



TS PGCET / TS PGCET - 2023 Admissions
Telangana State Council of Higher Education


Tuition Fee Receipt

Phase - I

Acknowledgement No: 15592

CANDIDATE DETAILS

BASIC INFO			
HTNO	9405180106	Test Name	
Test Code	PY	Rank /Marks / Score	1402
Name	CHINTAM RAMYA	Father's Name	CHINTAM KANAKAIAH
Mother's Name	CHINTAM KOMALA	Gender	F
Date of Birth	09/09/1999	Email ID	ramyachintham999@gmail.com
Mobile No	7670875863	Alternate Mobile No	9963007653/
EDUCATION INFO			
SSC HTNO.	1531125862	SSC Year of Pass	2015
Inter HTNO	1738226931	Inter Year of Pass	2017
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	7.83	Max. Marks in Qualifying Degree/CGPA	10
Other Info			
LOCAL REGION	OU	RESERVATION CATEGORY	BC-B
MINORITY	Non Minority	EWS	NO
Parental Income	Lower		



Provisional Allotment Details

Allotted College	SPOP1KUPHCETSREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA,	Course	PHARMACEUTICS
College Type	AFF	Payment Type	REG
Under Allotted Category : REG_BCB_OU_FEMALE			

Payment Transaction ID	F2317183
Course Fee Rs	55000.00 /-
Fee paid Rs	100.00 /-(Inclusive green fund(100/-))

Instructions to candidates

1. Report to the allotted college (on the specified date and time) and submit the payment acknowledgement receipt along with joining report.
2. Personally Reporting at allotted college is mandatory. Failing to report and producing all original certificates for final verification, the provisional allotment of the first phase will automatically stand cancelled and the candidate do not have any claim on the seat.
 - In case the candidate wishes to cancel his/her admission, he/she is required to approach the Principal of the college concerned only with a request letter.
 - If the candidate cancels his/her admission, tuition fee will be refunded as following:
 - The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.
 - a. After first phase, full tuition fee will be refunded.
 - b. 50% of the amount will be refunded after second phase.

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

sd/-

CONVENER

TS PGCET / PGCET Admissions-2023

SHOT ON REDMI 7
AI DUAL CAMERA



TS PGEC / PGE CET 2023 Admissions
Telangana State Council of Higher Education

Original Certificates Verification Report (Phase-I)

Date :9/11/2023 11:19:46 AM

Acknowledgement No: 15322

CANDIDATE DETAILS

BASIC INFO

HTNO	: 9403180090	Test Name	:
Test Code	: PY	Rank /Marks / Score	: 789
Name	: MD SANA SAMREEN	Father's Name	: MD RAFI
Mother's Name	: MD HAFIZU NISHA	Gender	: F
Date of Birth	: 12/12/2000	Email ID	: sanara2525@gmail.com
Mobile No	: 9959920546	Alternate Mobile No	: 9133876792/





TS PGEC / PGE CET 2023 Admissions
Telangana State Council of Higher Education

Provisional Allotment Order (Phase I)

Acknowledgement No: 10176

Date :9/11/2023 2:37:47 PM

CANDIDATE DETAILS

BASIC INFO			
HTNO	: 2300728	Test Name	
Test Code	: PY	Rank /Marks / Score	: 92
Name	: KARNAKANTI KAVYA	Father's Name	: KARNAKANTI SADANANDAM
Mother's Name	: KARNAKANTI SHOBHA	Gender	: F
Date of Birth	: 15/08/2001	Email ID	: KARNAKANTIKAVYA9391@GMAIL.COM
Mobile No	: 9391950050	Alternate Mobile No	: 9032176125/
EDUCATION INFO			
SSC HTNo.	: 1631111839	SSC Year of Pass	: 2016
Inter HTNO	: 1838231357	Inter Year of Pass	: 2018
QUALIFYING EXAMINATION INFO			
Qualifying Degree	: BPharm (BACHELOR OF PHARMACY)	Specialization	: PHARMACY
Marks in Qualifying Degree	: 8.39	Max. Marks in Qualifying Degree	: 10
Other Info			
LOCAL REGION	: OU	RESERVATION CATEGORY	: BC-B
MINORITY	: Non Minority	EWS	: NO
Parental Income	: Lower		

Provisional Allotment Details

Alloted College	: KUCPIKUPHCHMREG - UNIVERSITY COLLEGE OF PHARMACEUTICAL SCIENCES, KAKATIYA UNIVERSITY KAKATIYA UNIVERSITY CAMPUS	Course	: PHARMACEUTICAL CHEMISTRY
College Type	: UNIV	Payment Type	: REG
Under Alloted Category	: REG_BCSC_OU_GEN	Alloted in	: Phase I

Course Fee Rs	15000.00 /-
Green Fund	100 /- (Paid)
Total Amount paid Rs	15000.00 /-

Instructions to candidates

1. In case the candidate wishes to cancel their admission, they are required to approach the Principal of the college concerned with a request letter.
2. If the candidate cancels his/her admission, tuition fee will be refunded as following:
 - a. After first phase full tuition fee will be refunded.
 - b. 50% of the amount will be refunded after final phase.
3. Student who secured admission through GATE/GPAT are not eligible for fee reimbursement
4. Tuition fee fixed is Semester fee for M.Tech./M.Pharm. and Annual fee for Pharm.D.
5. The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.

Sd/-
CONVENER
TS PGEC / PGE CET 2023


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

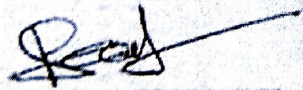
S.R.R. College of Pharmaceutical Sciences,
Valbhapur (V), Elkalthurthy (M), Hanamkonda-Dist

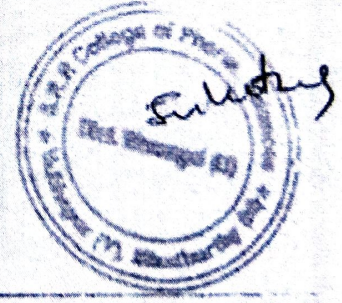
Name: Kadarla Sudhavani Father Name: Rampresad


Course M. Pharmacy

Requirements from Students

- | | |
|---|------------|
| 1. PGCET Rank Card | Yes / No ✓ |
| 2. SSC Memo (Original) | ✓ Yes / No |
| 3. Inter Memo (Original) | ✓ Yes / No |
| 4. Degree Memo (Original) | ✓ Yes / No |
| 5. Degree Provisional (original) | ✓ Yes / No |
| 6. Study Certificate(9 th , 10 th , Inter, Degree) | ✓ Yes / No |
| 7. Migration Certificate (Original) | Yes / No ✓ |
| 8. TC (Original) | ✓ Yes / No |
| 9. Income Certificate (Only Telangana) | ✓ Yes / No |
| 10. Caste Certificate (Only Telangana) | ✓ Yes / No |
| 11. Aadhar Card (Xerox) | ✓ Yes / No |
| 12. Bank Pass Book (Xerox) | Yes / No ✓ |
| 13. Latest Passport Size Photos(10) 6 | ✓ Yes / No |
| 14. GAP Certificate | Yes / No ✓ |
| 15. All Original Certificates Xerox set (3) | ✓ Yes / No |

Student Signature 
K. Rampresad




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)



Kotagiri Akshaya

170223887002

M. Pharmacy (Ph.Cology)

Valid Upto: 2023-2025



Principal
Gokaraju Rangaraju Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)

Principal



TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Provisional Allotment Order (Phase II)

Acknowledgement No: 18603

Date :10/12/2023 4:22:07 PM

CANDIDATE DETAILS

BASIC INFO

HTNO	: 9404180129	Test Name	:	
Test Code	: FV	Rank /Marks / Score	:	144
Name	: MANDA AKHILA	Father's Name	:	MANDA SANJEEVA KUMAR
Mother's Name	: MANDA SANDHYA	Gender	:	F
Date of Birth	: 18/12/1999	Email ID	:	akhilamanda363@gmail.com
Mobile No	: 9550824155	Alternate Mobile No	:	7032977972/



EDUCATION INFO

SSC HTNo.	: 1632116138	SSC Year of Pass	:	2016
Inter HTNO	: 1842212532	Inter Year of Pass	:	2018

QUALIFYING EXAMINATION INFO

Qualifying Degree	: BPharm (BACHELOR OF PHARMACY)	Specilazation	:	PHARMACY
Marks in Qualifying Degree	: 7.94	Max. Marks in Qualifying Degree	:	10

Other Info

LOCAL REGION	: OU	RESERVATION CATEGORY	:	SC
MINORITY	: Non Minority	EWS	:	NO
Parental Income	: Lower		:	


Provisional Allotment Details

Alloted College	: SPO1KUPHCETSREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA,	Course	: PHARMACEUTICS
College Type	: AFF	Payment Type	: REG
Under Alloted Category	: REG_OPEN_OU_GEN	Alloted in	: Phase II

Course Fee Rs	: 55000.00 /-
Green Fund	: 100 /- (Paid)
Total Amount paid Rs	: 100.00 /-

Instructions to candidates

1. In case the candidate wishes to cancel their admission, they are required to approach the Principal of the college concerned with a request letter.
2. If the candidate cancels his/her admission, tuition fee will be refunded as following:
 - a. After first phase full tuition fee will be refunded.
 - b. 50% of the amount will be refunded after final phase.
3. Student who secured admission through GATE/GPAT are not eligible for fee reimbursement
4. Tuition fee fixed is Semester fee for M.Tech./M.Pharm. and Annual fee for Pharm-D.
5. The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.


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

Sd/-
CONVENER
TS PGEC / PGCET 2023



TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Original Certificates Verification Report (Phase-I)

Acknowledgement No: 15291

Date :9/13/2023 11:30:53 AM

CANDIDATE DETAILS

BASIC INFO			
HTNO			
Test Code	9403180039	Test Name	
Name	PY	Rank /Marks / Score	2517
Mother's Name	NALLA SOWMYA	Father's Name	NALLA KAMALAKAR
Date of Birth	NALLA PUSHPA LATHA	Gender	F
Mobile No	03/07/2000	Email ID	nallasoumya03@gmail.com
EDUCATION INFO	9390181664	Alternate Mobile No	9182683756/
SSC HTNO.			
Inter HTNO	1631109242	SSC Year of Pass	2016
	1838228678	Inter Year of Pass	2018
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	7.68	Max. Marks in Qualifying Degree/CGPA	10
Other Info			
LOCAL REGION			
LOCAL REGION	OU	RESERVATION CATEGORY	SC
MINORITY	Non Minority	EWS	NO
Parental Income	Lower		



Provisional Allotment Details

Alloted College	SPOJIKUPHPRACREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA	Course	PHARMACY PRACTICE
College Type	AFF	Payment Type	REG
Under Alloted Category	REG_SC_OU_GEN	Alloted in	Phase I


Verified the following original certificates::

SNo.	Name of the Certificate	Status
1	Entrance Test Score Card	
2	Memorandum of marks of SSC or equivalent	Y
3	Memorandum of marks in Qualifying Examination	Y
4	Provisional Certificate of Qualifying Examination	Y
5	Study certificates from 10th class to Graduation	Y
6	Integrated Community Certificate (Caste Certificate) (if applicable)	Y
7	Transfer Certificate	Y
8	Income Certificate issued after 01/01/2023 (if applicable)	Y
9	EWS Certificate issued after 01/01/2023 (if applicable)	Y
10	Minority Certificate(if applicable)	NA
11	NCC / CAP / PH / Sports Certificate (if applicable)	NA

Note:: Y-Original Verified N-No Certificate NA-Not applicable

N. Soumya
Signature of Candidate


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


Signature of Principal
With office seal

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



TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Provisional Allotment Order (Phase I)

Acknowledgement No: 15152

Date :9/8/2023 12:50:23 PM

CANDIDATE DETAILS

BASIC INFO	:	9402180251	Test Name	:	
HTNO	:	PY	Rank /Marks / Score	:	599
Name	:	THALLAPALLY SMIGDHA	Father's Name	:	THALLAPALLY SUDHAKAR
Mother's Name	:	THALLAPALLY RANI	Gender	:	F
Date of Birth	:	26/12/1999	Email ID	:	smigdhattallapally@gmail.com
Mobile No	:	9866868580	Alternate Mobile No	:	9849296542/
EDUCATION INFO	:			:	
SSC HTNo.	:	1531132848	SSC Year of Pass	:	2015
Inter HTNO	:	1738218839	Inter Year of Pass	:	2017
QUALIFYING EXAMINATION INFO	:			:	
Qualifying Degree	:	BPharm (BACHELOR OF PHARMACY)	Specilazation	:	PHARMACY
Marks in Qualifying Degree	:	8.0	Max. Marks in Qualifying Degree	:	10
Other Info	:			:	
LOCAL REGION	:	OU	RESERVATION CATEGORY	:	SC
MINORITY	:	Non Minority	EWS	:	NO
Parental Income	:	Lower		:	




Provisional Allotment Details

Alotted College	:	SPOPIKUPHPRACREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA	Course	:	PHARMACY PRACTICE
College Type	:	AFF	Payment Type	:	REG
Order Alotted	:	REG_SC_UNR_FEMALE	Alloted in	:	Phase I

Course Fee Rs	:	55000.00 /-
Green Fund	:	100 /- (Paid)
Total Amount paid Rs	:	.00 /-

Instructions to candidates

- In case the candidate wishes to cancel their admission, they are required to approach the Principal of the college concerned with a request letter.
- If the candidate cancels his/her admission, tuition fee will be refunded as following:
 - a. After first phase full tuition fee will be refunded.
 - b. 50% of the amount will be refunded after final phase.
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- Tuition fee fixed is Semester fee for M.Tech./M.Pharm. and Annual fee for Pharm-D.
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Principal
St. Peter's Institute of Pharmaceutical Sciences
Vidyanagar, Hanamkonda,
WARANGAL-506 001(T.S.)

CONVEN
TS PGEC / PGCET 2



TS PGEC / PGECET 2023 Admissions
Telangana State Council of Higher Education

Provisional Allotment Order (Phase I)

Date : 9/11/2023 1:24:24 PM

Acknowledgement No: 15591

CANDIDATE DETAILS

BASIC INFO				
NTNO	940S180104	Test Name		
Test Code	PV	Rank /Marks / Score	: 188	
Name	GODELA ANUSHA	Father's Name	: GODELA ILONI	
Mother's Name	GODELA DURGA	Gender	: F	
Date of Birth	26/01/2002	Email ID	: anushagodela4210@gmail.com	
Mobile No	7659908827	Alternate Mobile No	: 8185052752/	
EDUCATION INFO				
SSC NTNO	1711106329	SSC Year of Pass	: 2017	
Inter NTNO	1939211753	Inter Year of Pass	: 2019	
QUALIFYING EXAMINATION INFO				
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	: PHARMACY	
Marks in Qualifying Degree	: 8.2	Max. Marks in Qualifying Degree	: 10	
Other Info				
LOCAL REGION	: OU	RESERVATION CATEGORY	: BC-D	
MINORITY	: Non Minority	EWS	: NO	
Parental Income	: Lower			

Provisional Allotment Details

Allocated College	SPOPIKUPHPRACREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA	Course	: PHARMACY PRACTICE
College Type	: AFF	Payment Type	: REG
Under Allotted Category	: REG_OPEN_OU_FEMALE	Allotted in	: Phase I

Course Fee Rs	: 55000.00 /-
Green Fund	: 100 /- (Paid)
Total Amount paid Rs	: .00 /-

Instructions to candidates

1. In case the candidate wishes to cancel their admission, they are required to approach the Principal of the college concerned with a request letter.
2. If the candidate cancels his/her admission, tuition fee will be refunded as following:
 - a. After first phase full tuition fee will be refunded.
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4. Tuition fee fixed is Semester fee for M.Tech./M.Pharm. and Annual fee for Pharm-D.
5. The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.

Sd/-
CONVENER
TS PGEC / PGECET 2023

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



TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Original Certificates Verification Report (Phase-I)

Acknowledgement No: 15109

Date :9/11/2023 4:53:15 PM

CANDIDATE DETAILS

BASIC INFO			
HTNO	: 9402180103	Test Name	:
Test Code	: PY	Rank /Marks / Score	: 433
Name	: MARRI ANIREDDY	Father's Name	: MARRI MALLAREDDY
Mother's Name	: MARRI SAROJANA	Gender	: M
Date of Birth	: 24/08/2001	Email ID	: anjireddy-marri787@gmail.com
Mobile No	: 6304970857	Alternate Mobile No	: 6304970857/
EDUCATION INFO			
SSC HTNo.	: 1713105329	SSC Year of Pass	: 2017
Inter HTNO	: 1935212602	Inter Year of Pass	: 2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	: BPharm (BACHELOR OF PHARMACY)	Specialization	: PHARMACY
Marks in Qualifying Degree/CGPA	: 7.56	Max. Marks in Qualifying Degree/CGPA	: 10
Other Info	:		
LOCAL REGION			
MINORITY	: OU	RESERVATION CATEGORY	:
Parental Income	: Non Minority	EWS	: NO
	: Lower		



Provisional Allotment Details

Alotted College	: SPOPIKUPHPRACREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA	Course	: PHARMACY PRACTICE
College Type	: AFF	Payment Type	: REG
Order Allotted	: REG_OPEN_OU_GEN	Allotted in	: Phase I

Verified the following original certificates::

SNo.	Name of the Certificate	Status
1	Entrance Test Score Card	Y
2	Memorandum of marks of SSC or equivalent	Y
3	Memorandum of marks in Qualifying Examination	Y
4	Provisional Certificate of Qualifying Examination	Y
5	Study certificates from 10th class to Graduation	Y
6	Integrated Community Certificate (Caste Certificate) (if applicable)	Y
7	Transfer Certificate	NA
8	Income Certificate issued after 01/01/2023 (if applicable)	Y
9	EWS Certificate issued after 01/01/2023 (if applicable)	Y
10	Minority Certificate (if applicable)	NA
11	NCC / CAP / PH / Sports Certificate (if applicable)	NA

Note:: Y-Original Verified N-No Certificate NA-Not applicable

Candidate

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

Signature of Officer
With official stamp



TS PGEC / TS PGCET - 2023 Admissions
Telangana State Council of Higher Education

Tuition Fee Receipt (Phase - II)

Acknowledgement No: 18418

CANDIDATE DETAILS

BASIC INFO

HTNO	9403180227	Test Name	
Test Code	PY	Rank /Marks / Score	2820
Name	BASKA SAI SHRUTHI	Father's Name	BASKA SURESH
Mother's Name	BASKA SULOCHANA	Gender	F
Date of Birth	08/11/2000	Email ID	saishruthibaska@gmail.com
Mobile No	9391328199	Alternate Mobile No	9666345717/



EDUCATION INFO

SSC HTNo.	1722179511	SSC Year of Pass	2017
Inter HTNO	1938214201	Inter Year of Pass	2019

QUALIFYING EXAMINATION INFO

Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	8.02	Max. Marks in Qualifying Degree/CGPA	10

Other Info

LOCAL REGION	OU	RESERVATION CATEGORY	BC-D
MINORITY	Non Minority	EWS	NO
Parental Income	Lower		

Provisional Allotment Details

Allotted College	SHIP1KUPHCETSREG - SAHASRA INST. OF PHARMACEUTICAL SCIENCES NEAR AYYAPPA SWAMY TEMPLE, MULUGU ROAD, VANGAPAHAD (V), HASANPARTHY (M).		
Under Allotted Category	REG_OPEN_OU_GEN	Course	PHARMACEUTICS
College Type	AFF	Payment Type	REG

Course Fee Rs	: 55000.00 /-
Amount paid previously Rs	: 100.00 /- (Inclusive green fund(100/-))
Fee paid Rs	: .00 /-

Instructions to candidates

- Report to the allotted college (on the specified date and time) and submit the payment acknowledgement receipt along with joining report.
- Personally Reporting at allotted college is mandatory. Failing to report and producing all original certificates for final verification, the provisional allotment of the first phase will automatically stand cancelled and the candidate do not have any claim on the seat.
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 - After first phase, full tuition fee will be refunded.
 - 50% of the amount will be refunded after second phase.

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

sd
CONVENOR
TS PGEC / PGCET Admissions-20



TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Original Certificates Verification Report (Phase-I)

Acknowledgement No: 10171

Date: 9/11/2023 3:54:45 PM

CANDIDATE DETAILS

BASIC INFO			
HTNO	2300721	Test Name	
Test Code	PY	Rank /Marks / Score	91
Name	GADHE KAVYA	Father's Name	GADHE MOGILAKH
Member's Name	GADHE LAXMI	Gender	F
Date of Birth	17/11/2000	Email ID	GADHEKAVYA94@GMAIL.COM
Mobile No	8309883945	Alternate Mobile No	9652810800/
EDUCATION INFO			
SSC HTNO	1631104374	SSC Year of Pass	2016
Inter HTNO	1838277660	Inter Year of Pass	2018
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	7.74	Max. Marks in Qualifying Degree/CGPA	10
Other Info			
LOCAL REGION	OU	RESERVATION CATEGORY	BC-D
MINORITY	Non-Minority	EWS	NO
Parental Income	Higher - Invalid Certificate		

Provisional Allotment Details


Alloted College	KUCP1KUPHCOLGREG - UNIVERSITY COLLEGE OF PHARMACEUTICAL SCIENCES, KAKATIYA UNIVERSITY KAKATIYA UNIVERSITY CAMPUS	Course	PHARMACDLOGY
College Type	: UNIV	Payment Type	REG
Under Alloted Category	: REG_BCALL_OU_GEN	Alloted in	Phase I

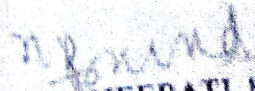
Verified the following original certificates::

SNo.	Name of the Certificate	Status
1	Entrance Test Score Card	Y
2	Memorandum of marks of SSC or equivalent	Y
3	Memorandum of marks in Qualifying Examination	Y
4	Provisional Certificate of Qualifying Examination	Y
5	Study certificates from 10th class to Graduation	Y
6	Integrated Community Certificate (Caste Certificate) (if applicable)	Y
7	Transfer Certificate	Y
8	Income Certificate issued after 01/01/2023 (if applicable)	Y
9	EWS Certificate issued after 01/01/2023 (if applicable)	Y
10	Minority Certificate(if applicable)	N
11	NCC / CAP / PH / Sports Certificate (if applicable)	NA

Note: Y-Original Verified N-No Certificate NA-Not applicable

G. Kavya
Signature of Candidate


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


Prof. NEERATI PRASAD
PRINCIPAL & HEAD
University College of Pharmacy, Kakatiya University
KAKATIYA UNIVERSITY
Warangal-506 001 (T.S.) India
2023.12.18 18:50



TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Original Certificates Verification Report (Phase-I)

Acknowledgement No: 15316

Date :9/8/2023 12:53:11 PM

CANDIDATE DETAILS

BASIC INFO			
NTNO	: 9403180084	Test Name	:
Test Code	: PY	Rank /Marks / Score	: 1814
Name	: KATIKIREDDY SRITEJA	Father's Name	: KATIKIREDDY THIRUPATHI
Mother's Name	: KATIKIREDDY RAJAKUMARI	Gender	: F
Date of Birth	: 10/02/2001	Email ID	: katikireddysriteja@gmail.com
Mobile No	: 8008480677	Alternate Mobile No	: 9849081661/
EDUCATION INFO			
SSC NTNO	: 1707106502	SSC Year of Pass	: 2017
Inter NTNO	: 1935212062	Inter Year of Pass	: 2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	: BPharm (BACHELOR OF PHARMACY)	Specialization	: PHARMACY
Marks in Qualifying Degree/CGPA	: 8.08	Max. Marks in Qualifying Degree/CGPA	: 10
Other Info			
LOCAL REGION	: OU	RESERVATION CATEGORY	: BC-D
MINORITY	: Non Minority	EWS	: NO
Parental Income	: Lower		



Provisional Allotment Details

Allotted College	: SPOJIKUPNCETSREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA,	Course	: PHARMACEUTICS
College Type	: AFF	Payment Type	: REG
Under Allotted Category	: REG_BCD_OU_GEN	Allotted in	: Phase I

Verified the following original certificates:-		
SNo.	Name of the Certificate	Status
1	Entrance Test Score Card	Y
2	Memorandum of marks of SSC or equivalent	Y
3	Memorandum of marks in Qualifying Examination	Y
4	Provisional Certificate of Qualifying Examination	Y
5	Study certificates from 10th class to Graduation	Y
6	Integrated Community Certificate (Caste Certificate) (if applicable)	Y
7	Transfer Certificate	Y
8	Income Certificate issued after 01/01/2023 (if applicable)	Y
9	EWS Certificate issued after 01/01/2023 (if applicable)	NA
10	Minority Certificate(if applicable)	NA
11	NCC / CAP / PH / Sports Certificate (if applicable)	NA

Note:: Y-Original Verified N-No Certificate NA-Not applicable

K. Sriteja
Signature of Candidate

Signature of Principal
With office seal

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.)



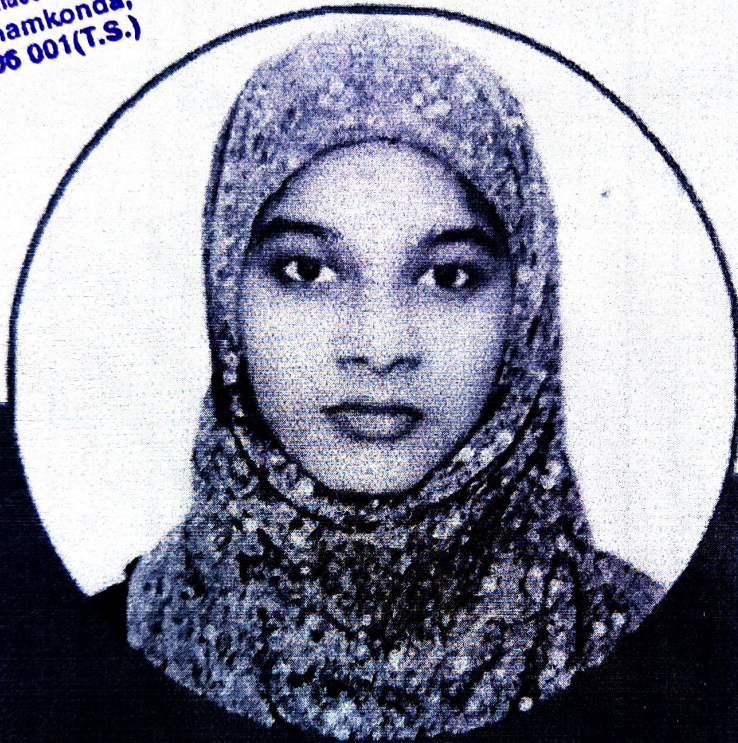
VAAGDEVI COLLEGE OF PHARMACY

Ramnagar, Hanamkonda, Warangal.

Tel: 0870 2455111

www.vaagdevipharmacy.com

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



RUHUMANA TAZEEN

Course : M.Pharmacy (Pharmacology)

HallTicket No : 2411-P-1016

Duration : 2023-2025





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

Phase I - Counseling

Joining Report

Date: 9/11/2023 12:00:20 PM

A Knowledge No: 15445

CANDIDATE DETAILS

BASIC INFO			
HTNO	9404180036	Test Name	
Tuition Fee	00	Rank / Marks / Score	1439
Name	BAVANTHULA MEGANA	Father's Name	BAVANTHULA MAHESH BABU
Mother's Name	BAVANTHULA RADHIKA	Gender	F
Date of Birth	18/08/2001	Email ID	meganabavanthula@gmail.com
Mobile No	9381920983	Alternate Mobile No	8586193885
EDUCATION INFO			
SSC HTNO	1712112815	SSC Year of Pass	2017
Inter HTNO	1988213428	Inter Year of Pass	2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	B.Pharm (BACHELOR OF PHARMACY) - Specialization	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	8.33	Max. Marks in Qualifying Degree/CGPA	10
Other Info			
LOCAL REGION	OU	RESERVATION CATEGORY	BC-O
MINORITY	Non-Minority	EWS	NO
Parental Income	Lower		



I hereby report to the college ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA in PHARMACY PRACTICE - [REG] allotted during the Phase I of counseling and submit my joining report herewith on 11/09/23 (date)

I am aware of the following :

- Candidates are required to Produce their Original Certificates for Physical Verification at the Allotted College along with the Fee Paid Challan and joining report.
- My allotment order will be cancelled if all the original certificates are not produced at the allotted college for Physical Verification.
- My allotment stands cancelled if not reported to the allotted college between 05th SEP, 2023 to 15th SEP, 2023
- Class work commences from 25th SEP, 2023
- Student who secured admission through GATE/GPAT are not eligible for fee reimbursement
- My claim for Reimbursement of Tuition Fee (RTF) will be considered subject to verification and eligibility criteria prescribed by Government of Telangana from time to time. In the event of myself found not eligible for fee reimbursement I will pay the total Tuition fee.
- Tuition fee fixed is semester fee for M.Tech./M.Pharm. and annual fee for Pharm-D.

B. Megana
Signature of Candidate

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

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





TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Provisional Allotment Order (Phase I)

Acknowledgement No: 15576

Date :9/11/2023 1:22:57 PM

CANDIDATE DETAILS

BASIC INFO			
HTNO	9403180072	Test Name	
Test Code	PY	Rank /Marks / Score	337
Name	THUMMALA BHUMIKA	Father's Name	THUMMALA SHANKAR
Mother's Name	THUMMALA VENKATA LAXMI	Gender	F
Date of Birth	12/01/2002	Email ID	bhumikathummala@gmail.com
Mobile No	7702553963	Alternate Mobile No	9959341318/
EDUCATION INFO			
SSC HTNo	1719110260	SSC Year of Pass	2017
Inter HTNO	1942215363	Inter Year of Pass	2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specilazation	PHARMACY
Marks in Qualifying Degree	7.73	Max. Marks in Qualifying Degree	10
Other Info			
LOCAL REGION	OU	RESERVATION CATEGORY	BC-A
MINORITY	Non Minority	EWS	NO
Parental Income	Lower		



Provisional Allotment Details

Allotted College	SPO1KUPHPRACREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA	Course	PHARMACY PRACTICE
College Type	AFF	Payment Type	REG
Under Allotted Category	REG_OPEN_OU_GEN	Allotted in	Phase I

Course Fee Rs	: 55000.00 /-
Green Fund	: 100 /- (Paid)
Total Amount paid Rs	: .00 /-

Instructions to candidates

1. In case the candidate wishes to cancel their admission, they are required to approach the Principal of the college concerned with a request letter.
2. If the candidate cancels his/her admission, tuition fee will be refunded as following:
 - a. After first phase full tuition fee will be refunded.
 - b. 50% of the amount will be refunded after final phase.
3. Student who secured admission through GATE/GPAT are not eligible for fee reimbursement
4. Tuition fee fixed is Semester fee for M.Tech./M.Pharm. and Annual fee for Pharm-D.
5. The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of Income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.



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

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TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education


Original Certificates Verification Report (Phase-II)

Acknowledgement No: 18606

Date :10/4/2023 11:48:46 AM

CANDIDATE DETAILS

BASIC INFO			
HTNO	9404180078	Test Name	
Test Code	NY	Rank /Marks / Score	1491
Name	MALLAM RAVALI	Father's Name	MALLAM LINGAMURTHY
Mother's Name	MALLAM MANJULA	Gender	F
Date of Birth	15/07/2001	Email ID	ravalimallam980@gmail.com
Mobile No	7569926246	Alternate Mobile No	9573508176/
EDUCATION INFO			
SSC HTNo	1719102052	SSC Year of Pass	2017
Inter HTNO	1938229627	Inter Year of Pass	2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	7.56	Max. Marks in Qualifying Degree/CGPA	10
Other Info			
LOCAL REGION	OU	RESERVATION CATEGORY	BC-B
MINORITY	Non Minority	EWS	NO
Parental Income	Lower		



Provisional Allotment Details

Allotted College	SPOPLKUPHPRACREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA	Course	PHARMACY PRACTICE
College Type	AFF	Payment Type	REG
Under Allotted Category	REG_BCII_OU_FEMALE	Allotted in	Phase II

Verified the following original certificates::

SNo.	Name of the Certificate	Status
1	Entrance Test Score Card	Y
2	Memorandum of marks of SSC or equivalent	Y
3	Memorandum of marks In Qualifying Examination	Y
4	Provisional Certificate of Qualifying Examination	Y
5	Study certificates from 10th class to Graduation	Y
6	Integrated Community Certificate (Caste Certificate) (if applicable)	Y
7	Transfer Certificate	Y
8	Income Certificate issued after 01/01/2023 (if applicable)	Y
9	EWS Certificate issued after 01/01/2023 (if applicable)	NA
10	Minority Certificate(if applicable)	NA
11	NCC / CAP / PH / Sports Certificate (if applicable)	NA

Note:: Y-Original Verified N-No Certificate NA-Not applicable

M. Ravali
Signature of Candidate

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

Signature of Principal
With office seal



TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Provisional Allotment Order (Phase II)

Acknowledgement No: 18599

Date :10/6/2023 1:11:39 PM

CANDIDATE DETAILS

BASIC INFO

HTNO	: 9401180161	Test Name	: PY	Rank /Marks / Score	: 1635
Test Code	: PY	Rank /Marks / Score	: 1635	Rank /Marks / Score	: 1635
Name	: SAMEERA NAHID	Father's Name	: MOHAMMED MUJAHID ALI	Father's Name	: MOHAMMED MUJAHID ALI
Mother's Name	: SAGEER SULTANA	Gender	: F	Gender	: F
Date of Birth	: 28/12/2000	Email ID	: sameerannahid1212@gmail.com	Email ID	: sameerannahid1212@gmail.com
Mobile No	: 9848121754	Alternate Mobile No	: 9959922554/	Alternate Mobile No	: 9959922554/



EDUCATION INFO

SSC HTNo.	: 1712104774	SSC Year of Pass	: 2017
Inter HTNO	: 1938228565	Inter Year of Pass	: 2019

QUALIFYING EXAMINATION INFO

Qualifying Degree	: BPharm (BACHELOR OF PHARMACY)	Specialization	: PHARMACY
Marks in Qualifying Degree	: 7.46	Max. Marks in Qualifying Degree	: 10

Other Info

LOCAL REGION	: OU	RESERVATION CATEGORY	: BC-E
MINORITY	: Muslim	EWS	: NO
Parental Income	: Lower		

Provisional Allotment Details

Alloted College	: SPO1KUPHCETSREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA,	Course	: PHARMACEUTICS
College Type	: AFF	Payment Type	: REG
Under Alloted Category	: REG_SC_OU_GEN	Alloted In	: Phase II

Course Fee Rs	: 55000.00 /-
Previously Paid Fee	: 100.00 /-
Green Fund	: 100 /- (Paid)
Total Amount Refunded Rs	: .00 /-

Instructions to candidates

1. In case the candidate wishes to cancel their admission, they are required to approach the Principal of the college concerned with a request letter.
2. If the candidate cancels his/her admission, tuition fee will be refunded as following:
 - a. After first phase full tuition fee will be refunded.
 - b. 50% of the amount will be refunded after final phase.
3. Student who secured admission through GATE/GPAT are not eligible for fee reimbursement
4. Tuition fee fixed is Semester fee for M.Tech./M.Pharm. and Annual fee for Pharm-D.
5. The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.

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

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TS PGEC / PGE CET 2023

TELANGANA STATE COUNCIL OF
HIGHER EDUCATION

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CANDIDATE DETAILS

BASIC INFO

HTNO	: 9405180012	Test Name	:
Test Code	: PY	Rank /Marks / Score	: 2667
Name	: DEVULAPALLI SUPRIYA	Father's Name	: DEVULAPALLI RAVI
Mother's Name	: DEVULAPALLI UMA	Gender	: F
Date of Birth	: 17/01/2002	Email ID	: devulapallisupriya@gmail.com
Mobile No	: 8688020814	Alternate Mobile No	: 9963350520/



EDUCATION INFO

SSC HTNo.	: 1709102947	SSC Year of Pass	: 2017
Inter HTND	: 1943217602	Inter Year of Pass	: 2019

QUALIFYING EXAMINATION INFO

Qualifying Degree	: BPharm (BACHELOR OF PHARMACY)	Specilazation	: PHARMACY
Marks in Qualifying Degree/CGPA	: 7.73	Max. Marks in Qualifying Degree/CGPA	: 10

Other Info

LOCAL REGION	: OU	RESERVATION CATEGORY	: BC-B
MINORITY	: Non Minority	EWS	: NO
Parental Income	: Lower		

Provisional Allotment Details

Alloted College	: SPOP1KUPHCETSREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA,	Course	: PHARMACEUTICS
College Type	: AFF	Payment Type	: REG
Under Alloted Category	: REG_BCB_OU_GEN	Alloted In	: Phase II

Fee Details

PaytranID	: F2340936
Course Fee Rs	: 55000.00 /-
Green Fund	: 100 /-
Total Amount to be paid Rs	: 100.00 /-

Instructions to candidates

1. This Provisional allotment is subjected to satisfactory verification of all original certificates at the allotted college.
2. Online Payment of Tuition Fee (Net Banking/Credit Card/Debit Card): Click the Pay Fee Button. You will be directed to Payment Gateway. Make the payment accordingly duly entering the details as per the payment mode selected. Take the printout fee paid receipt and joining report.
3. Candidates / Parents are advised to make Tuition Fee Payment from their own Bank Accounts. In case of refunds, if any, the amount will be remitted back through online into the same bank account from which the payment was made.
4. Candidates / Parents are advised to verify the amount limit of Credit Card / Debit Card / Net Banking before making Tuition Fee payment.
5. Make the Payment on or before 07th OCT., 2023. In case of failure to pay the amount on or before 07th OCT., 2023 and not reporting to the allotted college with all the original certificates, this provisional allotment automatically stands cancelled and candidate has no claim on the provisional allotment now made.

The allotment stands cancelled if not reported to the allotted college between 03th OCT., 2023, to 07th OCT., 2023

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Vidyanagar, Hanamkonda,
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TS PGEC / PGE CET 2023 Admissions
Telangana State Council of Higher Education

Original Certificates Verification Report (Phase-I)

Acknowledgement No: 15476

Date :9/8/2023 12:51:42 PM

CANDIDATE DETAILS

BASIC INFO			
NTNO	0004180113	Test Name	
Test Code	PT	Rank /Marks / Score	3710
Name	MUNAVATH PREMALATHA	Father's Name	MUNAVATH SWAMY
Mother's Name	MUNAVATH MANGAMMA	Gender	F
Date of Birth	06/05/2001	Email ID	munavathprema@gmail.com
Mobile No	0630061875	Alternate Mobile No	8008200840/
EDUCATION INFO			
ESC NTNO	1712119418	SSC Year of Pass	2017
Inter NTNO	1938224660	Inter Year of Pass	2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	7.52	Max. Marks in Qualifying Degree/CGPA	10
Other Info			
LOCAL RESIDEN	OU	RESERVATION CATEGORY	ST
BENEFIT	Non Minority	EWS	NO
Parental Income	Lower		



Provisional Allotment Details

Allotted College	SPOSRUPHCETSREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/L, VIDYANAGAR, HANAMKONDA,	Course	: PHARMACEUTICS
College Type	: AFF	Payment Type	: REG
Order Allotted Category	: REG_ST_OU_FEMALE	Allotted In	: Phase I

Verified the following original certificates::

SNo.	Name of the Certificate	Status
1	Entrance Test Score Card	Y
2	Memorandum of marks of SSC or equivalent	Y
3	Memorandum of marks in Qualifying Examination	Y
4	Provisional Certificate of Qualifying Examination	Y
5	Study certificates from 10th class to Graduation	Y
6	Integrated Community Certificate (Caste Certificate) (If applicable)	Y
7	Transfer Certificate	Y
8	Income Certificate issued after 01/01/2023 (If applicable)	Y
9	EWS Certificate issued after 01/01/2023 (If applicable)	NA
10	Minority Certificate (If applicable)	NA
11	NCC / CAP / PH / Sports Certificate (If applicable)	NA

Note: Y-Original Verified N-No Certificate NA-Not applicable

M. Premalatha
Signature of Candidate

Principal
St. Peter's Institute of Pharmaceutical Education
Vidyanagar, Hanamkonda, TS
WARANGAL
Signature of Principal
Principal's Office seal
St. Peter's Institute of Pharmaceutical Education
Vidyanagar, Hanamkonda
WARANGAL-506 001(T)

STUDENT IDENTITY CARD

Geethanjali College of Pharmacy

Approved by AICTE, PCI, Accredited by NAAC 'A+', NBA, NIRF
Cheeryal (V), Keesara (M), Medchal (D). T.S-501301



Name : B. G. Remya
H.T No : PG 05 23Z5T51302
Class / Sem : 2st Year
Branch : M. Pharm (P.R.A)

Handwritten signature of the Principal

Sign. Of the Principal

Sign. Of the Student

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



TS PGEC / TS PGECET - 2023 Admissions

Telangana State Council of Higher Education

Tuition Fee Receipt (Phase - II)

Acknowledgement No: 18605

CANDIDATE DETAILS

PERSONAL INFO			
Roll No	9405180027	Test Name	
Code	PY	Rank / Marks / Score	1876
Father's Name	BODAKUNTLA AKANKSHA	Father's Name	BODAKUNTLA VIDYASAGAR
Candidate's Name	BODAKUNTLA SUKANYA	Gender	F
Date of Birth	02/11/2001	Email ID	akankshabodakuntla@gmail.com
Mobile No	8688382982	Alternate Mobile No	8688382982/
EDUCATION INFO			
SSC Roll No	1710100746	SSC Year of Pass	2017
Intermediate Roll No	1938232889	Inter Year of Pass	2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Percentage in Qualifying Degree/CGPA	7.88	Max. Marks in Qualifying Degree/CGPA	10
RESERVATION INFO			
Region	OU	RESERVATION CATEGORY	BC-B
Category	Non Minority	EWS	NO
Income	Lower		



Provisional Allotment Details

College	SPOP1KUPHPRACREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA		
Allotted Category	REG_BCA_OU_GEN	Course	PHARMACY PRACTICE
Payment Type	AFF	Payment Type	REG

Payment Transaction ID	: F2346433
Course Fee Rs	: 55000.00 /-
Fee paid Rs	: 100.00 /- (Inclusive green fund(100/-))

Instructions to candidates

Report to the allotted college (on the specified date and time) and submit the payment acknowledgement receipt along with joint report.

Personal Reporting at allotted college is mandatory. Failing to report and producing all original certificates for final verification, the provisional allotment of the first phase will automatically stand cancelled and the candidate do not have any claim on the seat.

- In case the candidate wishes to cancel his/her admission, he/she is required to approach the Principal of the college concerned only with a request letter.
- If the candidate cancels his/her admission, tuition fee will be refunded as following:
- The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.

- After first phase, full tuition fee will be refunded.
- 50% of the amount will be refunded after second phase.

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

CC
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Telangana State Council of Higher Education

Tuition Fee Receipt (Phase - II)

Acknowledgement No: 18600

CANDIDATE DETAILS			
BASIC INFO			
HTNO	9403180243	Test Name	
Test Code	PY	Rank /Marks / Score	2533
Name	GUNDU DHRUVITHA	Father's Name	GUNDU SRINIVASA RAO
Mother's Name	GUNDU SRIVIDYA	Gender	F
Date of Birth	10/10/2001	Email ID	gundudhruvitha@gmail.com
Mobile No	9391283680	Alternate Mobile No	9652049573/
EDUCATION INFO			
SSC HTNo.	1712109865	SSC Year of Pass	2017
Inter HTNO	1938215033	Inter Year of Pass	2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	7.56	Max. Marks in Qualifying Degree/CGPA	10
Other Info			
LOCAL REGION	OU	RESERVATION CATEGORY	BC-B
MINORITY	Non Minority	EWS	NO
Parental Income	Lower		
Provisional Allotment Details			
Allotted College	: SPOPIKUPHCETSREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA,		
Under Allotted Category	: REG_BCA_UNR_FEMALE	Course	: PHARMACEUTICS
College Type	: AFF	Payment Type	: REG



Payment Transaction ID	: F2345538
Course Fee Rs	: 55000.00 /-
Fee paid Rs	: 100.00 /- (inclusive green fund(100/-))

Instructions to candidates


1. Report to the allotted college (on the specified date and time) and submit the payment acknowledgement receipt along with joining report.
2. Personally Reporting at allotted college is mandatory. Failing to report and producing all original certificates for final verification, the provisional allotment of the first phase will automatically stand cancelled and the candidate do not have any claim on the seat.

- In case the candidate wishes to cancel his/her admission, he/she is required to approach the Principal of the college concerned only with a request letter.
- If the candidate cancels his/her admission, tuition fee will be refunded as following:
- The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.

- a. After first phase, full tuition fee will be refunded.
- b. 50% of the amount will be refunded after second phase.

sd/-
CONVENER

TS PGEC / PGECET Admissions-2023


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



TS PGCET / PGCET 2023

TELANGANA STATE COUNCIL OF
HIGHER EDUCATION

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Tuition Fee Receipt (Phase - II)

Acknowledgement No: 18601

CANDIDATE DETAILS			
BASIC INFO			
HTNO	9404180107	Test Name	
Test Code	PY	Rank /Marks / Score	5214
Name	JAGANNADHULA GOUTHAMI	Father's Name	JAGANNADHULA THIRUPATHI
Mother's Name	JAGANNADHULA SAVITHA	Gender	F
Date of Birth	02/12/2000	Email ID	jagannadhulagouthami@gmail.com
Mobile No	7075330940	Alternate Mobile No	96525238977
EDUCATION INFO			
SSC HTNo	1712108128	SSC Year of Pass	2017
Inter HTNO	1938232521	Inter Year of Pass	2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree/CGPA	7.62	Max. Marks in Qualifying Degree/CGPA	10
Other Info			
LOCAL REGION	OU	RESERVATION CATEGORY	ST
MINORITY	Non Minority	EWS	NO
Parental Income	Lower		
Provisional Allotment Details			
Allotted College	SPO1KUPHCETSREG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA,		
Under Allotted Category	REG_SC_OU_FEMALE	Course	PHARMACEUTICS
College Type	AFF	Payment Type	REG



Payment Transaction ID	F2342269
Course Fee Rs	55000.00 /-
Fee paid Rs	100.00 /- (Inclusive green fund(100/-))

Instructions to candidates

1. Report to the allotted college (on the specified date and time) and submit the payment acknowledgement receipt along with joining report.
2. Personally Reporting at allotted college is mandatory. Failing to report and producing all original certificates for final verification, the provisional allotment of the first phase will automatically stand cancelled and the candidate do not have any claim on the seat.

- In case the candidate wishes to cancel his/her admission, he/she is required to approach the Principal of the college concerned only with a request letter.
- If the candidate cancels his/her admission, tuition fee will be refunded as following:
- The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.
 - a. After first phase, full tuition fee will be refunded
 - b. 50% of the amount will be refunded after second phase.


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

sd /-

CONVENER

TS PGCET / PGCET Admissions-2023



TS PGEC / PGCET 2023 Admissions
Telangana State Council of Higher Education

Provisional Allotment Order (Phase I)

Date: 19/11/2023 12:10:48 PM

Acknowledgement No: 14803

CANDIDATE DETAILS

BASIC INFO			
HTNO	9101100138	Test Name	
Test Code	TY	Rank / Marks / Score	NA
Name	FARHANA RAZMIEN	Father's Name	MD FAYAZ SID RAHMAN
Mother's Name	AZIZ RAHMAN	Gender	F
Date of Birth	09/12/2001	Email ID	mofarhanarazmi01@gmail.com
Mobile No	9573053056	Alternate Mobile No	8001605195
LOCATION INFO			
SSC HTNo	1712116425	SSC Year of Pass	2017
Inter HTNO	1518218043	Inter Year of Pass	2019
QUALIFYING EXAMINATION INFO			
Qualifying Degree	BPharm (BACHELOR OF PHARMACY)	Specialization	PHARMACY
Marks in Qualifying Degree	7.71	Max. Marks in Qualifying Degree	10
Other Info			
LOCAL REGION	GU	RESERVATION CATEGORY	BC-E
MINORITY	Islam	EWB	NO
Parental Income	Lower		



Provisional Allotment Details

Alotted College	SPOPHARMCETSCHEG - ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA,	Course	PHARMACEUTICS
College Type	AFF	Payment Type	REG
Under Alotted Category	REG_BCE_GU_GLW	Allotted in	Phase I

Course Fee Rs	55000.00 /-
Green Fund	100 /- (Paid)
Total Amount paid Rs	55100 /-

Instructions to candidates

- In case the candidate wishes to cancel their admission, they are required to approach the Principal of the college concerned with a request letter.
- If the candidate cancels his/her admission, tuition fee will be refunded as following:
 - After first phase full tuition fee will be refunded.
 - 50% of the amount will be refunded after final phase.
- Student who secured admission through GATE/GPAT are not eligible for fee reimbursement
- Tuition fee fixed is Semester fee for M.Tech /M.Pharm. and Annual fee for Pharm.D.
- The Claim for refund of tuition fee paid to the convener due to cancellation of seat / submission of income certificate / difference of tuition fee etc. has to be done on or before 31.12.2023.



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

CONVENOR
TS PGEC / PGCET



Telangana State Council Of Higher Education

(A Statutory Body of the Government of Telangana)

Opp : Mahavir Hospital, Mahavir Marg, Masabtank, Hyderabad - 500 028.

Ph & Fax : 040-23331117

e-mail : secretarytsche@gmail.com, Website : www.tsche.ac.in, www.tsche.cgg.gov.in



PROCEEDINGS OF THE SECRETARY, TELANGANA STATE COUNCIL OF HIGHER EDUCATION, HYDERABAD

PRESENT: PROF. SRIRAM VENKATESH
SECRETARY

Procds.No. TSCHE /TSPGECET-2023/M.Pharm/SPOP1/SW-I/KU/78

Dt: 29.02.2024

Sub:- TSCHE - TSPGECET-2023- M.Pharmacy / Pharm.D. (PB) Course - Admissions under Category 'B' (30%) seats for the academic year 2023-24 - List of approved candidates - Orders - Issued - Reg.

Ref:- 1. G.O.Ms.No.153, 47, 65, 23 & 24 subsequent Amendments.
2. Lr. No. Nil, Dt: Nil of the institution.

-oOo-

ORDER:

The Secretary / Correspondent, ST.PETER'S INST. OF PHARM. SCIENCES 2-4-12/11/1, VIDYANAGAR, HANAMKONDA, WARANGAL (RURAL) vide ref (2) cited submitted the list of 06 Candidates admitted into M.Pharmacy / Pharm.D. (PB) course under Category 'B' (30%) seats for the academic year 2023-24 requesting for grant of approval of admissions.

The admitted list has been verified by the duly constituted verification committee with the documents furnished by the management.

The Telangana State Council of Higher Education hereby accords provisional approval to the admissions made by the Institution, under the provisions of the G.Os. in force, in respect of 06 candidates admitted into M.Pharmacy / Pharm.D. (PB) course under Category 'B' (30%) seats as detailed hereunder in the institution mentioned above for the academic year 2023-24.

S.No	Name of the Candidate	Father's Name	Whether belongs to NRI Quota	TSPGECET Rank/ GATE Rank	% of Marks in qualifying Examination	Community
Branch: Pharmaceutics						
1	Yathipathi Chandra Harshan	Yathipathi Sridhara Swamy	No	-	7.78	BC-A
Branch: Pharmacy Practise						
1	Machetti Vineela	Machetti Sammaiah	No	-	7.94	BC-B
2	Mandha Pravalika	Mandha Parsharamulu	No	-	7.75	BC-A
3	Padarthi Mounika	Padarthi Srinivasa Rao	No	-	8.07	BC-A
Branch: Pharm-D (PB)						
1	Aditya Tiwari	Shiv Prasad Tiwari	No	-	7.93	OC
2	Anwar Hussain	Kalilur Rahaman	No	-	7.52	OC

The above provisional approval / ratification of the admissions of the students is made subject to (i) withdrawal of the said approval / ratification of all the students or part of any, if any irregularities noticed, at a later date, and (ii) undertakes the responsibility by the Institution for such irregularities.

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

SECRETARY

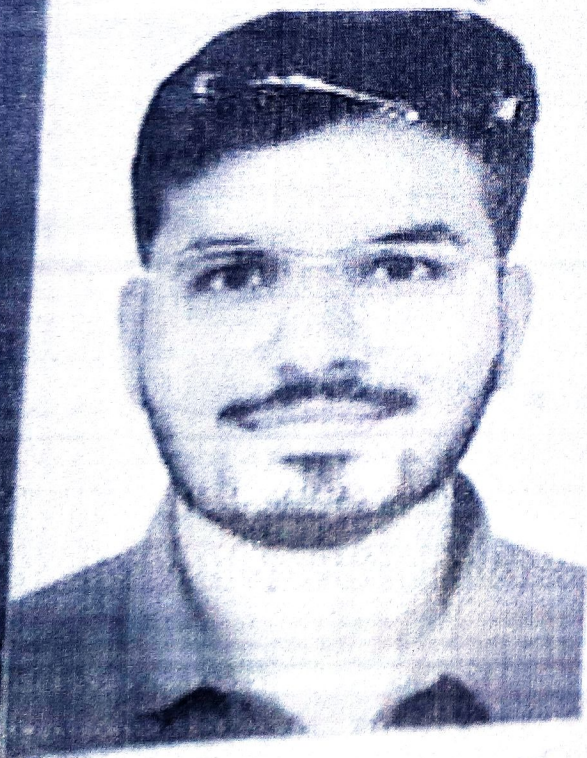
To
The Secretary / Correspondent
ST.PETER'S INST. OF PHARM. SCIENCES
2-4-12/11/1, VIDYANAGAR,
HANAMKONDA, WARANGAL (RURAL)

Copy to: The Registrar, KU.

STUDENT IDENTITY CARD

Geethanjali College of Pharmacy

Approved by AICTE, PCI, Accredited by NAAC 'A', NBA, NIRF
Cheeryal (V), Keesara (M), Medchal (D). T.S-501301



Name : Pittala Akhil

H.T No : PG19 23251S1305.

Class / Sem : 1st year

Branch : M. Pharm (P.R.A)

Sign. Of the Student

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

Sign. Of the Principal

ANURAG



YERRAMGARI BHAVYA SREE

Class : M PHARM (Pharmaceutical Sciences)
H.T. No. : 23PH201A10
Contact : 9440346881

[Handwritten Signature]
REGISTRAR

ANURAG COLLEGE OF PHARMACY
V.V. PURAM, V.V. PURAM, V.V. PURAM
V.V. PURAM, V.V. PURAM, V.V. PURAM





G. PULLA REDDY

COLLEGE OF PHARMACY

Affiliated to Osmania University

Approved by PCI & AICTE, Accredited by NAAC

STUDENT ID CARD

**BLOOD
GROUP**
O+



**EMERGENCY
CONTACT NO**
9542845054

NAME : BOLISHETTY VAMSHI

COURSE : M.Ph.PHARMACEUTICS-2023-2025


REG.NO. : 170123886015

PH NO. : 7670939240

ADDRESS :

H.No. 8-4-33 Mairilkunta vill, Garidepalli

Mdl, Suryapet, Dist.TS


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

PRINCIPAL

Prifysgol Wrecsam Wrexham University

18th October 2023
Sponsor licence number: AGA39FYY8
Your Ref: GU80526

Prifysgol Wrecsam
Ffordd yr Wyddgrug
Wrecsam
LL11 2AW

Wrexham University
Mold Road
Wrexham
LL11 2AW

UNCONDITIONAL OFFER LETTER

Dear Lavanya Byreddy,

Congratulations on fulfilling the academic requirements of our Conditional offer to you. We are now pleased to make you an Unconditional offer to study with us on the following course:

COURSE DETAILS

Course Name: MSc International Health Services Management with Advanced Practice
Level of Entry: RQF Level 7
Level on Completion: RQF Level 7
Course Start Date: 22nd January 2024
Course End Date: 30th September 2025
Mode of Study: Full Time
Awarding Body: Glyndwr University

FEES DETAILS

First year course cost:	£13500.00
Pre-Sessional course cost:	£0.00
Scholarship awarded (Academic Award):	£2000.00
Other Scholarship (Full Payment)	£0.00
Minimum deposit amount required before CAS:	£11500.00
Total fee payable (first year):	£11500.00

To accept this offer and proceed to the next stage of the process, you now need to:

Pay the minimum deposit amount stated above. Payments should be made by Flywire, using the following link: <http://glyndwrapp.flywire.com> Payments should only be made by applicants and their immediate family (Parents/Legal Guardians or Spouse). Payments made by other relations will not be accepted.

Upload evidence of your financial maintenance as required by the UKVI to your Centurus application.

You must meet the UK Visas and Immigration Student visa requirements summarised here: <https://tinyurl.com/2p8mc4f2> Students who do not meet the UKVI requirements will not be issued with a CAS.

You may be subject to a Credibility Interview with the University, we will get in touch with you to arrange a suitable date and time if this is required.

SCHOLARSHIP

As you will see from the fee details above you have been awarded a Scholarship from the University, this is the maximum scholarship that we can offer at Wrexham University and has been awarded on the basis that you pay the stated 'Minimum Deposit amount required before CAS' amount.

FURTHER INFORMATION:

Evidence of genuine intention: Once you have fulfilled the above conditions, you will be asked to demonstrate your intentions as a genuine student. This may be done via interview or completion of a credibility form. To show your commitment to your studies at the University you are required to pay a minimum of £1000 to secure a credibility interview. The university reserves the right to request a credibility interview for any student for whom we deem it appropriate. You must successfully complete this process to proceed with your application.

Students completing an International Foundation Year should be aware that the course cost will increase to £9750 per year in subsequent years.

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

Elusen Dofrestredig Rhif. 1142048
Registered Charity No. 1142048
Phone / Phone +44(0)1978 290666
wrecsam.ac.uk | wrexham.ac.uk



SEVIS ID: N0034257548

SURNAME/PRIMARY NAME Devulapally	GIVEN NAME Vashist	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Vashist Devulapally	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 17 APRIL 2002	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Saint Louis University Saint Louis University	SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Cheng Zhang International Admission Counselor	SCHOOL CODE AND APPROVAL DATE KAN214F10192000 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 12 DECEMBER 2023
START OF CLASSES 16 JANUARY 2024	PROGRAM START/END DATE 11 JANUARY 2024 - 31 DECEMBER 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 21,734	Personal Funds	\$ 0
Living Expenses	\$ 16,500	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Student Loan	\$ 38,234
Other	\$ 0	On-Campus Employment	\$ 0
TOTAL	\$ 38,234	TOTAL	\$ 38,234

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void.

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"/>	DATE ISSUED 15 August 2023	PLACE ISSUED St. Louis, MO
SIGNATURE OF: Cheng Zhang, International Admission Counselor		

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



**SAINT LOUIS
UNIVERSITY™**

Date: 15 November 2023

Student Name: Ms Aishwarya Kiron JAMMULA
Application ID: IN:A8041686Q

Dear **Ms Aishwarya Kiron JAMMULA**,

Congratulations!

I am pleased to inform you of your admission to the Health Data Science (M.S.) program at Saint Louis University for Spring 2024.

For the next steps regarding the acceptance of your admission, please refer to the second page of this letter.

New incoming MS Health Data Science students will receive their first course (3 credit hours) for \$250, a total of \$3500 discount. Standard cost per class is \$3750.

To confirm your admissions spot and secure your scholarship award, please submit a non-refundable \$200 deposit by December 4, 2023 at <http://slu.flywire.com>. As soon as you deposit, you will be placed on a priority list for receiving an I-20.

Saint Louis University faculty and staff are committed to providing you with an exceptional educational experience that supports your professional goals and personal ambitions. I am confident you will have many opportunities to grow and develop expertise in your field.

Welcome to the community of Saint Louis University.

Sincerely,

Eric Ambrecht, PhD
Saint Louis University
Associate Provost and Professor

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



**SAINT LOUIS
UNIVERSITY™**

Date: 22 September 2023

Student Name: Mr Srinivas BILLA
Application ID: IN:A8041540Q

Dear **Mr Srinivas BILLA,**

Congratulations!

I am pleased to inform you of your admission to the Health Data Science (M.S.) program at Saint Louis University for Spring 2024.

For the next steps regarding the acceptance of your admission, please refer to the second page of this letter.

New incoming MS Health Data Science students will receive their first course (3 credit hours) for \$250, a total of \$3500 discount. Standard cost per class is \$3750.

To confirm your admissions spot and secure your scholarship award, please submit a non-refundable \$200 deposit by December 4, 2023 at <http://slu.flywire.com>. As soon as you deposit, you will be placed on a priority list for receiving an I-20.

Saint Louis University faculty and staff are committed to providing you with an exceptional educational experience that supports your professional goals and personal ambitions. I am confident you will have many opportunities to grow and develop expertise in your field.

Welcome to the community of Saint Louis University.

Sincerely,

Eric Armbrrecht, PhD
Saint Louis University
Associate Provost and Professor



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



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

CONGRATULATIONS

Master of Bioinformatics - Coursework or Coursework and Dissertation - 70550

Student Name	Spoorthi Medi		
UWA Student ID	24368389		
CRICOS Code	103500A		
Major/Specialisation	None		
Course Start Date	26/02/2024		
Course End Date	31/12/2025		
Course Duration	2 years		
Course Location	Crawley		
Delivery Mode	On campus mode of attendance		
Credit Points to complete*	96 points	Admission Credit Points*	0 points
2023 Annual Fee	AUD \$45,400.00		

For further course details including any compulsory online modules, work based training, placements, or collaborative research training arrangements please refer to the [Handbook](#).

*One unit is typically worth 6 credit points. You can find out more about credit points on our [website](#).

The University of Western Australia
35 Stirling Highway, Perth WA 6009 Australia
T 131 UWA T +61 8 6488 1000 E admissions@uwa.edu.au W uwa.edu.au/study

CRICOS Provider Code 00126G | PRV12169, Australian University

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

10 November 2023

SAINT LOUIS UNIVERSITY™

ONE NORTH GRAND BOULEVARD, ST. LOUIS, MO 63103

09 November 2023

Ms Swathi RADHA
HNO 3-14-461 Reddy Colony
Hanumakonda
Telangana
506001
India

Application ID: IN:A8041541Q
Date of Birth: 21 August 2000
University ID: 001344827

Dear Ms Swathi RADHA

Congratulations! I am pleased to confirm your admission to the program(s) listed below:

Program	Start Date
Health Data Science (M.S.)	January 2024

Your I-20 SEVIS ID Number is: N0035016865.

You should report to Saint Louis University in January 2024 for your mandatory orientation.

Any outstanding documents listed below must be received by August 1 if you are starting in Fall, or by January 1 if you are starting in Spring. You will not be able to register for your classes unless these documents are submitted. Please provide them to us as soon as possible by mailing to the address below. If there are no documents listed below, then you do not have any outstanding documents to turn in at this time.

INTO Saint Louis University
ATTN: Enrollment Manager
3721 Laclede Ave.
Beracha Hall, Suite 110
St. Louis, MO 63108

Official transcript/mark sheet with degree certificate from Kakatiya University in a sealed envelope.

If you have any questions, please do not hesitate to contact us.

We look forward to meeting you.
Yours sincerely,
Saint Louis University Admissions

BE A BILLIKEN. 


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

SEVIS ID: N0034037229

SURNAME/PRIMARY NAME Kotte	GIVEN NAME Dheeraj	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Dheeraj Kotte	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Hyderabad	DATE OF BIRTH 14 APRIL 1999	
FORM ISSUE REASON EXCHANGE VISIT AGENCY	ADMISSION NUMBER	
SCHOOL INFORMATION		

SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Stacey Benton Senior Immigration Advisor	SCHOOL CODE AND APPROVAL DATE DAL214FC0610000 21 JANUARY 2003

PROGRAM OF STUDY	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
EDUCATION LEVEL MASTER'S	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 31 JULY 2023
PROGRAM ENGLISH PROFICIENCY Required	PROGRAM START/END DATE 30 AUGUST 2023 - 12 DECEMBER 2025	
START OF CLASSES 17 AUGUST 2023		

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

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(d)(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: 2023.08.01 08:21:13 -0500 **DATE ISSUED** 01 August 2023 **PLACE ISSUED** 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.

X **K. Dheeraj** **DATE** 1 August 2023

SIGNATURE OF: Stacey Benton **DATE**

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

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

SEVIS ID: N0034711516

SURNAME/PRIMARY NAME Alladi	GIVEN NAME Vinita	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Vinita Alladi	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 04 SEPTEMBER 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Saint Louis University Saint Louis University	SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Cheng Zhang International Admission Counselor	SCHOOL CODE AND APPROVAL DATE KAN214F10192000 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 18 JULY 2023
START OF CLASSES 23 AUGUST 2023	PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 21,734	Personal Funds	\$ 0
Living Expenses	\$ 16,500	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Funding	\$ 38,234
Other	\$ 0	On-Campus Employment	\$ 0
TOTAL	\$ 38,234	TOTAL	\$ 38,234

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void.

SCHOOL ATTESTATION

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

SIGNATURE OF: Cheng Zhang, International Admission Counselor **DATE ISSUED** 07 July 2023 **PLACE ISSUED** St. Louis, MO

STUDENT ATTESTATION

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

SIGNATURE OF: Vinita Alladi **DATE**

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


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

SEVIS ID: N0034918213

SURNAME/PRIMARY NAME Andem	GIVEN NAME Sanjana	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Sanjana Andem	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Warangal	DATE OF BIRTH 24 SEPTEMBER 1998	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Lourdes Dela Cruz International Student Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL MASTER'S	MAJOR 1 Data Analytics, General 30.7101	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 11 DECEMBER 2023
START OF CLASSES 16 JANUARY 2024	PROGRAM START/END DATE 10 JANUARY 2024 - 16 MAY 2026	

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 \$
TOTAL \$ 35,684	TOTAL \$ 35,684

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.		
<input checked="" type="checkbox"/> Lourdes Bernadine Dela Cruz <small>Digitally signed by Lourdes Bernadine Dela Cruz Date: 2023.10.05 10:38:17 -0500</small>	DATE ISSUED 05 October 2023	PLACE ISSUED Denton, TX
SIGNATURE OF: Lourdes Dela Cruz, International Student Advisor		

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

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

SEVIS ID: N0034030337

SURNAME/PRIMARY NAME Medicherla PREFERRED NAME Supraja Medicherla COUNTRY OF BIRTH INDIA CITY OF BIRTH FORM ISSUE REASON INITIAL ATTENDANCE	GIVEN NAME Supraja PASSPORT NAME COUNTRY OF CITIZENSHIP INDIA DATE OF BIRTH 24 SEPTEMBER 1999 ADMISSION NUMBER	Class of Admission <h1 style="text-align: center;">F-1</h1> ACADEMIC AND LANGUAGE
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SCHOOL INFORMATION

SCHOOL NAME Saint Louis University Saint Louis University SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Cheng Zhang International Admission Counselor	SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103 SCHOOL CODE AND APPROVAL DATE KAN214F10192000 17 JANUARY 2003
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PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S PROGRAM ENGLISH PROFICIENCY Required START OF CLASSES 23 AUGUST 2023	MAJOR 1 Medical Informatics 51.2706 ENGLISH PROFICIENCY NOTES Student is proficient PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025	MAJOR 2 None 00.0000 EARLIEST ADMISSION DATE 18 JULY 2023
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FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 21,734	Personal Funds	\$ 0
Living Expenses	\$ 16,500	Scholarship	\$ 1,750
Expenses of Dependents (0)	\$ 0	Family Funding	\$ 36,484
Other	\$ 0	On-Campus Employment	\$ 0
TOTAL	\$ 38,234	TOTAL	\$ 38,234

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void.

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.

_____ **DATE ISSUED** 28 February 2023 **PLACE ISSUED** St. Louis, MO

SIGNATURE OF: Cheng Zhang, International Admission Counselor

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.

_____ **DATE** _____

SIGNATURE OF: Supraja Medicherla

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



SEVIS ID: N0034082340

SURNAME/PRIMARY NAME Uppala	GIVEN NAME Sai Jagruthi	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Sai Jagruthi Uppala	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Sangem	DATE OF BIRTH 12 JULY 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

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

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 19 JULY 2023
START OF CLASSES 21 AUGUST 2023	PROGRAM START/END DATE 18 AUGUST 2023 - 12 DECEMBER 2025	

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	\$
TOTAL	\$ 35,684	TOTAL	\$ 35,684

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: 2023.03.10 14:06:49 -06'00' **DATE ISSUED** **PLACE ISSUED**

SIGNATURE OF: Stacey Benton, Senior Immigration Advisor **10 March 2023** **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.**

SIGNATURE OF: Sai Jagruthi Uppala **DATE**

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

SEVIS ID: N0034049077

SURNAME/PRIMARY NAME Maneza Gouhar	GIVEN NAME	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Maneza Gouhar	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Warangal	DATE OF BIRTH 23 AUGUST 1998	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Adriana Paola Santiago Rivera International Student and Scholar Services Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 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 19 JULY 2023
START OF CLASSES 21 AUGUST 2023	PROGRAM START/END DATE 18 AUGUST 2023 - 12 DECEMBER 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 16,754	Personal Funds	\$ 0
Living Expenses	\$ 15,108	Funds From This School	\$
Expenses of Dependents (0)	\$	Family Funds	\$ 35,684
Books, Insurance	\$ 4,122	On-Campus Employment	\$
TOTAL	\$ 35,684	TOTAL	\$ 35,684

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 Adriana Santiago Rivera Digitally signed by Adriana Santiago Rivera
Date: 2023.03.03 14:29:06 -0600 DATE ISSUED: 03 March 2023 PLACE ISSUED: Denton, TX
SIGNATURE OF: Adriana Paola Santiago Rivera,
International Student and Scholar Services Advisor

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 Maneza Gouhar DATE: 07/05/2023
SIGNATURE OF: Maneza Gouhar DATE: ADDRESS (city/state or province/country) DATE

X SIGNATURE ADDRESS (city/state or province/country) DATE

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

SEVIS ID: N0034053805

SURNAME/PRIMARY NAME Vaasikarla	GIVEN NAME Sneha Varshini	Class of Admission <h1 style="font-size: 2em;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Sneha Varshini Vaasikarla	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Mahabubabad	DATE OF BIRTH 23 JUNE 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION	
SCHOOL NAME University of North Texas University of North Texas	SCHOOL ADDRESS 1155 Union Circle #311067, Denton, TX 76203
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Justin Permenter Senior Immigration Advisor	SCHOOL CODE AND APPROVAL DATE DAL214F00610000 21 JANUARY 2003

PROGRAM OF STUDY		
EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 19 JULY 2023
START OF CLASSES 21 AUGUST 2023	PROGRAM START/END DATE 18 AUGUST 2023 - 12 DECEMBER 2025	

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 \$
TOTAL \$ 35,684	TOTAL \$ 35,684

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.

<input checked="" type="checkbox"/> Justin Permenter <small>Digitally signed by Justin Permenter Date: 2023.03.06 10:17:58 -0500</small>	DATE ISSUED 06 March 2023	PLACE ISSUED Denton, TX
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SIGNATURE OF: Justin Permenter, Senior Immigration Advisor

STUDENT ATTESTATION

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

SIGNATURE OF: Sneha Varshini Vaasikarla	DATE
<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE
	ADDRESS (city/state or province/country)
	DATE

SEVIS ID: N0034082703

SURNAME/PRIMARY NAME Kankanala	GIVEN NAME Pravanith Reddy	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Pravanith Reddy Kankanala	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH	DATE OF BIRTH 05 JULY 1999	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Saint Louis University Saint Louis University	SCHOOL ADDRESS One Grand Boulevard, DuBourg Hall, St. Louis, MO 63103
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Ryan Stoeckel International Admission Counselor	SCHOOL CODE AND APPROVAL DATE KAN214F10192000 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 18 JULY 2023
START OF CLASSES 23 AUGUST 2023	PROGRAM START/END DATE 17 AUGUST 2023 - 31 MAY 2025	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 21,734	Personal Funds	\$ 0
Living Expenses	\$ 16,500	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Family Funding	\$ 38,234
Other	\$ 0	On-Campus Employment	\$ 0
TOTAL	\$ 38,234	TOTAL	\$ 38,234

REMARKS

Student must report to university within 7 days of program start date on I-20 or I-20 will be void

SCHOOL ATTESTATION

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

SIGNATURE OF: Ryan Stoeckel, International Admission Counselor **DATE ISSUED:** 10 March 2023 **PLACE ISSUED:** St. Louis, MO

STUDENT ATTESTATION

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

SIGNATURE OF: Pravanith Reddy Kankanala **DATE:** _____

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

SEVIS ID: N0034054113

SURNAME/PRIMARY NAME Cheeti	GIVEN NAME Madhuri	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Madhuri Cheeti	PASSPORT NAME	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Siddipet	DATE OF BIRTH 13 OCTOBER 1998	
FORM ISSUE REASON INITIAL ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

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

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Information Science/Studies 11.0401	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE 19 JULY 2023
START OF CLASSES 21 AUGUST 2023	PROGRAM START/END DATE 18 AUGUST 2023 - 12 DECEMBER 2025	

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	\$
TOTAL	\$ 35,684	TOTAL	\$ 35,684

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.

<input checked="" type="checkbox"/> Stacey Benton <small>Digitally signed by Stacey Benton Date: 2023.03.06 11:08:07 -06'00'</small>	DATE ISSUED 06 March 2023	PLACE ISSUED 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.**

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



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

April 21, 2023

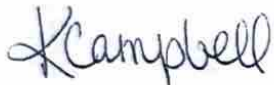
To Whom It May Concern:

Re: Abdu Rahman
Student Number: 26639868
DLI#: O146028559284
Campus: Toronto

This letter is to confirm that Abdu Rahman is registered as a full-time student in the Global Business Management program at Sault College - Toronto campus. Abdu Rahman is registered in the first semester of this program, which runs from May 10, 2023 to August 20, 2025.

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.



Karli Campbell
Registrar



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

SEVIS ID: N0012843227

SURNAME/PRIMARY NAME	GIVEN NAME Sofiya Danish	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Sofiya Danish	PASSPORT NAME Sofiya Danish	
COUNTRY OF BIRTH INDIA	COUNTRY OF CITIZENSHIP INDIA	
CITY OF BIRTH Warangal	DATE OF BIRTH 19 JANUARY 1999	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Computer Systems Institute Skokie Campus	SCHOOL ADDRESS 8930 Gross Point Road, Skokie, IL 60077
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Maka Mimoshvili DSO	SCHOOL CODE AND APPROVAL DATE CHI214F01633000 07 JUNE 2004

PROGRAM OF STUDY

EDUCATION LEVEL OTHER: Certificate Program	MAJOR 1 Business Administration and Management, General 52.0201	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 06 JULY 2023	PROGRAM START/END DATE 06 JULY 2023 - 06 JULY 2024	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 4,800	Personal Funds	\$ 0
Living Expenses	\$ 7,200	Funds From This School	\$ 0
Expenses of Dependents (0)	\$ 0	Foreign Sponsor - Gulam Ameenul Muneer	\$ 29,269
Books and Supplies	\$ 880	On-Campus Employment	\$ 0
TOTAL	\$ 12,880	TOTAL	\$ 29,269

REMARKS

Business Career Program with Concentration in Organizational Administration

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 Maka Mimoshvili, DSO **Digitally signed by** Maka Mimoshvili **DATE ISSUED** 04 August 2021 **PLACE ISSUED** Skokie, IL

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 Sofiya Danish **DATE** Aug 5, 2021

SIGNATURE OF: Sofiya Danish **DATE**

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



Sacred Heart UNIVERSITY

INTERNATIONAL ADMISSIONS

May 2, 2023

Dear Gajjela Mounika

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 2023 term.**

Your student ID is **1028344**. 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 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
neverse@sacredheart.edu



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



Sacred Heart UNIVERSITY

INTERNATIONAL ADMISSIONS

May 2, 2023

Dear Alladi Vinitha

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 2023 term.**

Your student ID is **1028344**. 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 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
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