



ADITYA COLLEGE OF PHARMACY

Aditya Nagar, ADB Road, Surampalem-533437, E.G. Dt., A.P

Non – Teaching Staff Uniform Application

Employee ID : 3652 Date 14/07/2023
Full Name : NULUKORTHY BHIMESWARA KUMAR
Age : 38 Gender : male
Designation : Lab Technician
Department : pharmaceutical organic chemistry
Phone Number : 9542545772
Alternate Phone Number : 9542545772
E-mail ID : bhiman959@gmail.com
Place : Yendamuru
City :
Residential Address : N. Bhimeswara Kumar
Sto Krishana mudly (Cetel)
Yendamuru
Karepamandla
E.G. Dt

N.B. Kumar
Applicant Signature

[Signature]
Principal

For Office Use

PRINCIPAL
Aditya College of Pharmacy
SURAMPALAM- 533 437



The following applicant Mr. / Ms. / Mrs. N. Bhimeswara Kumar
is working as Lab Technician (Designation) in the Department of
pharmaceutical organic chemistry lab

[Signature]
Signature of AO

[Signature]
Signature of Stores In-Charge



ADITYA COLLEGE OF PHARMACY

Aditya Nagar, ADB Road, Surampalem-533437, E.G. Dt., A.P

Staff Canteen Application

Employee ID : 1734 " Date 20/6/2023
Full Name : P. S. Seshu Babu
Age : 45 yrs Gender : male
Designation : store incharge (Cable technician)
Department : store
Phone Number : 9494004869
Alternate Phone Number :
E-mail ID : SeshuP@799@gmail.com
Type of Meal : Veg

Applicant Signature

P. Seshu Babu



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Principal

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Aditya College of Pharmacy
SURAMPALAM- 533 437

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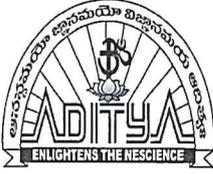
The following applicant Mr. / Ms. / Mrs. P. Seshu Babu

is working as store incharge (Cable technician) (Designation) in the Department of store

K. Venkatesh
Signature of AO

B. Sushant Reddy
Signature of Canteen In-Charge

"
SURAMPALAM- 533 437



ADITYA COLLEGE OF PHARMACY(A)

(An Autonomous Institution)

Approved by PCI, New Delhi, *Permanently Affiliated to JNTUK, Kakinada

Accredited by NAAC A Grade and CGPA of 3.24

Recognized by UGC Under Sections 2(f) of the UGC Act, 1956

Aditya Nagar, ADB Road, Surampalem, Gandepalli Mandal, East Godavari - 533437, A.P

Ph. 99498 76664, Email: office@acop.edu.in, www.acop.edu.in

ADITYA SCHOOL, PEDDAPURAM Dt: 9/8/24

STAFF FEE CONCESSION PROFORMA

1. Name of the Employee : Bondada N. B. Vaidehi

2. Mobile Number : 9493747698

3. Nature of Employment : Permanent

4. Working at : Aditya College of Pharmacy

5. Fee Concession for the academic year : 2024-2025

6. Name (s) of the children :

Name	Class
K.N.V.R.K. LOUKYA	IV (Sirius)

7. Name of the Institution Studying with place : Aditya School, Peddapuram

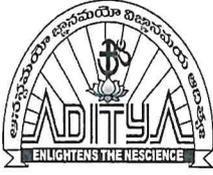
[Signature]
Signature of the Employee

[Signature]
Principal
Aditya College of Pharmacy
SURAMPALEM-533437



[Signature]
PRINCIPAL

PRINCIPAL
Aditya College of Pharmacy
SURAMPALEM-533437



ADITYA COLLEGE OF PHARMACY(A) (An Autonomous Institution)

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Ph. 99498 76664, Email: office@acop.edu.in, www.acop.edu.in

The New India Assurance Co. Ltd

M SSHA SAI DURGA
AGE : 30
EMP ID : 3632
GOOD HEALTH ID : GHNA0502057419
VALID FROM : 06-10-2023
SAROJINI EDUCATIONAL SOCIETY

Good Health Insurance TPA Limited

The New India Assurance Co. Ltd

V SRINIVAS KUMAR
AGE : 35
EMP ID : 3632
GOOD HEALTH ID : GHNA0502057420
VALID FROM : 06-10-2023
SAROJINI EDUCATIONAL SOCIETY

Good Health Insurance TPA Limited

The New India Assurance Co. Ltd

V JASWITHA
AGE : 8
EMP ID : 3632
GOOD HEALTH ID : GHNA0502057421
VALID FROM : 06-10-2023
SAROJINI EDUCATIONAL SOCIETY

Good Health Insurance TPA Limited

The New India Assurance Co. Ltd

V ISHITHA
AGE : 1
EMP ID : 3632
GOOD HEALTH ID : GHNA0502067259
VALID FROM : 06-10-2023
SAROJINI EDUCATIONAL SOCIETY

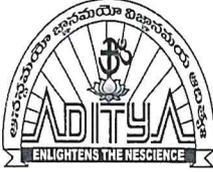
Good Health Insurance TPA Limited



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Aditya College of Pharmacy
SURAMPALAM- 533 437



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Ph. 99498 76664, Email: office@acop.edu.in, www.acop.edu.in



The New India Assurance Co. Ltd

311

S P N KUMAR

AGE : 33

EMP ID : 3197

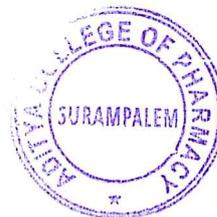
GOOD HEALTH ID : **GHNA0502063359**

VALID FROM : 06-10-2023

SAROJINI EDUCATIONAL SOCIETY



Good Health Insurance TPA Limited



S. Narayana

PRINCIPAL

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Aditya College of Pharmacy
SURAMPALAM- 533 437



ADITYA COLLEGE OF PHARMACY

Aditya Nagar, ADB Road, Surampalem-533437, E.G. Dt., A.P

Staff Transport Application

Date 19/6/2023

Employee ID : 5259
Full Name : Ammajji Manda.
Age : 34 Gender : Female
Designation : Lab Technician.
Department : Pharmacy.
Phone Number : 7013647778.
Alternate Phone Number : 9393943234
E-mail ID : AmmajjiManda36@gmail.com.
Place : K. Nayakampalli E11G11Dt.
City : W/O. Saimanthula Nerellu.
Residential Address : K. Nayakampalli, (P), via. Peddapuram.
E11G11Dt PIN - 533437

M. Ammajji
Applicant Signature

Principal



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Aditya College of Pharmacy
SURAMPALEM- 533 437

The following applicant Mr./ Ms./ Mrs. M. Ammajji

is working as Lab Technician (Designation) in the Department of
Pharmacy.

P. Meda
Signature of AO

H. Salyanarayana
Signature of Transport In-Charge



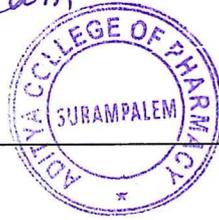
ADITYA COLLEGE OF PHARMACY

Aditya Nagar, ADB Road, Surampalem-533437, E.G. Dt., A.P

Application for fee concession of wards

Date 19-6-2023

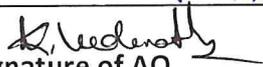
Employee ID : 4022
Full Name : B.N.B. Vaidehi
Age : 39 Gender : Female
Designation : Assoc professor
Department : Pharmaceutical chemistry
Phone Number : 9493747698
Alternate Phone Number : -
E-mail ID : vaidehi.kotla@gmail.com
Name of the ward : K.N.V.R.K. LOUKYA
Relationship : Mother
Institute of study : Aditya School
Year / Class : IV
Address : Peddapuram
Applicant Signature : B. Vaidehi.




Principal
Aditya College of Pharma
SURAMPALAM-533437

For Office Use

The following applicant Mr. / Ms. / Mrs. B.N.B. Vaidehi
is working as Associate Professor (Designation) in the Department of
Pharmaceutical Chemistry


Signature of AO



2021
L-1445

தமிழ்நாடு தமில்நாடு TAMILNADU

- 8 JUN 2021

Apollo Shine Foundation
Chennai - 06



CD 748609

T. Shanmugam

T. SHANMUGAM

L No: 9140/3/2010 Dt: 20-09-2

No: 662, Anna Salai, Thousand Lg

Chennai-600 006. Cen. 04408 75

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MoU) is entered into at Chennai on this 09th August 2021.

BETWEEN

APOLLO SHINE FOUNDATION, a not for profit company incorporated under the Companies Act, 1956 and having its registered office at Ali Towers, No. 55, Greams Road, Chennai – 600006, hereinafter referred to as "Foundation" which expression shall unless repugnant to or inconsistent with the context or meaning thereof, mean and include its successors in office and permitted assigns of the FIRST PART,

AND

Aditya Educational Institutions, Aditya Technical Campus, Surampalem, accredited by NAAC, NBA, and IAO, having its Corporate office at Srinagar, Kakinada, Andhra Pradesh, represented by its Vice-Chairman Mr. N Satish Reddy hereinafter referred to as "Institution" which expression shall unless repugnant to or inconsistent with the context or meaning thereof, mean and include its successors in interest and permitted assigns of the SECOND PART

"Foundation" and "Institution" shall be individually referred to as a "Party" and collectively as "Parties"

N. Satish Reddy
APOLLO SHINE FOUNDATION
CHENNAI

N. Satish Reddy
VICE-CHAIRMAN
ADITYA EDUCATIONAL INSTITUTIONS
SURAMPALAM

- d. The enrolled students, staff and teachers shall also be entitled to Insurance benefits and the Foundation shall facilitate the same through third party insurance providers.
- e. The Foundation will perform professional services as set out in Annexure-1 as appended herein and as the Parties may agree from time to time. For any additional services the Parties will enter into a written Statement of Work ("SOW") pursuant to this MOU. The SOW shall include a description of the services to be performed, compensation to be paid to the Foundation for such additional services, and the project schedule for performance of the services. Such SOW shall form part and parcel of this MoU and be governed by the terms and conditions herein.

2. OBLIGATIONS OF THE FOUNDATION

The Foundation shall ensure that:

2.1. It shall deliver a comprehensive coverage of Services under the SHINE Program, in a phased manner in consultation with the nominated representative of the Institution. The nominated representative for the purpose of this MoU shall be the Secretary ("Nominated Representative") of the Institutions.

2.1.1 First Aid Room. It shall set-up a First Aid room to administer its services to the Members in a location indicated by the Institution and space provided by it.

2.1.2 The First-Aid room will be equipped by the Foundation with the consumables that include first-aid kits and non-prescription medicines required for the day-to-day running of the room and administering basic first-aid to Members. A trained nurse/paramedic shall be stationed at the First-Aid room to provide such care.

2.1.3 The SHINE First Aid Room at the institution provided by the Foundation shall function during the Institution's working days and working hours. The foundation will intimate the Nominated Representative in advance if the room cannot be operational for any reason.

2.1.4 In case an emergency situation arises where a Member requires medical care beyond first aid, the Shine nurse shall, in consultation with a SHINE physician, call for an ambulance and inform the Nominated Representative of the Institution. The Nurse, in consultation with the Shine Doctor, shall complete an assessment form with the details of the Member including a preliminary assessment of the Member's condition and handover the same to the Nominated Representative/parent/guardian/ of the Member.

2.2 Health Screening. Foundation will conduct the Health Screening on campus for Members once every year which will include basic parameters such as Height, weight, waist circumference, body mass index, vision, dental, blood pressure (adults only) sugar check (adults only) and general systemic clinical examination with our Doctors.

2.3 Preventive Healthcare Awareness. Foundation shall provide informative literature and Preventive health advisory on various health issues is provided and it will conduct various health talks on holistic healthcare as mentioned above and conduct Basic Life Support awareness programs for the benefit of the Members in consultation with the Nominated Representative.



X *N. Seshadri*
VICE-CHAIRMAN
ADITYA EDUCATIONAL INSTITUTIONS
SURAMPALEM

3.7 Payment. The Institution shall pay the Foundation for services rendered under the SHINE program. The Foundation shall raise an invoice for such services rendered on a basis and the Institution shall make such payment within 14 days of receipt of the Invoice. The payment may be paid by Cheque / Online Transfer / Demand Draft payable to "Apollo SHINE Foundation" payable at Chennai, payable at the time of commencement of the SHINE program.

4. INTELLECTUAL PROPERTY

The Institution acknowledges that the Foundation has not granted the Institution any implied or express license to use its Brand name "APOLLO SHINE FOUNDATION", Logo and any intellectual property rights that accrue thereof. The Institution shall not use any such Brand Name/intellectual property of the Foundation except in accordance with this MoU or unless authorized by the Foundation in writing.

5. TERM AND TERMINATION

5.1. This MoU shall become effective from date of Institution open and it is valid for period of 1 year. The MoU shall be renewed for a further period at the option of both the Parties.

5.2. Notwithstanding the above, either Party may terminate this MoU by serving a notice of 30 (thirty) days to the other Party.

5.3. Notwithstanding anything contained in this MoU, this MoU shall terminate upon the occurrence of the insolvency, bankruptcy, dissolution, or liquidation of either Party.

5.4. Upon expiration or early termination, the Parties will not be liable for any ongoing obligations except for the surviving obligations under this MoU on the date of such termination.

5.5 Upon expiration or early termination, both Parties shall return or destroy all Confidential Information of the other Party that it possesses and shall confirm such return in writing within 10 business days of expiration or early termination of this MoU. Expiration or early termination of this MoU shall not prejudice any of the Parties' rights and remedies which have accrued as on termination date.

5.6. Immediately on expiry or early termination of this MoU, the Institution shall ensure that it informs the beneficiary and incase the beneficiary is a minor their parents/legal guardians that the Program has been discontinued and the Foundation shall ensure that it hands over all the Medical Records to the concerned beneficiary, parents/legal guardians within a week from the expiry or early termination of this MoU.

5.7. Immediately on expiry or early termination of this MoU, the Institution shall permit the Foundation to remove all its equipment and utilities from its premises permanently.

5.8. Immediately on expiry or early termination of this MoU, the Foundation shall remove its property (medicines, medical equipment, furniture, electronics, registers), signage, and any display of its Brand from the Institution's premises. The Institution shall discontinue its use of any and all Intellectual Property, made available to it by or on behalf of the Foundation. The Institution shall ensure that it shall take all actions necessary to prevent any confusion in the minds of the public that it continues to be associated with the Foundation's Brand, post termination/early expiration.



X *N. Subash*
VICE-CHAIRMAN
ADITYA EDUCATIONAL INSTITUTIONS
SURAMPALAM

12. COMPLETE AGREEMENT; AMENDMENT.

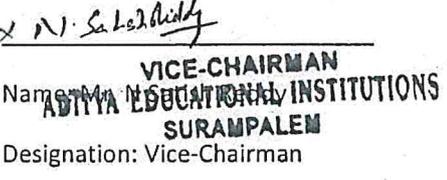
Each party acknowledges that it has read this MoU, understands them, and agrees to be bound by their terms, and further agrees that they are the complete and exclusive statement of the MoU between the parties which supersedes and merges all prior proposals, understandings, and all other agreements, oral and written, between the parties relating to this MoU. This MoU may not be modified or altered except by written instrument duly executed by both parties.

13. COUNTERPARTS.

This MoU may be executed in counterparts and such counterparts may be delivered by facsimile or electronically and each shall be treated by the parties as an original of this MoU.

SIGNATORIES

IN WITNESS WHEREOF these presents have been executed by the Parties hereto on the day and year first herein above written.

<p>For The Apollo Shine Foundation</p>  <p>Name: Mr. Kishore Manohar Designation: Director</p>	<p>For Aditya Educational Institutions</p>  <p>Name: Mr. N. S. Lakshmi Designation: Vice-Chairman</p>
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ANNEXURE – 1

Services

Place of Service: Aditya Technical Campuses, Surampalem

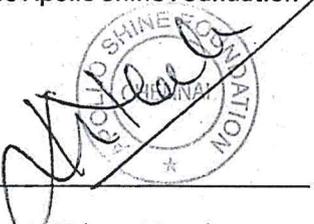
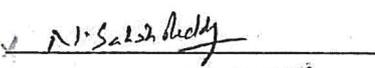
Period of Service: Kindly refer This MOU clause No.5.1

S.NO	PARTICULARS	COMMERCIAL TERMS
1	Operational Management of The Apollo SHINE First Aid Room	Rs. 400/- per student per annum Payable at the beginning of the contract period
2	Calendar of Awareness Talks and Webinars for students, teachers and parents	
3	Annual Health Screening for Students & Staff	
4	Shine ID Cards (Benefits are enclosed in Annexure -2)	
5	COVID-19 Campus Safety Audit and Recommendations	

- All payments to be made in favour of: Apollo SHINE Foundation by way of cheque / demand draft payable in Chennai.
- Payment of the contract amount to be done as per contract terms and not clubbed with other services received from any of the divisions of Apollo Hospitals Group
- In case of any clarifications in commercials, the matter can be addressed to:

The Apollo SHINE Foundation
No 55, Ali Towers, Grems Road
Chennai – 600 006.

SIGNATORIES

For The Apollo Shine Foundation	For Aditya Educational Institutions
 Name: Mr. Kishore Manohar Designation: Director	 Name: Mr. N. Satish Reddy Designation: VICE-CHAIRMAN ADITYA EDUCATIONAL INSTITUTIONS SURAMPALEM

ANNEXURE – 3

Coverage of Accident Insurance

The SHINE program is a Student Health Initiative from the Apollo SHINE Foundation- a not for profit organisation powered by the Apollo Hospitals Group. The program is intended to provide FIRST AID on campus, to create awareness about present day health issues, and also to enable students to be equipped to handle medical/healthcare situations that might arise in the course of their life.

Accident Insurance

Shine members (Students, Teaching and Non-Teaching Staff) will be entitled to an accident insurance coverage. The Members coverage details are given below:

- Accident Medex – Fixed up to Rs. 10,000/- or Actual claim whichever is lower (only for Students & Staff).
- TTD – Weekly benefits – 104 Weeks@1% of CSI or Rs.2000/- or Actual weekly salary whichever is lower for Staff.
- Act of Terrorism is covered.
- Only Student, one earning parent of the Students as per the institution records & Staffs of the Institution are covered.
- Sum Insured should not exceed 10 times of Gross Annual Salary of the employees.
- In case of any changes (Addition/Deletion) in the number of student in any information, the same is to be informed to Foundation for amendments
- Age Bracket: Between 03 years to 65 years.

Category	Avg/Fixed Sum Insured (₹) - Maximum Up to					
	AD Only	DM Only	PTD Only	PPD Only	TTD	Medex
Student	100000	100000	0	100000	0	10000
Parents	200000	0	200000	200000	0	0
Staff	200000	200000	200000	200000	2000	10000
AD-Accidental Death, DM- Dismemberment, PTD-Permanent Total Disability,						
PPD-Permanent Partial Disability, TTD-Temporary Total Disability, Medex-Medical Expenses						
Premium Per Live		Rs.100/- (inclusive of GST)				

Insurance will be activated upon receipt of the payment and name list of the Students & Staff. At the time of hospitalization, the patient will produce their Shine card for identification purposes and have to complete the pre-claim formalities as required. After taking Endorsement, Foundation will send the policy copy, claim forms and other formalities to the Institutions.

The Institution Shall Pay this amount of Rs.100/- (inclusive of GST) per Person Covered for this benefit along with the list of Names of the Persons and Other details in one or more lots as soon as physical classes start in the Institution.

Mc payer

भोरा शंभु



Canara Bank

SURAMPALEM
SURAMPALEM, ANDHRA PRADESH - 533437
IFSC : CNRB0013268

MULTI - CITY CA

Valid for three months only from the date of instrument

2	6	1	2	2	0	2	3
D	D	M	M	Y	Y	Y	Y

Pay Ch. Satyanarayana

Rupees रुपये One Lakh Thirty Three Thousand Five Hundred Seventy

Five only

अक्षरों में ₹ 1,33,575/-

या धारक को or Bearer

FOR ADITYA COLLEGE OF PHARMACY

A/C No.	32683070000055
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792104

Payable at par at all our branches in India

N. S. Sridhar
Please sign above

792104 533015040 000898 29



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ADITYA EDUCATIONAL INSTITUTIONS

Aditya Nagar, ADB Road, Surampalem

03-10-2023

GUIDELINES FOR GRATUITY

1. The gratuity is applicable, for the employees who have completed a total service of 10 years in Aditya Educational Institutions and retiring on superannuation or on medical grounds.
2. The superannuation age is 70 years for teaching staff and 65 years for non-teaching staff.
3. If the employee retires on completion of 10 years of service, he/she is eligible to get 05 months' salary as gratuity (Period of Service (10) x 50% of the last salary drawn).
4. One-and-half month salary as gratuity will be given for completed service of every five years, after 10 years.
5. In case of demise of the employee, the spouse or legal heirs of the employee are entitled to receive the gratuity.

Sanjay



Sanjay



ADITYA EDUCATIONAL INSTITUTIONS

Aditya Nagar, ADB Road, Surampalem

Date: 02.12.2023

CIRCULAR

All the Principals and Section Incharges are hereby informed that the management has pleased to implement gratuity benefit to all the staff members henceforth.

The guidelines for gratuity, approved by the Hon'ble Vice-Chairman are enclosed herewith for the reference of all the Principals, Section Incharges and the staff members.

In this policy, the staff members, those who have attained superannuation as detailed below and complete a minimum of 10 years service will get gratuity.

- i) Superannuation age is 65 years in respect of Non-Teaching Staff
- ii) Superannuation age is 70 years in respect of Teaching Staff.

The Principals and Section Incharges are required to ensure the attainment of superannuation, and the details be submitted to the undersigned from time-to-time.

The details of the staff members, those who have crossed the superannuation by 25-12-2023, be informed to get relieved by 25-12-2023, and the details be submitted to the undersigned to enable to take further course of action.

DIRECTOR

To

All the Principals and Section Incharges to comply with and arrange to circulate among the staff members.

Copy to Accounts Incharge to comply with.

Copy to all regular mail IDs.





ADITYA EDUCATIONAL INSTITUTIONS

Aditya Nagar, ADB Road, Surampalem - 533 437, E.G.DI.,

Ph: 99498 76662, 99897 76661

BIO - DATA

Date: 16/07/2024

1. Name : VENKATESWARLU KUDIPUDI
2. Father / Husband Name : NARASIMHA RAJU
3. Date of Birth & Age : 06-02-1972.
4. Address : DOOR NO: 2-10-11/A, A.C. GARDEN
NEAR RAILWAY STATION
RAJAHMUNDRY - 533101
5. Email Id : kudupudi72@gmail.com
6. Contact No : 8897993001
7. Reservation category : OC BC SC ST
8. Post applied for :
9. Department (Branch) : PHARMACY
10. Rank / Percentile in GATE :
11. Ph. D. Title : FORMULATION AND EVALUATION OF
COLON TARGETED DRUG DELIVERY
SYSTEM OF VANCOMYCIN HC.

S. No.	Qualifications	Month & Year of Passing	% of Marks or CGPA	Name of the College	Name of the University
1	Graduation (B. pharmacy)	2003	60%	Bapatla college of pharmacy	JNTUH Hyderabad
2	P.G. Specialization: (M. pharmacy)	2010	62%	ADITYA college of pharmacy	ANDHRA UNIVERSITY
3	Ph.D. (Regular / Part Time)	JUN 2024	-	JNTUK KAKINADA	JNTUK KAKINADA

12. If you have attended any of the Competitive Exams listed below, Please mention the Rank you secured therein.

GATE () EAMCET () ECET ()

NET () APSET ()



(Handwritten signature)



ADITYA EDUCATIONAL INSTITUTIONS

Aditya Nagar, ADB Road, Surampalem - 533 437, E.G.D.I.,
Ph: 99498 76662, 99897 76661

BIO - DATA

Date: 31-08-2023

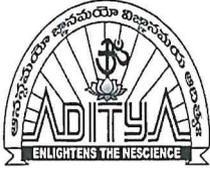
1. Name : Divya. Narla
2. Father / Husband Name : N. Dhananjaya Rao
3. Date of Birth & Age : 10-05-1987
4. Address : 16-2-7, opp. STC Godown,
President gaan Veedhe, Matam centre,
Samalkot - 533440.
5. Email Id : divyanarla@gmail.com
6. Contact No : 7660003187
7. Reservation category : OC BC SC ST
8. Post applied for :
9. Department (Branch) : pharmacy
10. Rank / Percentile in GATE : -
11. Ph. D. Title : Method Development & Validation of selected
Antiviral Drugs by Liquid Chromatography.

S. No.	Qualifications	Month & Year of Passing	% of Marks or CGPA	Name of the College	Name of the University
1	Graduation (B.ph)	April 2008	75.8%	A.M.Reddy Memorial College of pharmacy	Acharya Nagarjuna University, Guntur
2	P.G. (M.ph) Specialization: Ph. Analysis	May 2011	76.43%	School of pharmaceutical Sciences	Vels University
3	Ph.D.(Regular / Part Time)	Aug 2023	-	Acharya Nagarjuna University, Gunt	Acharya Nagarjuna University, Guntur

12. If you have attended any of the Competitive Exams listed below, Please mention the Rank you secured therein.

GATE () EAMCET () ECET ()
NET () APSET ()





ADITYA COLLEGE OF PHARMACY(A) (An Autonomous Institution)

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Aditya Nagar, ADB Road, Surampalem, Gandepalli Mandal, East Godavari - 533437, A.P
Ph. 99498 76664, Email: office@acop.edu.in, www.acop.edu.in



S.P.N. KUMAR RECEIVED BEST TEACHER AWARD IN THE ACADEMIC YEAR

2023-2024



Suman Chav

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Aditya College of Pharma
SURAMPALAM- 533 437**



ADITYA COLLEGE OF PHARMACY

(Affiliated to JNTUK, Approved by AICTE)

(ADITYA NAGAR, ADB ROAD, SURAMPALEM 533 437, E.G.Dt, Ph.9949876664, 08852-200005)

Website: www.acop.edu.in, Email: office@acop.edu.in



EPF DETAILS

S.NO	EMPLOYEE ID	NAME	DESIGNATION
1	41	K. Venkateshwarulu	Associate professor
2	66	Dr. K. Ravi shankar	Principal
3	587	K. Vedavathi	Jr Asst
4	204	B. Venkateshwarulu	Lab technician
5	1352	G. Manga devi	Lab technician
6	1734	P. Sekharbabu	Lab technician
7	3448	K. Swathi	Lab technician
8	966	V.V. Sathyanarayana	Asst. Librarian



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Aditya College of Pharmacy,
SURAMPALEM- 533 437



कर्मचारी भविष्य निधि संगठन, भारत
Employees' Provident Fund Organisation,

यूनिवर्सल खाता संख्या

Universal Account Number (UAN)

101025283151



नाम

Name

KADMISETTI SWATHI

पिता / पति का नाम

Father's / Husband's Name

TAMILISETTY SAMSONUREDDY

के. वाई.सी.

K.Y.C.

Yes

www.epfindia.

यूनिवर्सल खाता संख्या

Universal Account Number

101025283151



प्रतिख्यान : इस कार्ड पर दर्शाया गया डेटा ईपीएफओ में उपलब्ध डेटाबेस के अनुसार है। विसंगति के मामले आप उससे सुधार के लिए अपने क्षेत्रीय कार्यालय से संपर्क कर सकते हैं।

Disclaimer: Data appearing on the card is as per the database available in EPFO. In case of any discrepancy you may contact your concerned EPFO office for its rectification.

Printed from EPFO Member Portal On: 10.01.2023





कर्मचारी भविष्य निधि संगठन
(श्रम एवं राजगार मंत्रालय, भारत सरकार)
EMPLOYEES' PROVIDENT FUND ORGANISATION
(Ministry of Labour & Employment, Govt. of India)

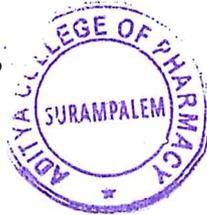


सदस्य पासबुक / Member Passbook

स्थापना आईडी/नाम	Establishment ID/Name	GRRJY0036692000 / SAROJINI EDUCATIONAL SOCIETY
सदस्य आईडी/नाम	Member ID/Name	GRRJY00366920000001057 / KONA VEDAVATHI
जन्म तिथि	Date of Birth	01-10-1978
यू ए न	UAN	100438307149

Taxable Data for the year [2024-2025]			
OB Int. Updated upto 01/04/2024	40,552	40,552	0
Cont. Month	Monthly Contribution	Cumulative Balance at the end of the Month	
		Non-Taxable	Taxable
Apr-2024	1,800	1,800	0
May-2024	1,800	3,600	0
Jun-2024	1,800	5,400	0
Jul-2024	1,800	7,200	0
Aug-2024	1,800	9,000	0
Sep-2024	1,800	10,800	0
Oct-2024	1,800	12,600	0
Nov-2024	1,800	14,400	0
Dec-2024	0	14,400	0
Jan-2025	0	14,400	0
Feb-2025	0	14,400	0
Mar-2025	0	14,400	0
TOTAL	14,400	14,400	0
Int. Updated upto 31/03/2025	0	0	0
Closing Balance as on 31/03/2025	54,952	54,952	0

*In case taxable interest is less than Rs. 5,000/- then TDS will not be deducted.



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कर्मचारी भविष्य निधि संगठन
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' PROVIDENT FUND ORGANISATION
(Ministry of Labour & Employment, Govt. of India)



सदस्य पासबुक / Member Passbook

स्थापना आईडी/नाम	Establishment ID/Name	GRRJY0036692000 / SAROJINI EDUCATIONAL SOCIETY
सदस्य आईडी/नाम	Member ID/Name	GRRJY00366920000001057 / KONA VEDAVATHI
जन्म तिथि	Date of Birth	01-10-1978
यू ए न	UAN	100438307149

ईपीएफ पासबुक [वित्तीय वर्ष - 2024-2025] / EPF Passbook [Financial Year - 2024-2025]

विवरण / Particulars				कर्मचारी शेष / Employee Balance	नियोक्ता शेष / Employer Balance	पेंशन शेष / Pension Balance		
OB Int. Updated upto 01/04/2024				40,552	59,735	1,16,296		
वेतन माह / Wage Month	ट्रांसक्शन / Transaction		विवरण / Particulars	वेतन / Wages		अंशदान / Contribution		
	दिनांक / Date	प्रकार / Type		ई पी एफ / EPF	ई पी एस / EPS	कर्मचारी / Employee	नियोक्ता / Employer	पेंशन / Pension
Mar-2024	16-04-2024	CR	Cont. For Due-Month 042024	15,000	15,000	1,800	550	1,250
Apr-2024	20-05-2024	CR	Cont. For Due-Month 052024	15,000	15,000	1,800	550	1,250
May-2024	14-06-2024	CR	Cont. For Due-Month 062024	15,000	15,000	1,800	550	1,250
Jun-2024	15-07-2024	CR	Cont. For Due-Month 072024	15,000	15,000	1,800	550	1,250
Jul-2024	14-08-2024	CR	Cont. For Due-Month 082024	15,000	15,000	1,800	550	1,250
Aug-2024	17-09-2024	CR	Cont. For Due-Month 092024	15,000	15,000	1,800	550	1,250
Sep-2024	16-10-2024	CR	Cont. For Due-Month 102024	15,000	15,000	1,800	550	1,250
Oct-2024	15-11-2024	CR	Cont. For Due-Month 112024	15,000	15,000	1,800	550	1,250
Total Contributions for the year [2024]				14,400	4,400	10,000		
Total Transfer-Ins/VDRs for the year [2024]				0	0	0		
Total Withdrawals for the year [2024]				0	0	0		
Interest details N/A				0	0	0		
Closing Balance as on 31/03/2025				54,952	64,135	1,26,296		

-----विवरण की समाप्ति/End Of Statement-----

मुद्रित/Printed On : 22-11-2024 14:38:34

प्रतिष्ठान - उपर दी गई जानकारी केन्द्रीय सर्वर पर दी गई जानकारी के आधार पर है। यह जानकारी कानूनी प्रयोजन के लिए उपयोग नहीं की जा सकती है।

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- * EPFO never calls members/ pensioners to deposit any amount.
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(श्रम एवं राजगार मंत्रालय, भारत सरकार)
EMPLOYEES' PROVIDENT FUND ORGANISATION
(Ministry of Labour & Employment, Govt. of India)



सदस्य पासबुक / Member Passbook

स्थापना आईडी / नाम | Establishment ID/Name GRRJY0036692000 / SAROJINI EDUCATIONAL SOCIETY
सदस्य आईडी / नाम | Member ID/Name GRRJY00366920000000788 / KAKARAPARTHY RAVI SHANKAR
जन्म तिथि | Date of Birth 28-10-1963
यू ए न | UAN 100185695799

Taxable Data for the year [2023-2024]			
OB Int. Updated upto 01/04/2023	4,17,242	4,17,242	0
Cont. Month	Monthly Contribution	Cumulative Balance at the end of the Month	
		Non-Taxable	Taxable
Apr-2023	1,800	1,800	0
May-2023	1,800	3,600	0
Jun-2023	1,800	5,400	0
Jul-2023	1,800	7,200	0
Aug-2023	1,800	9,000	0
Sep-2023	1,800	10,800	0
Oct-2023	1,800	12,600	0
Nov-2023	1,800	14,400	0
Dec-2023	1,800	16,200	0
Jan-2024	1,800	18,000	0
Feb-2024	0	18,000	0
Mar-2024	0	18,000	0
TOTAL	18,000	18,000	0
Int. Updated upto 31/03/2024	0	0	0
Closing Balance as on 31/03/2024	4,35,242	4,35,242	0

*In case taxable interest is less than Rs. 5,000/- then TDS will not be deducted.



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कर्मचारी भविष्य निधि संगठन
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' PROVIDENT FUND ORGANISATION
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सदस्य पासबुक / Member Passbook

स्थापना आईडी/नाम	Establishment ID/Name	GRRJY0036692000 / SAROJINI EDUCATIONAL SOCIETY
सदस्य आईडी/नाम	Member ID/Name	GRRJY00366920000000788 / KAKARAPARTHY RAVI SHANKAR
जन्म तिथि	Date of Birth	28-10-1963
यू ए न	UAN	100185695799

ईपीएफ पासबुक [वित्तीय वर्ष - 2023-2024] / EPF Passbook [Financial Year - 2023-2024]

विवरण / Particulars				कर्मचारी शेष / Employee Balance	नियोक्ता शेष / Employer Balance	पेंशन शेष / Pension Balance		
OB Int. Updated upto 01/04/2023				4,17,242	1,62,942	1,03,115		
वेतन माह / Wage Month	ट्रांसक्शन / Transaction		विवरण / Particulars	वेतन / Wages		अंशदान / Contribution		
	दिनांक / Date	प्रकार / Type		ई पी एफ / EPF	ई पी एस / EPS	कर्मचारी / Employee	नियोक्ता / Employer	पेंशन / Pension
Mar-2023	27-04-2023	CR	Cont. For Due-Month 042023	15,000	0	1,800	1,800	0
Apr-2023	17-05-2023	CR	Cont. For Due-Month 052023	15,000	0	1,800	1,800	0
May-2023	15-06-2023	CR	Cont. For Due-Month 062023	15,000	0	1,800	1,800	0
Jun-2023	19-07-2023	CR	Cont. For Due-Month 072023	15,000	0	1,800	1,800	0
Jul-2023	21-08-2023	CR	Cont. For Due-Month 082023	15,000	0	1,800	1,800	0
Aug-2023	01-10-2023	CR	Cont. For Due-Month 092023	15,000	0	1,800	1,800	0
Sep-2023	20-10-2023	CR	Cont. For Due-Month 102023	15,000	0	1,800	1,800	0
Oct-2023	24-11-2023	CR	Cont. For Due-Month 112023	15,000	0	1,800	1,800	0
Nov-2023	18-12-2023	CR	Cont. For Due-Month 122023	15,000	0	1,800	1,800	0
Dec-2023	12-01-2024	CR	Cont. For Due-Month 012024	15,000	0	1,800	1,800	0
Total Contributions for the year [2023]				18,000	18,000	0		
Total Transfer-Ins/VDRs for the year [2023]				0	0	0		
Total Withdrawals for the year [2023]				0	0	0		
Interest details N/A				0	0	0		
Closing Balance as on 31/03/2024				4,35,242	1,80,942	1,03,115		

-----विवरण की समाप्ति/End Of Statement-----

मुद्रित/Printed On : 20-02-2024 09:07:55

प्रतिष्ठान - उपर दी गई जानकारी केन्द्रीय सर्वर पर दी गई जानकारी के आधार पर है। यह जानकारी कानूनी प्रयोजन के लिए उपयोग नहीं की जा सकती है।

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ADITYA COLLEGE OF PHARMACY

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(ADITYA NAGAR, ADB ROAD, SURAMPALEM 533 437, E.G.Dt, Ph.9949876664, 08852-200005)

Website: www.acop.edu.in, Email: office@acop.edu.in



NON-TEACHING ESI DETAILS

S. No	Employee Id	Name	Category
1.	204	Bura Venkateshwarulu	Lab Technician
2.	1352	Gorripati Manga Devi	Lab Technician
3.	1734	Pitta Sekharbabu	Lab Technician
4.	2320	Patta Sirisha	Lab Technician
5.	3408	Andiboina Sriṅṅu	Lab Technician
6.	3448	K. Swathi	Lab Technician
7.	3652	N.Bimeshwar Akumar	Lab Technician
8.	4609	Bandam Sridevi	Lab Technician
9.	5259	Manda Ammaji	Lab Technician
10.	5735	J. Sree Lakshmi	Jr. Asst
11.	5429	D. Chakravarthy	Jr. Asst
12.	966	V.V. Sathyanarayana	Asst. Librarian
13.	5992	D. Bhavani Durga	Lab Technician
14.	3911	Ch. Kiran Kumar	Physical Director
15.	5839	B. Sudakar Reddy	Building Supervisor
16.	2883	R. Yarrayamma	Assistant Librarian
17.	5603	R. Naresh	Jr. Asst
18.	5424	V. Navyasri"	Lab Technician



Dileem Chandra

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(Affiliated to JNTUK, Approved by AICTE)

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Website: www.acop.edu.in, Email: office@acop.edu.in



EPF DETAILS

S.NO	EMPLOYEE ID	NAME	DESIGNATION
1	41	K. Venkateshwarulu	Associate professor
2	66	Dr. K. Ravi shankar	Principal
3	587	K. Vedavathi	Jr Asst
4	204	B. Venkateshwarulu	Lab technician
5	1352	G. Manga devi	Lab technician
6	1734	P. Sekharbabu	Lab technician
7	3448	K. Swathi	Lab technician
8	966	V.V. Sathyanarayana	Asst. Librarian



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SURAMPALEM- 533 437



EMPLOYEES' STATE INSURANCE CORPORATION

e-Pehchan Card

Insured Person : Tamilisetty Swathi	In case Aadhaar Number is not entered, this is valid upto date: 26/08/2017 only
Insurance No. : 6208129331	
Date of Registration : 28/07/2017	

YOUR REGISTRATION DETAILS

Employee Name:	Tamilisetty Swathi	Type of Disability :	None
Name of Father / Husband:	TAMILISETTY SAMSONU REDDY	Date of Birth :	21/01/1992
Marital Status :	Married	Gender :	Female
Present Address :	D.NO.3-114,SOMARAJU STREET, GOLLAPETA,UKOTTAPALLI,,NAGULAPALLE, E.G.DIST -533447,Dist:East Godawari,Andhra Pradesh,533447	Permanent Address :	D.NO.3-114,SOMARAJU STREET, GOLLAPETA,UKOTTAPALLI,,NAGULAPA LLE,E.G.DIST -533447,Dist:East Godawari,Andhra Pradesh,533447
Aadhaar Number :	465758047433	Aadhaar Status :	Unverified
Dispensary / IMP for IP :	Sarpavaram, AP (ESIS Disp.)	Dispensary / IMP for Family:	Sarpavaram, AP (ESIS Disp.)
Current Employer Details		First Employer Details	
Employer's Code No. :	62000367610001303	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/06/2017	First Insurance No. :	None
Name of Employer :	SAROJINI EDUCATIONAL SOCIETY	Name of Employer :	None
Address of Employer :	SRINAGAR,KAKINADA,Dist:East GodawariAndhra Pradesh533003	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with Insured Person	State	District	Aadhaar	Aadhaar Status
TAMILISETTY SAMSONU REDDY	Spouse	17/04/1985	Yes	Andhra Pradesh	East Godawari	267301631703	Unverified

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee	Aadhaar	Aadhaar Status
TAMILISETTY SAMSONU REDDY	Spouse	100	D.NO.3-114,SOMARAJU STREET, GOLLAPETA,UKOTTAPALLI,,NA GULAPALLE,E.G.DIST -	267301631703	Unverified

533447,Andhra PradeshDist:East Godawari533447

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)



Mobile Number : **7382575747**

NOTE:

1. Please keep this printout for future reference and bring this along with your Photo ID for all your Claim Benefits and Medical Benefits.
2. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

Employees' State Insurance Corporation is a premier organization providing Social Security to workforce in the form of Medical and Cash Benefits in the contingencies of Sickness, Maternity, Disablement or death due to employment injury.

Sl.No	Benefits	Entitlement	Duration	Rate of Benefit
1	Medical Benefit	One should be an insured person	From day one of entering into insurable employment to till date in insurable employment and during the corresponding benefit period.	Reasonable medical care, Super Speciality treatment, comprehensive medical care & clinical investigation as per eligibility
2(a)	Sickness Benefit	78 days in relevant Contribution Period	Up to 91 days in two consecutive Benefit Period	70% of average Daily wages
2(b)	Enhanced Sickness Benefit	78 days in one Contribution Period	7 days/ 14 days for male/female insured person respectively for undergoing sterilization operation	100% of average Daily wages
3	Extended Sickness Benefit	156 days in 4 consecutive Contribution Period	124 to 309 days may be extended to 730 days in case of specified long term diseases	80% of average Daily wages
4(a)	Temporary Disablement Benefit	From day one of entering Insurable employment	As long as temporary disablement lasts	90% of average Daily wages
4(b)	Permanent Disablement Benefit	From day one of entering Insurable employment	For whole life	Depending upon loss of earning capacity of Insured
5	Dependents Benefit	From day one of entering Insurable employment	Paid to the dependents of the Insured Person. Who dies as a result of employment injury, in manner as detailed in Rule 58	90% of average Daily wages. Shareable in fixed proportion.
6	Maternity Benefit	70 days in immediately preceding 1 or 2 consecutive Contribution Periods	26 weeks in case of normal delivery for 1st two surviving child thereafter 12 weeks. 6 weeks in case of miscarriage. 12 weeks for commissioning/adopting mother.	100% of average Daily wages
7	Rajiv Gandhi Shramik Kalyana Yojana	Insurable employment for the last 2 years with 78 days contribution paid/ payable in each Contribution Period, Involuntary Unemployment due to closure of factory, retrenchment or permanent disablement due to non-employment injury >40%	For a maximum period of 24 months. Vocational training of up to 1 year for upgrading skill of Insured Persons receiving unemployment allowance.	<ol style="list-style-type: none"> I. Unemployment allowance at the rates of <ol style="list-style-type: none"> i. 50% of last avg. daily wages - 0 to 12 Months. ii. 25% of last avg. daily wages - 13 to 24 Months 2. Medical care for self and family during receipt of unemployment allowance.
8	Funeral Expenses	From day one of entering Insurable employment	For defraying expenses on funeral of an Insured Person	Actual expenses subject to a maximum of Rs. 10000/-
9	Confinement expenses	No condition other than insurable employment.	Up to two confinements	Rs. 5000/- per case of confinement to an Insured Women or an Insured person in respect of his wife in case facilities for confinement are not available in ESI institutions.
10	Medical Care to retired Insured Persons	Superannuated/permanently retired/retired under VRS /Pre-mature retirement/ permanently retired due to employment injury after being in insurable employment for 5 years/spouses of such deceased Insured Persons/spouses receiving Dependent Benefit.	On yearly basis.	Medical facility within ESIC on payment of Rs. 120/- for self

• For detailed information on benefits you are requested to visit website www.esic.nic.in or call toll free number 1800112526