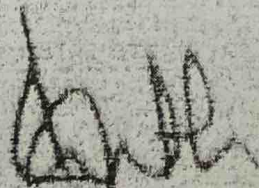
Pharmaceutics

Academic Year : 2019-21

Address:

# 2-44/1, Thimmapur Haveli, Warangal

Cell: 9441001760

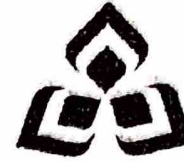


Principal

WARANGAL  
Vidya Prakashan  
1009-3-11-11  
Principal  
Institute of Pharmaceutical Sciences

# LETTER OF ACCEPTANCE

Date of Issue: May 26, 2021



**SAULT  
COLLEGE**

Vidyanagar, Hanamkonda,  
WARANGAL-506 001 (T.S.)

**Congratulations! You have been offered admission to Sault College!**

## PERSONAL INFORMATION

<b>Family Name:</b> Madasi	<b>CAQ:</b> No
<b>Given Name:</b> Asha Kumari	<b>Student's Full Mailing Address:</b> H No 4-3-64, Near Thota Badi, Kothur Jenda, Hanamkonda Warangal Urban, Telangana 506001, India
<b>Date of Birth:</b> November 02, 1997	
<b>Student ID #:</b> 21079896	<b>Referring Agent (if applicable):</b> GEEBEE Education Pvt Ltd

## INSTITUTIONAL INFORMATION

<b>Name of Contact:</b> International Admissions and Records <b>Phone:</b> 1 705 759-2554 ext 2879 <b>Email:</b> <a href="mailto:international.admissions@saultcollege.ca">international.admissions@saultcollege.ca</a>	<b>Full Name and Address of Institution:</b> Sault College Toronto Campus 2340 Dundas St. West, Suite 200 Toronto, Ontario, M6P 4A9, Canada
<b>Type of School/Institution:</b> Public	
<b>Website:</b> <a href="http://www.saultcollege.ca/toronto">www.saultcollege.ca/toronto</a>	<b>Designated Learning Institution #:</b> O146028559284

## PROGRAM INFORMATION

<b>Academic Status:</b> Full-Time <b>Program of Study:</b> Health Care Leadership - Canadian Context (5985) <b>Campus:</b> Toronto <b>Program Length:</b> 4 Semester(s) <b>Start Date:</b> September 07, 2021 <b>Approx. Completion Date:</b> April 28, 2023 <b>Credential:</b> Ontario College Graduate Certificate (Post-Graduate) <b>Level of Study:</b> Level 1 <b>Hours of Instruction:</b> 18 <b>Exchange Program:</b> No	<b>Fee Structure:</b> <b>TOTAL DUE:</b> \$1,500.00 by June 16, 2021 \$7,970.70 by July 16, 2021 \$8,005.70 by December 03, 2021  Tuition Fees: \$16,466.40 Mandatory Ancillary Fees: \$1,010.00 Total Annual Fees: \$17,476.40*
<b>Internship/Work practicum:</b> Unpaid Field Placement Required <b>Length of Internship (hours):</b> 300 <b>Field of Work:</b> Unknown	<b>Scholarship/Teaching Assistantship/Other Financial Aid:</b> No
<b>Conditions of Acceptance:</b> • N/A	<b>Expiry of Letter of Acceptance:</b> August 30, 2021

*Note: \*Tuition and fees quoted are for the first two semesters of a program and are subject to change. This is not an invoice of fees but serves as an estimate of fees. This LOA does not reflect any prior payments made to Sault College.*

*Your tuition and ancillary fees are available on the Sault College student portal at <https://my.saultcollege.ca>. For a full list of required ancillary fees, please visit [www.saultcollege.ca/Admissions/Tuition.asp](http://www.saultcollege.ca/Admissions/Tuition.asp)*

*If you have requested a future program, this LOA does not guarantee your admission into that program or intake. You must submit a new application when the intake becomes available. Please contact [international@saultcollege.ca](mailto:international@saultcollege.ca) for more information on how to apply for your second program at Sault College*

*Please review our refund and withdrawal process. It is available on our website at [www.saultcollege.ca/Admissions/RefundPolicy.asp](http://www.saultcollege.ca/Admissions/RefundPolicy.asp). No deferrals or refunds will be possible based solely on preference of delivery mode.*

Karl Campbell, Registrar  
Sault College



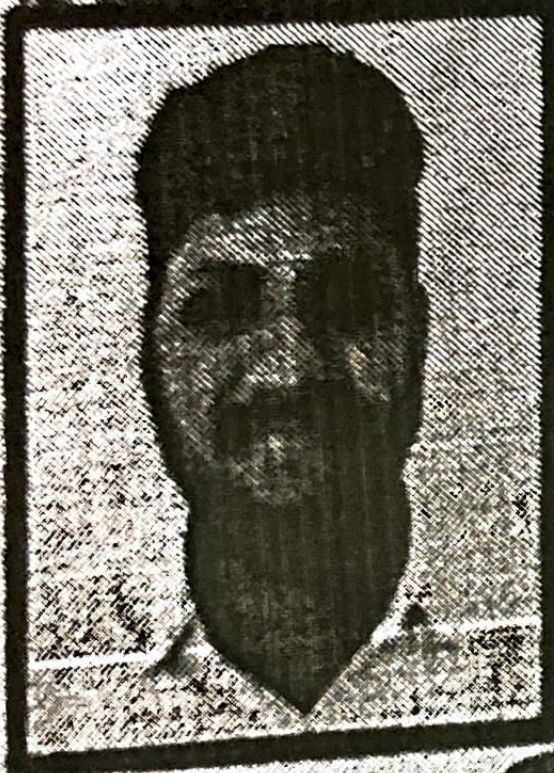
**NIPER**  
PATNA

# IDENTITY CARD

(Academic Year 2019 - 21)

**National Institute of  
Pharmaceutical Education and Research**  
Post Bag No. 1, Patna, Bihar - 800 005

**D. K. SINGH**



Name D. K. SINGH

Department Medical Chemistry

Designation III<sup>rd</sup> Year Student

*D. K. Singh*  
Signature of Card Holder

*[Signature]*  
Director

St. Peter's



**M.Pharmacy II YEAR II SEMESTER EXAMINATIONS HELD IN THE MONTH OF APRIL, 2022**

Back

Enter Hall Ticket Number :

Enter Security Code :

Print

Date: 26-05-2022

Candidate's Name : NALAMASA APARNA

Father's Name : N VEERASWAMY

HTNO : 20004p1022

Course : M.Pharmacy

Year / Sem : 22

Subject Code	Subject Name	Marks	Grade	Result
SEM	SEMINAR	040		P
DIS	DISSERTATION EVALUATION	160		P
VIV	DISSERTATION VIVA-VOCE	040		P
<b>RESULT</b>	<b>PASSED</b>			
<b>Total</b>	<b>240</b>			
<b>Overall Result</b>	<b>BACKLOGS.</b>			

# LETTER OF ACCEPTANCE

Date of Issue: February 03, 2020



**SAULT  
COLLEGE**

**Congratulations! You have been offered admission to Sault College!**

## PERSONAL INFORMATION

<b>Family Name:</b>	<b>CAQ: No</b>
<b>Given Name:</b> Sumera Nageen Khan	<b>Student's Full Mailing Address:</b> 2-7-827/1, Subedari Hanamonda, Warangal Urban , Telangana 506001, India
<b>Date of Birth:</b> August 21, 1993	
<b>Student ID #:</b> 20039868	<b>Referring Agent (if applicable):</b> Applyboard (Easy Education Inc.)

## INSTITUTIONAL INFORMATION

<b>Name of Contact:</b> International Admissions and Records <b>Phone:</b> 1 705 759-2554 ext 2879 <b>Email:</b> <a href="mailto:international.admissions@saultcollege.ca">international.admissions@saultcollege.ca</a>	<b>Full Name and Address of Institution:</b> Sault College Toronto Campus 2340 Dundas St. West, Suite 200 Toronto, Ontario, M6P 4A9, Canada
<b>Type of School/Institution:</b> Public	
<b>Website:</b> <a href="http://www.saultcollege.ca/toronto">www.saultcollege.ca/toronto</a>	<b>Designated Learning Institution #:</b> O146028559284

## PROGRAM INFORMATION

<b>Academic Status:</b> Full-Time <b>Program of Study:</b> Global Business Management (5906) <b>Campus:</b> Toronto <b>Program Length:</b> 4 Semester(s) <b>Start Date:</b> May 10, 2020 <b>Approx. Completion Date:</b> December 16, 2022 <b>Credential:</b> Ontario College Graduate Certificate (Post-Graduate) <b>Level of Study:</b> Level 1 <b>Hours of Instruction:</b> 20 <b>Exchange Program:</b> No	<b>Fee Structure:</b> <b>TOTAL DUE:</b> \$2,500.00 by February 03, 2021 \$7,090.70 by April 16, 2021 \$2,500.00 by June 14, 2021 \$6,155.70 by August 13, 2021  Tuition Fees: \$16,466.40 Mandatory Ancillary Fees: \$1,780.00 Total Annual Fees: \$18,246.40*
<b>Internship/Work practicum:</b> Not Available	<b>Scholarship/Teaching Assistantship/Other Financial Aid:</b> No
<b>Conditions of Acceptance:</b> • N/A	<b>Expiry of Letter of Acceptance:</b> May 03, 2020

Note: \*Tuition and fees quoted are for the first two semesters of a program and are subject to change. This is not an invoice of fees but serves as an estimate of fees. This LOA does not reflect any prior payments made to Sault College.

Your tuition and ancillary fees are available on the Sault College student portal at <https://my.saultcollege.ca>. For a full list of required ancillary fees, please visit [www.saultcollege.ca/Admissions/Tuition.asp](http://www.saultcollege.ca/Admissions/Tuition.asp)

Please review our refund and withdrawal process. It is available on our website at [www.saultcollege.ca/Admissions/RefundPolicy.asp](http://www.saultcollege.ca/Admissions/RefundPolicy.asp). No deferrals or refunds will be possible based solely on preference of delivery mode.

Karli Campbell, Registrar  
Sault College

**Principal**  
**St. Peter's Institute of Pharmaceutical Sciences**  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001 (T.S.)



# Sacred Heart UNIVERSITY

INTERNATIONAL ADMISSIONS

August 2, 2019

Dear Rishitha Krishna

**Congratulations!** The Admissions Committee for the Graduate Program in **MS in Healthcare Informatics** program has completed its review of your academic credentials. Based on these assessments and the conclusions of the Committee, **I am pleased to offer you admission to the Sacred Heart University class entering in the Fall 2022 term.**

Your student ID is **1208344**. Please keep this for your records.

Your admission status is: **Admit**

Any pre-requisite coursework or conditions of your acceptance, if required, is specified here:

The competition for admission was particularly rigorous this year. We were impressed by your academic achievements and believe strongly in your potential for continued success. A mandatory orientation is scheduled approximately one week prior to the start of your program. Please pay close attention to your email address on file (**nikhiluputhalawg840@gmail.com**) as you will be receiving several detailed emails explaining the costs of your program, important dates to remember, an explanation of conditions of your acceptance (if any), and detailed next steps to receive your I-20. Briefly, your next steps include:

1. Pay your enrollment deposit (this is required to issue the I-20)
2. Have your I-20 emailed/shipped from Sacred Heart University
3. Schedule and prepare for your visa interview
4. Secure your visa
5. Prepare your health immunization records
6. Register for classes
7. Register for orientation
8. Book travel to Sacred Heart University

Sacred Heart University holds students to the highest level of academic integrity, and conducts regular audits of academic documents (such as transcripts, exam scores, etc.). If any documents are found to have been falsified or altered in any way, your acceptance will be automatically terminated and you may be reported to US immigration officials.

As a graduate student at Sacred Heart University, you will be subject to all academic standards and regulations and to the program guidelines in effect for the semester applicable at the time of this acceptance. Furthermore, as an international student, and in accordance with Immigration and Customs Enforcement (ICE) regulations, you are required to maintain continuous, full-time enrollment. Failure to do so may invalidate your student status here at Sacred Heart University, your legality as a visitor to the United States, and consequently subject you to the appropriate ICE repatriation laws. Please refer to our official Graduate Catalog for the complete policy governing full-time status for international students. Please note, that it is a requirement of Sacred Heart University that all graduate students maintain a minimum cumulative GPA of 3.0.

Finally, please accept my congratulations on your successful application. You are about to embark on an exciting, challenging and rewarding professional educational experience. We look forward to welcoming you to the Sacred Heart University campus community and to our graduate program.

With warm wishes,

Cori Nevers  
Executive Director of International Admissions  
neversc@sacredheart.edu

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001 (T.S.)

**SEVIS ID:N0669763992**

<b>SURNAME/PRIMARY NAME</b> Thokala	<b>GIVEN NAME</b> JOSEPH PRIYATHAM REDDY	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> JOSEPH PRIYATHAM REDDY	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> INDIA	<b>COUNTRY OF CITIZENSHIP</b> INDIA	
<b>CITY OF BIRTH</b> Warangal	<b>DATE OF BIRTH</b> 17FEBRUARY1999	
<b>FORM ISSUE REASON</b> INITIALATTENDANCE	<b>ADMISSION NUMBER</b>	

**SCHOOL INFORMATION**

<b>SCHOOL NAME</b> UniversityofMaryland, BaltimoreCounty UniversityofMaryland, BaltimoreCounty	<b>SCHOOL ADDRESS</b> 1000HILLTOPCIR, UniversityCenter207, BALTIMORE, MD 21250
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> AdwoaHanson-Hall InternationalStudentandScholarAdviser	<b>SCHOOL CODE AND APPROVAL DATE</b> BAL214F00062000 27JANUARY 2003

**PROGRAM OF STUDY**

<b>EDUCATION LEVEL</b> MASTER'S	<b>MAJOR 1</b> Computer/InformationTechnology Services Administration and Management, Other 11.1099	<b>MAJOR 2</b> Multi-/InterdisciplinaryStudies, Other 30.9999
<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Studentisproficient	<b>EARLIEST ADMISSION DATE</b> 01AUGUST 2020
<b>START OF CLASSES</b> 31AUGUST 2020	<b>PROGRAM START/END DATE</b> 31AUGUST2020-25MAY2022	

**FINANCIALS**

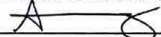
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
TuitionandFees Living	\$24,048	PersonalFunds	\$ 0
Expenses	\$12,075	FundsFromThisSchool	\$
ExpensesofDependents (0)	\$	Family	\$39,122
HealthInsurance	\$ 2,999	On-CampusEmployment	\$
<b>TOTAL</b>	<b>\$39,122</b>	<b>TOTAL</b>	<b>\$39,122</b>

**REMARKS**

Master'sofProfessionalStudiesinHealthInformationTechnology. IncaseofemergencyduringentrytotheUS, please call UMBC Police at +1 410-455-5555 and ask to speak with an international student advisor.

**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.

<input checked="" type="checkbox"/> 	<b>DATE ISSUED</b> 02March2022	<b>PLACE ISSUED</b> BALTIMORE, MD
<b>SIGNATURE OF:</b> Adwoa Hanson-Hall, International Student and Scholar Adviser		

**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.**

<input checked="" type="checkbox"/>	<b>SIGNATURE OF:</b> JOSEPH PRIYATHAM	<b>DATE</b>
REDDY		
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>	<b>ADDRESS (city/state or province/country)</b>
		<b>DATE</b>

April 21, 2021

To Whom It May Concern:

Re: SHAIK SANA  
Student Number: 17889868  
DLI#: O146028559284  
Campus: Toronto

This letter is to confirm that HAQ UL MUBEEN is registered as a full-time student in the Global Business Management program at Sault College - Toronto campus. Haq Ul is registered in the first semester of this program, which runs from May 10, 2021 to August 20, 2021.

The Global Business Management program is a 2-year - 4-semester Ontario College Graduate Certificate program. The expected program completion date for a student in the first semester of this program is December 16, 2022.

This information is accurate as per the date of this letter. If further clarification is required, please do not hesitate to contact our office at [triosrecords@saultcollege.ca](mailto:triosrecords@saultcollege.ca).



Karli Campbell  
Registrar



Principal  
St. Peter's Institute of Pharmaceutical Science  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)

**SEVIS ID: N0089124113**

<b>SURNAME/PRIMARY NAME</b> BANDA	<b>GIVEN NAME</b> VINEETH	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> VINEETH	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> INDIA	<b>COUNTRY OF CITIZENSHIP</b> INDIA	
<b>CITY OF BIRTH</b> HANAMKONDA	<b>DATE OF BIRTH</b> 22 JANUARY 1995	
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE	<b>ADMISSION NUMBER</b>	

**SCHOOL INFORMATION**

<b>SCHOOL NAME</b> University of North Texas University of North Texas	<b>SCHOOL ADDRESS</b> 1155 Union Circle #311067, Denton, TX 76203
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Stacey Benton Senior Immigration Advisor	<b>SCHOOL CODE AND APPROVAL DATE</b> DAL214F00610000 21 JANUARY 2003

**PROGRAM OF STUDY**

<b>EDUCATION LEVEL</b> MASTER'S	<b>MAJOR 1</b> Information Science/Studies 11.0401	<b>MAJOR 2</b> None 00.0000
<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	<b>EARLIEST ADMISSION DATE</b> 19 JULY 2021
<b>START OF CLASSES</b> 21 AUGUST 2021	<b>PROGRAM START/END DATE</b> 18 AUGUST 2021 - 12 DECEMBER 2023	

**FINANCIALS**

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,254	Personal Funds	\$ 0
Living Expenses	\$ 15,308	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 35,684
Books, Insurance	\$ 4,122	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 35,684</b>	<b>TOTAL</b>	<b>\$ 35,684</b>

**REMARKS**

Tuition/fees subject to change.

**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.

**Stacey Benton** Digitally signed by Stacey Benton  
Date: 2023.03.06 11:08:07 -0600

<b>SIGNATURE OF:</b> Stacey Benton, Senior Immigration Advisor	<b>DATE ISSUED</b> 06 March 2021	<b>PLACE ISSUED</b> Denton, TX
--	-------------------------------------	-----------------------------------

**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.**

<b>SIGNATURE OF:</b> VINEETH	<b>DATE</b>
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>
	<b>ADDRESS (city/state or province/country)</b>
	<b>DATE</b>

Principal  
St. Peter's Institute of Pharmaceutical Sciences  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.) Page 1 of 3



# Sacred Heart UNIVERSITY

INTERNATIONAL ADMISSIONS

May 2, 2022

Dear Gayathri Niharika

**Congratulations!** The Admissions Committee for the Graduate Program in **MS in Healthcare Informatics** program has completed its review of your academic credentials. Based on these assessments and the conclusions of the Committee, **I am pleased to offer you admission to the Sacred Heart University class entering in the Fall 2022 term.**

Your student ID is **0908344**. Please keep this for your records.

Your admission status is: **Admit**

Any pre-requisite coursework or conditions of your acceptance, if required, is specified here:

The competition for admission was particularly rigorous this year. We were impressed by your academic achievements and believe strongly in your potential for continued success. A mandatory orientation is scheduled approximately one week prior to the start of your program. Please pay close attention to your email address on file (**nikhiluputhalawg840@gmail.com**) as you will be receiving several detailed emails explaining the costs of your program, important dates to remember, an explanation of conditions of your acceptance (if any), and detailed next steps to receive your I-20. Briefly, your next steps include:

1. Pay your enrollment deposit (this is required to issue the I-20)
2. Have your I-20 emailed/shipped from Sacred Heart University
3. Schedule and prepare for your visa interview
4. Secure your visa
5. Prepare your health immunization records
6. Register for classes
7. Register for orientation
8. Book travel to Sacred Heart University

Sacred Heart University holds students to the highest level of academic integrity, and conducts regular audits of academic documents (such as transcripts, exam scores, etc.). If any documents are found to have been falsified or altered in any way, your acceptance will be automatically terminated and you may be reported to US immigration officials.

As a graduate student at Sacred Heart University, you will be subject to all academic standards and regulations and to the program guidelines in effect for the semester applicable at the time of this acceptance. Furthermore, as an international student, and in accordance with Immigration and Customs Enforcement (ICE) regulations, you are required to maintain continuous, full-time enrollment. Failure to do so may invalidate your student status here at Sacred Heart University, your legality as a visitor to the United States, and consequently subject you to the appropriate ICE repatriation laws. Please refer to our official Graduate Catalog for the complete policy governing full-time status for international students. Please note, that it is a requirement of Sacred Heart University that all graduate students maintain a minimum cumulative GPA of 3.0.

Finally, please accept my congratulations on your successful application. You are about to embark on an exciting, challenging and rewarding professional educational experience. We look forward to welcoming you to the Sacred Heart University campus community and to our graduate program.

With warm wishes,

*Cori Nevers*

Cori Nevers  
Executive Director of International Admissions  
neversc@sacredheart.edu



Principal  
St. Peter's Institute of Pharmaceutical Science,  
Vidyanagar, Hanamankonda,  
WARANGAL-506 001 (T.D.)

**SEVIS ID: M5763405496**

<b>SURNAME/PRIMARY NAME</b> VIGGIGIRI	<b>GIVEN NAME</b> SRUJANA	<b>Class of Admission</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> SRUJANA	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> INDIA	<b>COUNTRY OF CITIZENSHIP</b> INDIA	
<b>CITY OF BIRTH</b> HANAMKONDA	<b>DATE OF BIRTH</b> 20 JUNE 1994	
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE	<b>ADMISSION NUMBER</b>	

**SCHOOL INFORMATION**

<b>SCHOOL NAME</b> University of North Texas University of North Texas	<b>SCHOOL ADDRESS</b> 1155 Union Circle #311067, Denton, TX 76203
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Stacey Benton Senior Immigration Advisor	<b>SCHOOL CODE AND APPROVAL DATE</b> DAL214F00610000 21 JANUARY 2003

**PROGRAM OF STUDY**

<b>EDUCATION LEVEL</b> MASTER'S	<b>MAJOR 1</b> Information Science/Studies 11.0401	<b>MAJOR 2</b> None 00.0000
<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	<b>EARLIEST ADMISSION DATE</b> 19 JULY 2019
<b>START OF CLASSES</b> 21 AUGUST 2019	<b>PROGRAM START/END DATE</b> 18 AUGUST 2019 - 12 DECEMBER 2023	

**FINANCIALS**

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,254	Personal Funds	\$ 0
Living Expenses	\$ 15,308	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 35,684
Books, Insurance	\$ 4,122	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 35,684</b>	<b>TOTAL</b>	<b>\$ 35,684</b>

**REMARKS**

Tuition/fees subject to change.

**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 Stacey Benton Digitally signed by Stacey Benton  
Date: 2023.03.06 11:08:07 -0600

<b>SIGNATURE OF:</b> Stacey Benton, Senior Immigration Advisor	<b>DATE ISSUED</b> 06 March 2019	<b>PLACE ISSUED</b> Denton, TX
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**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

<b>SIGNATURE OF:</b> SRUJANA	<b>DATE</b>
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>
	<b>ADDRESS (city/state or province/country)</b>
	<b>DATE</b>

*(Signature)*  
Principal  
St. Peter's Institute of Pharmaceutical Science  
Vidyanagar, Hanamkonda,  
WARANGAL-506 001(T.S.)