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Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave (✓)/Earned ()/Sick ()/Half pay ()/CC Leave ()/Any Other()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

K. Sonali Swaroop
Signature of the Staff member
* Sanction of leave subject to the alternative arrangement

[Signature]
Signature of the HOD
*Check your Leave Eligibility

Asuresh
Principal/Director
*Avoid Unplanned Leaves.

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107 Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave ()/Earned ()/Sick ()/Half pay ()/CC Leave ()/Any Other()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____



A. Praveena
Signature of the Staff member 18/12/18
* Sanction of leave subject to the alternative arrangement

A. Praveena
Signature of the HOD 18/12/18
*Check your Leave Eligibility

Asuresh
Principal/Director 18/12/18
*Avoid Unplanned Leaves

1. Admit Card downloaded from the NIA website (a Ueda. priority cover print)

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V).
GSI. Bandlaguda Nagole. Hyd-68

Roll Number :	TL0104510952		
Candidate Name :	PRAVEENA.A	Father Name :	A.VEERA.RAGHAVULU
Date of Birth :	29/09/1986	Gender :	Female
Category :	SC		
Person With Disability :	NO		
			Application Number : 180520008816
<p align="center">Test Details</p> <p>Reporting Time at Centre : 07.30AM Gate Closing Time of Centre : 09.00AM</p> <p>NET Subject : (88) Electronic Science</p> <p>Test Center No : TL0104</p> <p>Venue of Test : ION DIGITAL ZONE IDZ 2 MALLAPUR NOMA GRACE TECHNOLOGIES, H.NO.3-4-98/55, C/O NOMA FUNCTION HALL CAMPUS, NEAR NFC BRIDGE, MALLAPUR, NACHARAM HYDERABAD, TELANGANA, 500076.</p>			<p align="center">Photograph</p> 
Date of Examination	19.12.2018		
Shift	First		
Timing of Test	Paper I	09.30AM to 10.30AM	
	Paper II	11.00AM to 01.00PM	
			<p align="center"><i>S. Srinivas</i></p> <p align="center">Senior Director-NTA(UGC-NET)</p>
			<p align="center"><i>A. Praveena</i></p> <p align="center">Candidate Signature</p>

IMPORTANT INSTRUCTIONS FOR CANDIDATES

- The Admit Card is provisional, subject to the eligibility conditions given in the Information Bulletin.
- Candidates are suggested to visit the examination venue, a day in advance, so that they can reach the venue on time on the day of examination.
- Candidates are required to present the following documents to the examination officials, for identity verification:
 - Admit Card downloaded from the NTA website (a clear preferably colour printout on A4 size paper).
 - Passport size photograph (same as uploaded with the Online Application Form) to be pasted on the attendance sheet at the Centre.
 - Any one of the original and valid Photo Identification Proof issued by the government -- PAN card/ Driving License/ Voter ID/ Passport/ Aadhaar Card (With photograph)/E- Aadhaar/Ration Card.
 - PwD certificate issued by the Competent Authority, if claiming the relaxation under PwD category.
- Note:** No Candidate would be allowed to enter the Examination Centre, without identity verification.
- Candidates are NOT allowed to carry any personal belongings including electronic devices, mobile phone and other materials listed in the Information Bulletin, to the Examination Centre. Examination Officials will not be responsible for safe keep of personal belongings. **Pen/ Pencil and blank paper sheets for rough work will be provided in the examination Hall/Room. Candidates must write their name and Roll Number at the top of the sheet, and must return the sheet to the invigilator, before leaving the examination Hall/Room.**
- Candidates should take their seat immediately after opening of the Examination Hall. They can login and read instructions, before the commencement of the examination.
- Candidates will NOT be permitted to leave the Examination Room/Hall before the end of examination. After the completion of the examination, candidates should hand over their Admit Card, rough sheet and Pen/Pencil to the invigilator on duty.
- Candidates must enter required details in the Attendance Sheet in legible handwriting, put their signature and paste the Photograph at the appropriate place. They should ensure that their Left-Hand Thumb Impression is clear and not smudged.
- No Candidate should adopt any unfair means, or indulge in any unfair examination practices.**

Candidates are advised to check updates on NTAs website regularly. They may also check their mail box on the registered E-mail address and SMS in their registered Mobile No. for latest updates and information.

NTA website : www.ntanet.nic.in

For any Assistance : Email: ugcnet-nta@nic.in / queries.net.nta@gmail.com

Note: Candidates are advised to report at the Examination Centre by Reporting Time mentioned above. No candidate will be allowed to enter after gate closing time.

A. Suresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattianaram (V).
PSI, Bandlagudi



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave ()/Earned ()/Sick ()/Half pay ()/C C Leave ()/Any Other()

For Office use only

Total Leaves:

Balance Leaves:

Signature of Admin. Asst.:


Signature of the Staff member
* Sanction of leave subject to the alternative arrangement


Signature of the HOD
*Check your Leave Eligibility


Principal/Director
*Avoid Unplanned Leaves


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107/ Tattiannaram (V),
GSI, Bandlaguda, Manjula, Hyd-68



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID :

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave /Earned ()/Sick ()/Half pay ()/CC Leave ()/Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____


Signature of the Staff member
* Sanction of leave subject to the alternative arrangement


Signature of the HOD
*Check your Leave Eligibility
18.12.18.


Principal/Director
*Avoid Unplanned Leaves


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107/ Tattiannaram (V).
G.S.I. Bandlaguda, Nizampet, Hyd-500068



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

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LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

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TYPE OF LEAVE Casual Leave ()/Earned ()/Sick ()/Half pay ()/C C Leave ()/Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

Signature of the HOD

*Check your Leave Eligibility

Principal/Director

*Avoid Unplanned Leaves

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT


ON/FROM TO TOTAL NO. OF DAYS


PURPOSE OF LEAVE

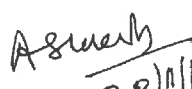
TYPE OF LEAVE Casual Leave ()/Earned ()/Sick ()/Half pay ()/CC Leave ()/Any Other()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____


Signature of the Staff member
 *Sanction of leave subject to the alternative arrangement


Signature of the HOD
 *Check your Leave Eligibility


Principal/Director
 *Avoid Unplanned Leaves

Asuresh

PRINCIPAL
 SREYAS INSTITUTE OF ENGG.&TECH.
 2-50/5, Sy.No.10/ Tattiannaram (V).
 G.S.I. Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

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LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

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PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Rubna
19/12/18
X **Signature of the Staff member**
* Sanction of leave subject to the alternative arrangement

[Signature]
19/12/18
Signature of the HOD
*Check your Leave Eligibility

Asuresh
20/12/18
Principal/Director
*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V),
G.S.I. Bandlaguda Naqole. Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

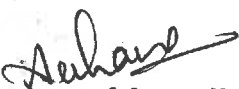
ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave / Earned () / Sick () / Half pay () / CC Leave () / Any Other ()


For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____


Signature of the Staff member
* Sanction of leave subject to the alternative arrangement


Signature of the HOD
*Check your Leave Eligibility


Principal/Director
*Avoid Unplanned Leaves


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

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LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

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TYPE OF LEAVE Casual Leave /Earned ()/Sick ()/Half pay ()/CC Leave ()/Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Signature of the Staff member
* Sanction of leave subject to the alternative arrangement

Signature of the HOD
*Check your Leave Eligibility.

Signature of the Principal/Director
*Avoid Unplanned Leaves

Asuresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V).
GSI. Bandlaguda. Nagoie, Hyd-68



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

[Handwritten Signature]

Signature of the Staff member
* Sanction of leave subject to the alternative arrangement

[Handwritten Signature]
19/12/18

Signature of the HOD
*Check your Leave Eligibility

[Handwritten Signature]
19/12/18

Principal/Director
*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V),
G.S.I. Bandlaguda Napolle. Hvd-68



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID :

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave / Earned () / Sick () / Half pay () / CC Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

Signature of the HOD

*Check your Leave Eligibility

Principal/Director

*Avoid Unplanned Leaves

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107, Tattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____


Signature of the Staff member

* Sanction of leave subject to the alternative arrangement


Signature of the HOD

* Check your Leave Eligibility


Principal/Director

* Avoid Unplanned Leaves



PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107, Tattiannaram (V),
G.S.I. Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Saiharsha
18/12/18

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

[Signature]
18/12/18

Signature of the HOD

*Check your Leave Eligibility

Asuresh
18/12/18

Principal/Director

*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V).
G.S.I. Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID :

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Signature of the Staff member
* Sanction of leave subject to the alternative arrangement

Signature of the HOD
*Check your Leave Eligibility

Principal/Director
*Avoid Unplanned Leaves

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V).
GSI, Bandlaguda, Nagole, Hyd-68



EMP ID - 510

Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

Date

18-12-2018

LEAVE APPLICATION FORMNAME M. Sudhakar DESIGNATION Asst. prof DEPARTMENT CSEON/FROM 18-12-2018 TO - TOTAL NO. OF DAYS 1/2PURPOSE OF LEAVE personal purposeTYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / CC Leave () / Any Other ()**For Office use only**

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

M. Sudhakar
18/12/18**Signature of the Staff member**

*Sanction of leave subject to the alternative arrangement

[Signature]
18/12/18**Signature of the HOD**

*Check your Leave Eligibility

[Signature]
18/12/18**Principal/Director**

*Avoid Unplanned Leaves

Asuresh**PRINCIPAL**SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107 Tattiannaram (V),
GSI Bandlaguda Nacole, Hvd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE → Guntur - to attend marriage

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / CC Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Shameem

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

B. Srinivas

Signature of the HOD

*Check your Leave Eligibility

17.12.18

Aswathy

Principal/Director

*Avoid Unplanned Leaves

Aswathy

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
150/5, Sy.No.10/ Tattiannaram (V),
G.S.I. Bandlaguda, Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT


ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

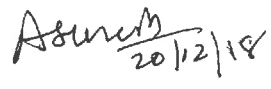
TYPE OF LEAVE Casual Leave ()/Earned ()/Sick ()/Half pay /CC Leave ()/Any Other ()


For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____


Signature of the Staff member
* Sanction of leave subject to the alternative arrangement


Signature of the HOD
*Check your Leave Eligibility


Principal/Director
*Avoid Unplanned Leaves


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-59/5, Sy.No.10/ Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME

DESIGNATION

DEPARTMENT

ON/FROM

TO

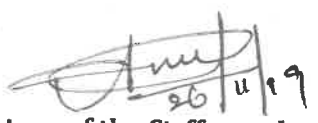
TOTAL NO. OF DAYS

PURPOSE OF LEAVE

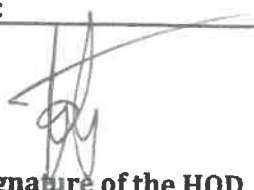
TYPE OF LEAVE Casual Leave / Earned () / Sick () / Half pay () / CC Leave () / Any Other ()

For Office use only

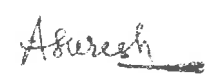
Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____


26/11/19

Signature of the Staff member
* Sanction of leave subject to the alternative arrangement



Signature of the HOD
*Check your Leave Eligibility



Principal/Director
*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V),
RST Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves: Balance Leaves: _____ Signature of Admin. Asst.: _____

P. Sri Pallavi
Signature of the Staff member
* Sanction of leave subject to the alternative arrangement

[Signature]
Signature of the HOD
*Check your Leave Eligibility

Asuresh
Principal/Director
*Avoid Unplanned Leaves

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107 Tattiannaram (V),
G.S.I. Bandlaguda, Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

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NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves:

Balance Leaves:

Signature of Admin. Asst.:

D. Reddy
Signature of the Staff member
* Sanction of leave subject to the alternative arrangement

[Signature]
27/11/19
Signature of the HOD
*Check your Leave Eligibility

[Signature]
Principal/Director
*Avoid Unplanned Leaves

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
9-39, Sy.No.107/ Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68.



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For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Signature of the Staff member
* Sanction of leave subject to the alternative arrangement

Signature of the HOD
*Check your Leave Eligibility

Principal/Director
*Avoid Unplanned Leaves

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
G-50/5, Sy.No.10/ Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

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LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

A. O. R.

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

A. O. R.

Signature of the HOD

*Check your Leave Eligibility

Asuresh

Principal/Director

*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V).
GSI, Bandlaguda, Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No.107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID: 479

DATE 25/11/19

LEAVE APPLICATION FORM

NAME K.MADHUMANI

DESIGNATION Asst. prof

DEPARTMENT CSE

ON/FROM 25/11/19

TO 1/2 day

TOTAL NO. OF DAYS 1/2 day

PURPOSE OF LEAVE parent

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()

For Office use only

Total Leaves:

Balance Leaves:

Signature of Admin. Asst.:

[Signature]
25/11/19

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

[Signature]
25/11/19

Signature of the HOD

*Check your Leave Eligibility

[Signature]
25/11/19

Principal/Director

*Avoid Unplanned Leaves

[Signature]

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107 Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68.



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME

DESIGNATION

DEPARTMENT

ON/FROM

TO

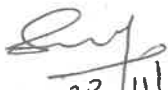
TOTAL NO. OF DAYS

PURPOSE OF LEAVE

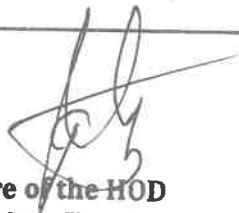
TYPE OF LEAVE Casual Leave /Earned ()/Sick ()/Half pay ()/C C Leave ()/Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____


23/11/19

Signature of the Staff member
* Sanction of leave subject to the alternative arrangement



Signature of the HOD
*Check your Leave Eligibility



Principal/Director
*Avoid Unplanned Leaves



PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107, Tattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68.



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave /Earned /Sick /Half pay /C C Leave /Any Other

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

B. Himakindu (A)
Signature of the Staff member
* Sanction of leave subject to the alternative arrangement

[Signature]
Signature of the HOD
*Check your Leave Eligibility

Asuresh
Principal/Director
*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107 Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave /Earned ()/Sick ()/Half pay ()/C C Leave ()/Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

[Signature]
Signature of the Staff member
 * Sanction of leave subject to the alternative arrangement

[Signature]
Signature of the HOD
 *Check your Leave Eligibility

[Signature]
Principal/Director
 *Avoid Unplanned Leaves

[Signature]
PRINCIPAL
 SREYAS INSTITUTE OF ENGG.&TECH.
 2-50/5, Sy.No.10/ Tattiannaram (V),
 GSI, Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS


PURPOSE OF LEAVE


TYPE OF LEAVE Casual Leave ()/Earned ()/Sick ()/Half pay ()/CC Leave ()/Any Other ()


For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____


Signature of the Staff member
* Sanction of leave subject to the alternative arrangement


Signature of the HOD
*Check your Leave Eligibility


Principal/Director
*Avoid Unplanned Leaves


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
9, Sy.No.107, Tattiannaram (V),
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Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / CC Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

Swathi

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

[Signature]

Signature of the HOD

*Check your Leave Eligibility

Asuresh

Principal/Director

*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
9-50/5, Sy.No.107, Tattiannaram (V),
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Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO: TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave ()/Earned ()/Sick ()/Half pay ()/C C Leave ()/Any Other()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

K. Madhura
25/11/19

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

[Signature]
25/11/19

Signature of the HOD

*Check your Leave Eligibility

Asuresh
25/11/19

Principal/Director

*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
9-39/5, Sy.No.107/ Tattiannaram (V),
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Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID: 291019 379

DATE 22-11-19

LEAVE APPLICATION FORM

NAME N. Ramya DESIGNATION ASST. PROF DEPARTMENT CSE

ON/FROM 23-11-19 TO — TOTAL NO. OF DAYS 1 day

PURPOSE OF LEAVE Personal

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / CC Leave () / Any Other ()

For Office use only

Total Leaves: _____ Balance Leaves: _____ Signature of Admin. Asst.: _____

1/24/22/11/19

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

[Signature]

Signature of the HOD

*Check your Leave Eligibility

[Signature]

Principal/Director

*Avoid Unplanned Leaves

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V).
G.S.I. Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V); G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / CC Leave () / Any Other ()

For Office use only

Total Leaves:

Balance Leaves:

Signature of Admin. Asst.:


Signature of the Staff member


* Sanction of leave subject to the alternative arrangement


Signature of the HOD

*Check your Leave Eligibility


Principal/Director

*Avoid Unplanned Leaves


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V),
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Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

EMP ID:

DATE

LEAVE APPLICATION FORM

NAME DESIGNATION DEPARTMENT

ON/FROM TO TOTAL NO. OF DAYS

PURPOSE OF LEAVE

TYPE OF LEAVE Casual Leave /Earned /Sick /Half pay /C C Leave /Any Other

For Office use only

Total Leaves:

Balance Leaves:

Signature of Admin. Asst.:


Signature of the Staff member

* Sanction of leave subject to the alternative arrangement


Signature of the HOD

*Check your Leave Eligibility


Principal/Director

*Avoid Unplanned Leaves



PRINCIPAL
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2-50/5, Sy.No.107 Tattiannaram (V),
GSI Bandlaguda Nagole, Hyd-68



SREYAS INSTITUTE OF ENGINEERING & TECHNOLOGY

Beside Indu Aranya, Nagole, Hyderabad - 500 068

On Duty Application Form

Date: 20/Dec/18

Name of the Staff Member : G. prabharathi
Designation : Asst prof
Department : HBE
Date of on Duty : From: 21, 22 & 24th To: 21/12/18 - 24/12/18
No. of Days : 3 days
Purpose : Paper Evaluation at INTUIT
CLASS WORK ADJUSTMENT

Date	Name of the Substitute	Class work	Signature
	— NO CLASS WORK —		

Signature of the Staff Member: *G.P.*
Signature of the HOD: *[Signature]* 20/12/18
Principal/Director: *[Signature]* 20/Dec/18

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattianaram (V)
GSI, Bandlaguda, Nagole, Hyd-68



SREYAS INSTITUTE OF ENGINEERING & TECHNOLOGY

Beside Indu Aranya, Nagole, Hyderabad - 500 068

On Duty Application Form

Date : 20-12-2018

Name of the Staff Member : Dy. S. Sudhakar Reddy
Designation : Associate Prof.
Department : H & S
Date of on Duty : From : 19-12-2018 To : -
No. of Days : 1
Purpose : JNTU - Ratification

CLASS WORK ADJUSTMENT

Date	Name of the Substitute	Class work	Signature
		No classes	

Signature of the Staff Member

Signature of the HOD

Principal/Director

Asuresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68



SREYAS INSTITUTE OF ENGINEERING & TECHNOLOGY

Beside Indu Aranya, Nagole, Hyderabad - 500 068

On Duty Application Form

Date: 20/12/18

Name of the Staff Member

P. BANU

Designation

Asst Prof.

Department

HR&S

Date of on Duty

From: 19/12/18 To: _____

No. of Days

1

Purpose

JNTUH - Ratification
CLASS WORK ADJUSTMENT

Date	Name of the Substitute	Class work	Signature

Signature of the Staff Member

P. Banu
20/12/18

Signature of the HOD

[Signature]
20/12/18

Principal/Director

[Signature]

Asuresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V).
GSI, Bandlaguda Nagole, Hyd-68

ANNEXURE-I

COLLEGE NAME: *Sreyas Instt. of Engg. & Technology*
(Affiliated to JNTUH)

CODE: VE

Proceeding No:

Date: 19/12/2018

Minutes of the Selection Committee Meeting held on: 19/12/2018

at: 2:30 p.m.

Post : Assistant Professor *of English*

Department : H & S

Scale of Pay :

S. No	Name of the Faculty	Faculty Portal Reg. Number	PAN Number	UG Branch	PG Branch	Years of Experience
1	<i>Dr. Sangeetha Mehra</i>	<i>1004-180820</i>	<i>AJRPM</i>	<i>B.A.</i>	<i>M.A.</i>	<i>-</i>
		<i>-191254</i>	<i>71710V</i>		<i>Ph.D.</i>	

S.No	Role	Name	Signature
1.	Chairperson	: A. Vrindavan Reddy	<i>A. Vrindavan Reddy</i>
2.	Principal	: Dr. Suresh Akhela	<i>Dr. Suresh Akhela</i>
3.	University Nominee 1	: Dr. NVSN Lakshmi	<i>Dr. NVSN Lakshmi</i>
4.	University Nominee 2	: Dr. C. Pushpa Ramakrishna	<i>Dr. C. Pushpa Ramakrishna</i>
5.	Expert 1	: <i>P. Sharma</i>	<i>P. Sharma</i>
6.	Expert 2	:	
7.	SC/ST/OBC/Women/ Differently Abled if any	:	

Note: The responsibility of verification of eligibility of the applied candidates as per AICTE/PCI norms and genuinity of their certificates solely lies with the respective College / Institute.

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V).
GSI, Bandlaguna Nagole, Hyd-68.



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date: 24/12/18

Name of the Staff Member : T. Ranjith Kumar
Designation : Asst. prof
Department : CE
Date of on Duty : From: 27/12/18 To: 29/12/18
No. of Days : 03
Purpose : spot valuation

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature

T. Ranjith Kumar
Signature of the Staff Member

T. Ranjith Kumar
Signature of the HOD

Aswath
24/12/18
Principal / Director

Aswath

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107 Tattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68

Grants: "TECHNOLOGY"
Web: www.jntuh.ac.in



Phone: Off: +91-40-23156113
Fax: +91-40-23158668
E-Mail: denjntuh@gmail.com

JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD
(Established by Andhra Pradesh Act No. 30 of 2008)
Kukatpally, Hyderabad – 500 085, Telangana (India)

Evaluator Relieving Order

Dr. V.KAMAKSHI PRASAD
M. Tech., Ph.D. (IT-M), F.I.L., MIEEE, MCS, LAMSTE
Professor of Computer Science Engineering. &
DIRECTOR OF EVALUATION

Dated: 29-12-2018

To

The Principal,

Affiliated colleges of JNTUH offering B. Tech/ B.Pharm/ M.Tech /M.Pharm/ MBA/MCA Courses.

Sir/Madam,

Sub: Spot valuation at JNTUH- Relieving order- Reg

Thank you for your kind co-operation for deputing your staff member

Mr./Mrs T.Ranjith Kumar

for spot valuation at JNTUH, worked on the following days 18, 19, 20, 21, 27, 28, & 29-12-2018

And relieved on 29-12-2018

Thanking You

Note: She/he has to report for scrutiny correction if any.

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH
2-50/5, Sy.No.10/ Fattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68

Yours sincerely,

Hepramo

Director of Evaluation



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date: 18.12.18

Name of the Staff Member : *Dr. Pulam*
Designation : *Asst Professor*
Department : *Mechanical*
Date of on Duty : From: *19.12.18* To: _____
No. of Days : *1 (one) day*
Purpose : *to conduct lab external exam at VCE*

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
	<i>no class work</i>		

Dr. Pulam
Signature of the Staff Member

[Signature]
Signature of the HOD

Asuresh
Principal / Director
15/12/18

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
9-39/5, Sy.No.107 Tattiannaram (V),
G.S.I. Bandlaguda Nagole, Hyd-68.



SREYAS INSTITUTE OF ENGINEERING & TECHNOLOGY

Beside Indu Aranya, Nagole, Hyderabad - 500 068

On Duty Application Form

Date: 20/12/18

Name of the Staff Member : Md. Naseeruddin
Designation : Asst prof
Department : HES
Date of on Duty : From: 20/12/18 To: _____
No. of Days : 01
Purpose : Spot evaluation. → GNIT
CLASS WORK ADJUSTMENT

Date	Name of the Substitute	Class work	Signature
	—	—	

Signature of the Staff Member

Signature of the HOD

Principal/Director

Asuresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V),
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On Duty Application Form

Date: 20/12/2018

Name of the Staff Member : T. Suman
Designation : Asst. Professor
Department : ECE
Date of on Duty : From: 21-12-2018 To: 28-12-2018
No. of Days : 07
Purpose : JNTU Spot Evaluation
CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature

Signature of the Staff Member

Signature of the HOD

Principal / Director

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107 Tattiannaram (V).
G.S.I. Bandlaguda Nareole, Hyd-68



SREYAS INSTITUTE OF ENGINEERING & TECHNOLOGY

Beside Indu Aranya, Nagole, Hyderabad - 500 068

On Duty Application Form

Date: 20/Dec/15

Name of the Staff Member : G. prabharathi
Designation : Asst prof
Department : HBE
Date of on Duty : From: 21, 22 & 24th To: 21/12/15 - 24/12/15
No. of Days : 3 days
Purpose : Paper Evaluation at INTUIT
CLASS WORK ADJUSTMENT

Date	Name of the Substitute	Class work	Signature
	— NO CLASS WORK —		

G.P.
Signature of the Staff Member

Jany 20/12/15
Signature of the HOD

Asuresh
20/Dec/15
Principal/Director

Asuresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V).
GSI, Bandlaguda Nagole, Hvd-68



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9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date : 27/11/18

Name of the Staff Member : B. Amaraman Reddy
Designation : ASSOC. Prof.
Department : ELE
Date of on Duty : From : 26/11/18 To : —
No. of Days : 01
Purpose : LAB EXTENSION

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
	—		

Signature of the Staff Member

Signature of the HOD

Principal / Director

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107 Tattiannaram (V).
GSI, Bandlaguda, Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date: 29/11/19

Name of the Staff Member : *V. Swathi*
Designation : *Asst. Professor*
Department : *ECE*
Date of on Duty : From: *30/11/19* To: _____
No. of Days : _____
Purpose : *lab external*
CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature

[Signature]
Signature of the Staff Member *29/11/19*

R. Srinivas

Signature of the HOD

[Signature]

Principal / Director

Sub: Relieving order for conducting R.T.

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH
2-50/5, Sy.No.10/ Tattiannaram (V).
G.S.I. Bandlaguda Nagole. Hydr-58

EMP ID : 478



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date : 29/11/19

Name of the Staff Member : KIMADHURAVANI
Designation : Asst professor
Department : CSE
Date of on Duty : From : 30/11/19 To : 30/11/19
No. of Days : one day
Purpose : Lab External at BRECW

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
	NO CW		

Kimadhu
29/11/19
Signature of the Staff Member

M. Devis
Signature of the HOD

Asuresh
Principal / Director

Sub: Relieving order for conducting B.Tech External Laboratory Examinations - Reg -

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107/ Tattiannaram (V)
G.S.I. Bandlaguda Narsingi, Hyd-68



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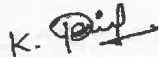
On Duty Application Form

Date: 29/11/19

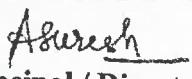
Name of the Staff Member : K. Priyanka
Designation : Asst. professor
Department : civil
Date of on Duty : From : 30/11/19 To : 30/11/19
No. of Days : 01
Purpose : Lab external

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature


Signature of the Staff Member


Signature of the HOD


Principal / Director

Sub: Relieving order for conducting B.Tech External Laboratory Examinations – Reg – Reg.


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9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date: 26/11/19

Name of the Staff Member : P. Chaitanya ✓
Designation : Asst prof.
Department : ECE
Date of on Duty : From: 29/11/19 To: _____
No. of Days : _____
Purpose : External Examines
CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
	← No class works →		

Signature of the Staff Member: *P. Chaitanya*
Signature of the HOD: *R. Jayaram*
Principal / Director: *Asuresh*

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
9-39/5, Sy.No.107 Tattiannaram (V),
G.S.I. Bandlaguda Nagole, Hyd-500068



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date: 27/11/2019

Name of the Staff Member : K. V. Murthy
Designation : Asst. Professor
Department : Mechanical
Date of on Duty : From: 29/11/2019 To: 29/11/2019
No. of Days : one day
Purpose : Lab External Examination (JEC College) CAD/CAM Lab
CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
		No class work	

Signature of the Staff Member

Signature of the HOD

Signature of the Principal / Director

Asuresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
9-39/5, Sy.No.107 Tattiannaram (V),
Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

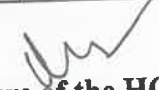
On Duty Application Form

Date: 27.11.19


Name of the Staff Member : B. Sandeep
Designation : Assistant Prof
Department : Mechanical
Date of on Duty : From : 29.11.19 To : 29.11.19
No. of Days : 01
Purpose : Lab external [ICS Lab]
CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
29.11.19	-	No class work.	


Signature of the Staff Member


Signature of the HOD


Principal / Director


PRINCIPAL
REYAS INSTITUTE OF ENGG.&TECH.
50/5, Sy.No.10/ Tattiannaram (V).
G.S.I. Bandlaguda Nagole, Hyd-68



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

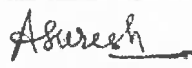
Date: 28/11/2019

Name of the Staff Member : P. Jayaraj
Designation : Asst. Prof
Department : CSE
Date of on Duty : From: 29/11/2019 To: 30/11/2019
No. of Days : 02 days
Purpose : LAB, EXTERNAL
CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature


Signature of the Staff Member


Signature of the HOD


Principal / Director

Sir,


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V).
SI Bandlaguda Nandole, Hvd-68



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form


Date: 28/11/19


Name of the Staff Member : Dr. V. Goutham
Designation : prof & HOD
Department : CSE
Date of on Duty : From: 29/11/19 To: 30/11/19
No. of Days : 02
Purpose : mini project viva voce.

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature


Signature of the Staff Member


Signature of the HOD


Principal / Director

Sub: Department


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH
2-50/5, Sy.No.10/ Tattiannaram (V).
G.S.I. Bandlaguda Nandole. Hyd-68



Sreyas Institute of Engineering and Technology
9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date: 28/11/2019

Name of the Staff Member : N. Divyasham
Designation : Asst. prof
Department : CSE
Date of on Duty : From: 29-11-2019 To: 29-11-2019
No. of Days : 01
Purpose : Mini project viva-voce External

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
29/11/2019	Mr. K. Nagesh Kumar	Dept. Exam branch	

Signature of the Staff Member

Signature of the HOD

Principal / Director

Name of the Course
B.Tech(CE)

M. VENU GOPAL

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH
50/5, Sy.No.10/ Tattiannaram (V)
Bandlaguda Nagole. Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

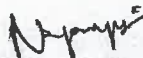
On Duty Application Form


Date: 28/11/19


Name of the Staff Member : Dr. R. Nagaraju
Designation : Assoc. prof
Department : CSE
Date of on Duty : From : 29/11/19 To : 29/11/19
No. of Days : 01
Purpose : Lab external examiner - Raji Reddy Enjg. College, Hyd.

CLASS WORK ADJUSTMENT


Date	Name of the Adjusted Staff	Class Work	Signature


Signature of the Staff Member


Signature of the HOD


Principal / Director

Sub: Believing...


PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH
2-50/5, Sy.No.107 Tattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68



Sreyas Institute of Engineering and Technology

9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Hyderabad - 500 068.

On Duty Application Form

Date: 29.11.19

Name of the Staff Member : K. Mahesh
Designation : Asst. Prof.
Department : ECE
Date of on Duty : From: 29.11.19 To: _____
No. of Days : 01
Purpose : External lab NARC

CLASSWORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
	no	class work	

K. Mahesh
29/11/19
Signature of the Staff Member

[Signature]
Signature of the HOD

[Signature]
Principal / Director

or,

Sub: Relieving order for conducting B Tech External Laboratory Examinations

Asuresh

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SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Tattiannaram (V).
GSI, Bandlaguda Nagole, Hyd-68



Sreyas Institute Of Engineering And Technology
Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

Date 12/12/19

VACATION APPLICATION FORM

NAME K. Somali Swaseop DESIGNATION Asst. professor DEPARTMENT ECE

FROM 26/10/19 TO 1/11/19 TOTAL No of DAYS 7 (one week)

DURING THE VACATION ADDRESS H No: 502, Jubilee Heights, Alkapuri, Hyderabad

CONTACT No's
1. 8500956679 2. 8309024129

K. Somali Swaseop
Sign. of the Staff

[Signature]
IQAC Director

[Signature]
HOD
12/12/19



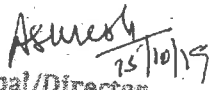
[Signature]
Principal/Director

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68



Beside Indu Aranya, CSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	359	VACATION APPLICATION FORM		Date	15/10/19
NAME	G. Sravan Kumar	DESIGNATION	Asst Prof	DEPARTMENT	CSE
FROM	16/10/19	TO	18/10/19	TOTAL NO. OF DAYS	03 days
DURING THE VACATION CONTACT NO.s	9441926953 / 9849884862				
 Sign. of the Staff	Exam. Branch	 HOD		 Principal/Director	

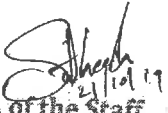


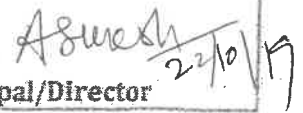
Asuresh

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2-50/5, Sy.No.10/ Fattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	<input type="text" value="593"/>	Date <input type="text" value="21/10/2019"/>			
VACATION APPLICATION FORM					
NAME	<input type="text" value="RAPLU SATHEESH"/>	DESIGNATION	<input type="text" value="ASS. PROF"/>	DEPARTMENT	<input type="text" value="CSE"/>
FROM	<input type="text" value="14/10/2019"/>	TO	<input type="text" value="18/10/2019"/>	TOTAL NO. OF DAYS	<input type="text" value="05"/>
DURING THE VACATION CONTACT NO.s	<input type="text" value="9182625919 (Mother's health problem)"/>				
 21/10/19 Sign. of the Staff	 21/10/2019 Exam. Branch	 HOD	 22/10/19 Principal/Director		

Asuresh

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SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V),
GSI Bandlaguda Nagole, Hyd-68



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500063

EMP ID	<input type="text"/>	VACATION APPLICATION FORM		Date	25-9-19
NAME	M. VISWESWARARAO	DESIGNATION	Accountant	DEPARTMENT	Accounts
FROM	16.9.19, 18.9.19	TO	23.9.19	TOTAL NO. OF DAYS	7 days
DURING THE VACATION CONTACT NO.s	9490753876				
Sign. of the Staff	Exam. Branch	HOD	Asuresh Principal/Director 26/9/19		




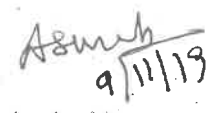
Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
50/5, Sy.No.10/ Fattiannaram (V),
Bandlaguda Nagole, Hyd-68.



3rd

Beside Indu Aranya, CSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	379	VACATION APPLICATION FORM		Date:	11-9-2019
NAME	N. Romya	DESIGNATION	Asst. Prof	DEPARTMENT	CSE
FROM	13-9-19	TO	14-9-19	TOTAL NO. OF DAYS	2
DURING THE VACATION CONTACT NO.s	8688006821				
 11/9/19	 11/9/2019	 11/9/19	 9/11/19		
Sign. of the Staff	Exam. Branch	HOD	Principal/Director		

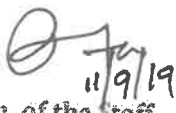


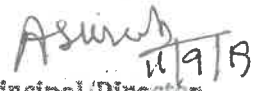
Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
50/5, Sy.No.10/ Fattiannaram (V),
Bandlaguda Nagole, Hyd-68

C88-W



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	569	Date	11/9/19
VACATION APPLICATION FORM			
NAME	K. RAmYA Laxmi	DESIGNATION	Asst. prof
		DEPARTMENT	CSE
FROM	13/9/19	TO	14/9/19
		TOTAL NO. OF DAYS	2
DURING THE VACATION CONTACT NO.s	8142548912		
 11/9/19 Sign. of the Staff	 11/9/19 Exam. Branch	 HOD	 11/9/19 Principal/Director

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
Plot No. 5, Sy.No.107 Fattiannaram (V),
GSI Bandlaguda Nagole, Hyd-68.



Beside Indu Aranya, CSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	<u>460</u>	VACATION APPLICATION FORM		Date	<u>31/8/19</u>
NAME	<u>C. Venan</u>	DESIGNATION	<u>Asst prof</u>	DEPARTMENT	<u>AE</u>
FROM	<u>3/9/19</u>	TO	<u>5/9/19</u>	TOTAL NO. OF DAYS	<u>3 Days</u>
DURING THE VACATION CONTACT NO.s	<u>9032377478</u>				
Sign. of the Staff	Exam. Branch	HOD	<u>3/9/19</u>	Principal/Director	<u>Asuresh</u> <u>3/9/19</u>

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
50/5, Sy.No.10/ Fathimaram (V),
CSI, Bandlaguda, Nagole, Hyd-68.



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

BEE

EMP ID	449		Date	8-09-2019	
VACATION APPLICATION FORM					
NAME	S. SUBRAHMANYAM		DESIGNATION	Asst. prof	
			DEPARTMENT	E. C. E	
FROM	31-08-2019		TO	6-09-2019	
			TOTAL NO. OF DAYS	7 days	
DURING THE VACATION CONTACT NO.s	7396814980				
Sign. of the Staff	Exam. Branch	HOD	Principal/Director		

8/9/2019

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
Plot No. 10, Tattianaram (V),
GSI, Bandlaguda Nagole, Hyd-68.



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	043	VACATION APPLICATION FORM		Date	31/7/19	
NAME	Ch. S.V. Maruthi Rao	DESIGNATION	Assoc. Prof	DEPARTMENT	ECE	
FROM	9/7/19 (1/2 day)	20/7/19 (1/2 day)	23/7/19 (1/2 day)	12/7/19 (1/2 day)	TOTAL NO. OF DAYS	2
DURING THE VACATION CONTACT NO.s		9177656868				
Sign. of the Staff	Exam. Branch	HOD	Principal/Director			

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V).
GSI, Bandlaguda Nagole, Hyd-68



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	566	VACATION APPLICATION FORM		Date	31/07/19
NAME	V. Swathi	DESIGNATION	Asst Prof	DEPARTMENT	ECE
FROM	15/07/19	TO	18/07/19	TOTAL NO. OF DAYS	4
DURING THE VACATION CONTACT NO.s	9032 75 85 83				
Sign. of the Staff	Exam. Branch	HOD	Principal/Director		





Asuresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
10/5, Sy.No.107, Fattianharam (V),
5th Bandlaguda Nagole, Hyd-68



Beside Indu Aranya, CSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	<u>567</u>	Date	<u>01/08/19</u>		
VACATION APPLICATION FORM					
NAME	<u>Dr-M. Prustotham</u>	DESIGNATION	<u>professor</u>	DEPARTMENT	<u>C&E</u>
FROM	<u>01-08-19, Aftn</u>	TO	<u>03/08/19</u>	TOTAL NO. OF DAYS	<u>3</u> 2 1 days
DURING THE VACATION CONTACT NO.s	<u>7661077153</u>				
 Sig. of the Staff	 Exam. Branch	 HOD	 Principal/Director		

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V),
CSI Bandlaguda Nagole, Hyd-68



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068




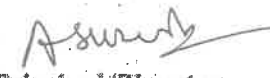
EMP ID	043	VACATION APPLICATION FORM		Date	31/7/19
NAME	Ch.S.V. Maruthi Rao	DESIGNATION	Asoc. Prof	DEPARTMENT	ECE
FROM	15-7-19	TO	18-7-19	TOTAL NO. OF DAYS	4 days
DURING THE VACATION CONTACT NO.s	9177656868				
Sign. of the Staff	Exam. Branch	HOD	Principal/Director		

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68.



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	300	Date	31/7/19		
VACATION APPLICATION FORM					
NAME	A. SOWJANYA	DESIGNATION	ASST. PROFESSOR	DEPARTMENT	ECE
FROM	15/7/19	TO	18/7/19	TOTAL NO. OF DAYS	4
DURING THE VACATION CONTACT NO.s	9160477897, 8096674291				
 Sign. of the Staff	 Exam. Branch	 HOD	 Principal/Director		

Asuresh

PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

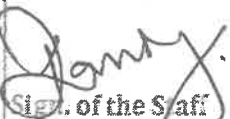

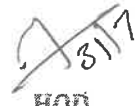

EMP ID	032	Date	15/7/19
VACATION APPLICATION FORM			
NAME	Md. Nazeeruddin	DESIGNATION	Asst prof
DEPARTMENT	H&S		
FROM	1/7/19	TO	5/7/19 (1/2)
	9/7/19		11/7/19 (1/2)
	20/7/19 (1/2)		22/7/19 (1/2)
DURING THE VACATION CONTACT NO.S	9652122738		
Sign. of the Staff	Exam. Branch	HOD	Principal/Director

Asuresh

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SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.107, Tattiannaram (V),
GSI, Bandlaguda, Nagole, Hyd-68



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068

EMP ID	<input type="text" value="73"/>	VACATION APPLICATION FORM		Date	<input type="text" value="31/07/19"/>
NAME	<input type="text" value="N. RAMESH"/>	DESIGNATION	<input type="text" value="Asso. Prof"/>	DEPARTMENT	<input type="text" value="ECE"/>
FROM	<input type="text" value="23/07/19"/>	TO	<input type="text" value="-"/>	TOTAL NO. OF DAYS	<input type="text" value="01"/>
DURING THE VACATION CONTACT NO.s		<input type="text" value="8886299922"/>			
 Suff. of the Staff	 Exam. Branch	 HOD	 Principal/Director		

Asuresh

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68

Date: 1st December 2018

From

B HIMABINDU,
Assistant Professor,
SIET.

To

The principal,
SIET,
Nagole Bandlaguda.

Subject: Re-joining report to the duty after availing of Maternity Leave – Reg

Dear Sir, this is report to the duty at SIET after availing of Maternity Leave from 1st July 2018 to 30th November 2018. Kindly permit me to re-join the duty.

Thanking you.

Regards

Yours obediently,

B HIMABINDU, (B Himabindu (A))
Assistant Professor,

H & S Dept,

SIET.

5/12/18

DR
Asuresh

Asuresh

SIET
SIET INSTITUTE OF ENGG. & TECH.
D.No. 9-39, Beside Indu Aranya,
Bandlaguda, T. Ttinnaram, Hyderabad-68



**STATEMENT SHOWING SALARIES FOR THE MONTH OF AUGUST - 2018 (TEACHING & NON-TEACHING STAFF)
H & S DEPARTMENT**

Total no of days in the month: 31

Actual no of working days: 22

S. No.	NAME OF THE STAFF	DESIGNATION	DOJ	BASIC PAY	DA	HRA	CCA	OTHERS	GROSS SALARY	PER DAY	NO.OF DAYS PRESE	NO.OF DAYS LOPS	DEDUCTI ONS	PT	TDS	TOTAL DEDUCTIO NS	NET SALARY
1	Prof P N MURTHY	PROFESSOR	7/10/2012	47400	4740	14220	0	0	66,360.00	2,212	0.0	30.0	66,360	0	0	66,360	0
2	Dr K AVINASH	PROFESSOR	10/7/2013	47400	4740	14220	0	0	66,360.00	2,212	0.0	30.0	66,360	0	0	66,360	0
3	Dr T HARIPRIYA	ASSOC.PROF	1/7/2011	32670	3267	9801	0	0	45,738.00	1,525	30.0	0.0	0	200	0	200	45,538
4	Dr B SURESH BABU	ASSOC.PROF	14/09/2012	32670	3267	9801	0	0	45,738.00	1,525	30.0	0.0	0	200	0	200	45,538
5	Mr K SANTOSH	ASST.PROF	27/07/2013	25490	2549	7647	0	0	35,686.00	1,190	30.0	0.0	0	200	0	200	35,486
6	Mr K SHIVARAM REDDY	ASST.PROF	1/10/2013	32650	3265	9795	0	0	45,710.00	1,524	30.0	0.0	0	200	0	200	45,510
7	Mr CH VASAVI	ASST.PROF	1/10/2015	28050	2805	8415	0	730	40,000.00	1,333	30.0	0.0	0	200	0	200	39,800
8	Mr O ANIL KUMAR	ASST.PROF	7/9/2016	21600	2160	6480	0	0	30,240.00	1,008	27.5	2.5	2,520	200	0	2,720	27,520
9	Mrs CHLESTINA	ASST.PROF	10/7/2017	21600	2160	5240	0	0	29,000.00	967	30.0	0.0	0	200	0	200	28,800
10	Mr B VIDYA SAGAR	ASST.PROF	10/7/2017	21600	2160	5240	0	0	29,000.00	967	30.0	0.0	0	200	0	200	28,800
11	Dr SANGEETHADEVI MEHRA	ASSOC.PROF	3/8/2018	35790	3579	10631	0	0	50,000.00	1,667	21.0	9.0	15,000	200	0	15,200	34,800
12	Mrs P BANU	ASSOC.PROF	9/10/2011	32670	3267	9801	0	0	45,738.00	1,525	28.5	1.5	2,287	200	0	2,487	43,251
13	Mrs M SHEETAL REDDY	ASST.PROF	10/12/2013	25490	2549	7647	0	5064	40,750.00	1,358	21.0	9.0	12,225	200	0	12,425	28,325
14	Ms D JYOSHNA	ASST.PROF	8/2/2017	21600	2160	6480	0	0	30,240.00	1,008	29.0	1.0	1,008	200	0	1,208	29,032
15	Mrs G KAVITHA	ASST.PROF	20/7/2017	21600	2160	5240	0	0	29,000.00	967	30.0	0.0	0	200	0	200	28,800
16	Mr G SIDDHANTH	ASST.PROF	17/8/2017	21600	2160	6480	0	0	30,240.00	1,008	30.0	0.0	0	200	0	200	30,040
17	Mr MD NASEERUDDIN	ASST.PROF	21/10/2011	25490	2549	7647	0	814	36,500.00	1,217	30.0	0.0	0	200	0	200	36,300
18	Mr SOHAIL NIZAMUDDIN	ASST.PROF	12/1/2015	25490	2549	7647	0	0	35,686.00	1,190	29.5	0.5	595	200	0	795	34,891
19	Mr S RAMESH	ASST.PROF	30/11/2015	21600	2160	6480	0	0	30,240.00	1008	30.00	0.0	0	200	0	200	30,040
20	Mr P RAJU	ASST.PROF	31/12/2016	21600	2160	6480	0	0	30,240.00	1008	30.00	0.0	0	200	0	200	30,040
21	Mr B RAHUL OMPRAKASH	ASST.PROF	16/01/2017	21600	2160	6480	0	0	30,240.00	1,008	28.5	1.5	1,512	200	0	1,712	28,528
22	Dr S SUDHAKAR REDDY	ASSOC.PROF	2/9/2013	32670	3267	9801	0	0	45,738.00	1,525	28.6	1.5	2,211	200	0	2,411	43,354
23	Mrs B HIMA BINDU	ASST.PROF	18/08/2011	25490	2549	7647	0	0	35,686.00	1,190	26.1	3.9	4,675	200	0	4,875	30,822

Am

LET 1.00 19.12.14



S FORM IS SUPPLIED FREE OF COST

దరఖాస్తు ఫారము ఉచితముగా నరహరా చేయబడును

Grams : Bhavishyanidhi

Phone : 27564571-08

Telex No. : 0426-6641

Fax No. : 27561977

REGISTERED POST ACK. DUE

OFFICE OF THE REGIONAL PROVIDENT FUND COMMISSIONER
ANDHRA PRADESH, Bhavishyanidhi Bhavan, 3-4-763, Barkatpura, HYDERABAD-500 027.

No. AP/HY/73009/C-1/Enf/T-1/2012/3041

Dated. 30.11.2012

To
M/s. Sreyas Institute of Engg & Tech.
(Sreyas Educational Society)
Beside Indu Aranya, Nagole.
2.50/r, Sy No. 107, Tattianaram(V)
GSI Bandlaguda Hyd. 500068

Sir,

Sub: Applicability of Employees' Provident Funds & Miscellaneous Provisions Act, 1952 and the Schemes framed thereunder to

M/s. Sreyas Educational Society
Bandlaguda Hyd.

I. On the basis of particulars furnished by you on and on the basis of the inspection of the records of your establishment conducted by the Enforcement Officer Shri. B. Madhusudhana Chary on it is evident that:

a) Your establishment/factory viz. M/s. Sreyas Institute of Engg & Tech. Nagole Hyd.

is engaged in Educational Institution which is included in Schedule I/Classes of establishment in Employees' Provident Funds and Miscellaneous Provisions Act, 1952.

b) that the said establishment/factory has employed 24 persons on 1.9.2011

c) that it has completed the infancy period, [in terms of provisions of Sec.16(d) of the Employees' Provident Funds & Miscellaneous Provisions Act 1952] of 3 years on

therefore, the provisions of E.P.F. and Misc. Provisions Act, 1952 and the Schemes framed thereunder are applicable to your above named establishment/factory together with Head Office and its branches/departments whether situated at the same place or at different places with effect from 1.9.2011 subject to further verification of your records for the earlier period.

II. With reference to your application No. dated submitted for extension of E.P.F. & Misc. Provisions Act, 1952 under 1(4) of the said Act on a Voluntary basis a code number is hereby allotted to your establishment/factory namely M/s.

covering your establishment/factory with effect from 01.09.2011 pending issue of a notification

2. The code No. AP/HY/ 73009 is allotted to your establishment for the purpose of making compliance with various provisions of the E.P.F. & Misc. Provisions Act 1952, and the Schemes framed thereunder namely E.P.F. Scheme 1952, E.P.S. 1995 and Employees' Deposit Linked Insurance Scheme, 1976. This code No. should invariably be quoted in all the correspondence made with this office.

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Beside Indu Aranya,
Bandlaguda, Tattianaram, Hyderabad-68

The deposit in the above accounts, viz. 1, 2, 10, 21 and 22 are to be made by separate challans and triplicate copies of the challans as received from the Bank, should be forwarded to this office alongwith form No.12A (Revised) explained below.

7. You are required to maintain / forward the following returns :

- a) From No.9 under the E.P.F. Scheme 1952 and the schemes framed thereunder These are to be submitted to this office once in respect of those employees who are required or entitled to become members on the date of coverage of the schemes framed the establishment / factory under the Act.
- b) Form No.2 under the E.P.F. Scheme 1952 and the schemes framed thereunder These are to be obtained in duplicate from every EPF member for submission to this office.
- c) Form No.5-A This is to be submitted to this office in duplicate. Any subsequent change in ownership is also to be notified to this office through this form.
- d) Form No.3-A This is the contribution card of each member showing the contribution for 12 months. This is to be maintained at the factory/establishment in respect of every employee who is a member of EPF in which the contribution paid to the P.F. and F.P.F./E.P.F. are to be deposited every month.
- e) Form No.6-A This is the annual return showing the total contribution made during the year and is to be submitted to this office within 30 days of the close of the financial year, along with form 3-A (last contribution to be shown for February, payable in March of each year)
- f) Form No.12-A This is the monthly return showing the summary of monthly of the establishment / factory contribution and it is to be submitted to this office by 25th of every following month. Triplicate copies of the challans in support of the deposits made in the State Bank of India should be attached to this monthly return.
- g) Form No.5 & 10 These are the returns of employees who have become new members or who have left the service in the month. These returns are to be submitted to this office by the 15th of the following month, even when there is no change in staff position. In case of no change in the staff position "Nil" return should be submitted.

8. All the forms prescribed under the Employees' Provident Funds Scheme, 1952, the Employees' Family Pension Scheme 1971/ Employees' Pension Scheme, 1995, and the Employees' Deposit Linked Insurance of Scheme, 1976, are available in the P.F. Office and will be supplied free of cost on receipt of your indent. The specimen of forms are enclosed.

9. Regarding Family Pension Fund contribution, Employees' Pension contribution it should be separated from the Employees' Provident Fund contributions @ _____ and shown separately in the respective forms and remitted separately in Account No.10, from the month of _____ only.

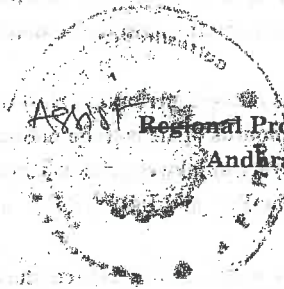
10. As regards E.P.F. and E.D.L.I. dues for the period from _____ to _____ the arrears should be remitted on or before _____.

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D.No. 9-39, Beside Indu Aranya,
Bandlaguda, Tattianaram, Hyderabad-68

11. In case, your employees as shown in Form 9 were already members of your establishments' Private Provident Fund at the commencement of the Scheme, the accumulations in the Provident Fund standing to their credit should be remitted into the State Bank of India to the credit of the E.P.F. Account No.1 through the prescribed challans and the triplicate copy of the challan should be sent to this office. All the amounts relating to the Provident Fund accumulations lying invested in securities should be transferred to the E.P.F. within four months by having the securities transferred to and endorsed in-favour of the Central Board of Trustees, Employees Provident Fund, and the Securities thus transferred should be sent to this Office. A note containing the instructions in the matter of transfer of these accumulations is enclosed. Cash on hand in relation to the accounts of the Private Provident Fund should be remitted into EPF A/c I within 30 days from the date of receipt of this communication, failing which damages at the prescribed rates will have to be paid by you on the delayed remittances made in cash after the due date.

12. The receipt of this letter along with its enclosures may kindly be acknowledged.



Regional Provident Fund Commissioner,
Andhra Pradesh, Hyderabad.

3/26
9c (R)
30/4/12 - 12/30/4/12

Encls :

1. Instructions regarding implementation of the Employees' Provident Funds Scheme 1952, Employees' Family Pension Scheme 1971, Employees' Pension Scheme 1995 and Employees' Deposit Linked Insurance Scheme 1976.
2. Instructions regarding allotment of Account Nos.
3. Instructions regarding transfer of previous Provident Fund Accumulations and transfer of securities.
4. Ready Reckoner for calculation of Provident Fund contributions, Family Pension/Employees Pension contributions and Deposit Linked Insurance Contributions.
5. Form 5A (in triplicate).

Copy to :

1. Shri/Smt. B. Madhu Sudhana Chary, Enforcement Officer for watching compliance.

He/She is requested to obtain Form 5-A in duplicate and the Banker's particulars and forwarded the same to the officer in respect of the establishment/factory immediately.

2. Accounts Branch (It is understood that this establishment/factory has/has no previous Provident Fund accumulation to transfer to E.P.F. This may please be noted in the contributions Register maintained in the Group with suitable remarks).

3. Inspection Branch Nagole Section, along with a set of coverage papers.

Note : No. of Employees 24 No. of Probable Subscribers, _____

For Regional Provident Fund Commissioner,
Andhra Pradesh, Hyderabad.



EMPLOYEE'S PROVIDENT FUND
ELECTRONIC CHALLAN CUM RETURN (ECR)

Name of Establishment	SREYAS EDUCATIONAL SOCIETY (SREYAS INSTITUTE OF ENGG & TECH)		
Establishment Id	APHYD0073009000	LIN	1796419915
Wage Month	MAY-2020	Return Month	JUN-2020
Contribution Rate (%)	12	ECR Type	ECR
Salary Disbursement Date	01-JUN-2020	Uploaded Date Time	08-JUN-2020 22:54
Exemption Status	Unexempted	TRRN Number	
Remarks	ok	ECR Id	44881246
Total Members	52		
Contribution and Remittance Details (In Rupees) :			
Total EPF Contribution Remitted	24,817	Total EPS Contribution Remitted	13,104
Total EPF-EPS Contribution Remitted	11,713	Total Refund Advance	0
PMRPY Upfront Benefit Details (In Rupees) :			
Total PMRPY Upfront EPF Amount	4,302	Total PMRPY Upfront EPS Amount	9,754
PMRPY benefit remarks	Establishment is eligible for PMRPY upfront benefit.		
PMGKY Benefit Details (In Rupees) :			
Total PMGKY benefit Amount	Employee EPF Share	Employer EPS Share	Employer EPF Share
	22,231	1,976	6,199
PMGKY benefit remarks	Upfront benefit rewarded.		

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PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH,
10/5, SVKM's 107, Fattannaram (V),
Sundarapuram, Marol, Hvd-69

EMPLOYEE'S PROVIDENT FUND ORGANISATION

ELECTRONIC CHALLAN CUM RETURN (ACKNOWLEDGEMENT)

Your ECR for the month **MAY-2020** for Establishment **APHYD0073009000** has been successfully uploaded
challan with Temporary Return Reference Number **1202006006091** has been generated on
08-JUN-2020 23:01

Please make Online payment against this challan. Online payment has been made mandatory vide notification dated 5th May 2015.

The provision regarding due date for remittance as per the scheme remains unchanged.

(This is a computer generated report and not requires to be signed)

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2-50/5, SY.No.10/ Pattannaram (V),
01 Gandhinagar, Madhav Nagar, Hyd-48



**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With
EMPLOYEES' PROVIDENT FUND ORGANISATION)**

TRRN 1202006006091

Establishment Code & Name APHYD0073009000 SREYAS EDUCATIONAL SOCIETY (SREYAS INSTITUTE OF Dues for the wage month of May 2020
Address : BESIDE INDU ARANYA 2-50/5, SY NO., 107 TATTIANNARAM(V), GSI, BANDLAGUDA, NAGOLE, HYDERABAD, TELANGANA

Total Subscribers : EPF 52 EPS 43 EDLI 52
Total Wages : 2,06,800 1,57,350 2,06,800

SL.	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
1	Administration Charges	0	1,034	0	0	0	1,034
2	Employer's Share Of	1,212	0	1,374	1,034	0	3,620
3	Employee's Share Of	2,586	0	0	0	0	2,586
Grand Total : Seven Thousand Two Hundred Forty Rupees Only							7,240

(This is a system generated challan on 08-JUN-2020 22:58, the particulars shown in this challan are populated from the Electronic Challan Cum Return (ECR) uploaded by the establishment for the specified month and year.

Note :- The following amounts are being remitted directly by Government of India on account of PMRPPY / PMGKY.

	PMRPPY	PMGKY
A) A/C no 1 (Employer share) (Rs.) -	4,302	6,199
B) A/C no 10 (Pension fund) (Rs.) -	9,754	1,976
C) A/C no 1 (Employee share) (Rs.) -	0	22,231
D) Total (A + B + C) (Rs.) -	14,056	30,406
E) Total remittance by Employer (Rs.) -	7,240	
F) Total amount of uploaded ECR (D + E) (51,702	



Aswathy



Regional Office
EMPLOYEES' STATE INSURANCE CORPORATION
5-9-23, HILLFORT ROAD, ADARSHNAGAR, HYDERABAD -
500063

C-11 Regd. with a.d.

To
M/s.Sreyas Institute of Enigneering and Technology
39, beside Indu Aranya, GSI, Thattiannaram,
Bandlaguda, Nagole, Hyderabad
500068

Dated : 30/03/2017

Sub : Implementation of the E.S.I. act, 1948 and Registration of Employees of the Factories and Establishments under Section 1(3)/1(5) of the ESI Act, as amended.

Dear Sir(s),

1. It is informed that under section 1(3) of the ESI Act, 1948 is applicable to all factories covered under the Act within the area where your factory is situated.
2. It is further informed that the appropriate Government has extended the provisions of the Act to other establishments Under Section 1(5) of the Act in this area
3. Under Section 2 A of the Act such a factory/establishment is required to register itself under the Act and Chapter IV thereof casts a responsibility on the principal employer thereof to get his employees registered and pay contributions in respect of these employees covered under the Act.
4. On the basis of the particulars in respect of your factory/establishment submitted by you/ on the basis of the report of the inspection conducted by the Social Security Officer, who inspected your establishment on -NA-, your establishment falls within the purview of Section 1(5) of the Act with effect from 01/03/2017. In case, however, subsequent facts reveal that your establishment was coverable from a date prior to the date mentioned above, you shall make yourself liable to comply with the provisions of the Act from such earlier date.
5. It is requested to take immediate steps for registration of your employees by submitting declaration forms online, payment of contribution, maintenance of records etc. from the date of coverage of your factory/establishment under the act.
6. You are also requested to submit employer's registration form (form 01) on line, as required under the provisions of sec.2-A of the ESI Act , 1948 read with regulation 10-B of the ESI(General), Regulations, 1950(only in case your Code No. is allotted as a result of Survey by a Social Security Officer of ESI Corporation).
7. For the sake of convenience your factory/establishment has been allotted code No **52000610140000606** which may kindly be used in all communications sent to this office and on all forms at the place indicated for the purpose. The Branch Office of the Corporation situated at **Beside HMT Overhead Water Tank, Jeedimetla** has been instructed to render necessary assistance to you in connection with registration of your employees. In case you find any difficulty or for any other purpose which may be necessary in connection with the Scheme you are requested to contact the Manager of the above Branch Office who will render necessary help in the matter.

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D.No. 9-39, Beside Indu Aranya,
Bandlaguda, Tattiannaram, Hyderabad-68

8. A State wise list of ESI Dispensaries is available on our website www.esic.nic.in under the link Directories which can be downloaded. It is requested that publicity may be given about the Employees' State Insurance Dispensaries to enable your employees to choose their E.S.I. Dispensaries

9. The Corporation officials would be pleased to give all necessary and possible guidance to you in discharging your duties and obligations under the ESI Act, 1948 and I am confident of prompt and timely compliance under the provisions of the ESI Act and Regulations on your part.

10. All the Branches of State Bank of India are authorized to accept the ESI Contribution.

11. The brochures/leaflets containing benefits available under the scheme and obligation of the employer etc are available on our website www.esic.nic.in under the link Publications which may be downloaded for wide publicity for the smooth functioning of the Scheme

12. Please indicate your Code No. on all correspondences to avoid delay

13. This is a computer generated letter and does not require any signature.

Yours faithfully,

Asstt./Dy. Director

Encl. : As state above

Copy for information and necessary action to:

Name of the principal employer : Ch Ravindranath

No. of employees : 265

ENSURE - TO INSURE ALL ELIGIBLE WORKERS WITH ESI FOR TOTAL SOCIAL SECURITY

Asuresh
PRINCIPAL
GREY'S INSTITUTE OF ENGG. & TECH
D.No. 9-39, Beside Indu Aranya,
Sandlauda, Tattianaram, Hyderabad-68



EMPLOYEES' STATE INSURANCE CORPORATION
e-Pehchan Card

Insured Person : **Kotha Suresh Rao**
Insurance No. : **5213176422**
Date of Registration : **30/03/2017**

YOUR REGISTRATION DETAILS

Employee Name:	Kotha Suresh Rao	Type of Disability :	None
Name of Father / Husband:	Kotha Subha Rao	Date of Birth :	01/01/1965
Marital Status :	Married	Gender :	Male
Present Address :	2-45/9, raghavendra nagar colony, thattiannaram, hayathnagar, ranga reddy, Dist:Hyderabad, Telangana, 500068	Permanent Address :	2-45/9, raghavendra nagar colony, thattiannaram, hayathnagar, ranga reddy, Dist:Hyderabad, Telangana, 500068
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID			
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/08/2019	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Engineering and Technology, Indu Aranya, GSI, Thattiannaram, Bandlaguda, Nagole, Hyderabad, Dist:Hyderabad Telangana 500068	Name of Employer :	None
Address of Employer :		Address of Employer :	None

8

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
K Premalatha	Spouse	01/01/1971		Yes	Telangana	Hyderabad

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
Kotha Premlatha	Spouse	100	2-45/9, raghavendra nagar colony, thattiannaram, hayathnagar, ranga reddy, Telangana Dist: Rangareddy 5000

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SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Thattiannaram (V),
GSI, Bandlaguda Nagole, Hyd-68

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : **9393421213**

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
e-Pehchan Card

Insured Person : **Vadepalli Padma**
Insurance No. : **5213176423**
Date of Registration : **30/03/2017**

YOUR REGISTRATION DETAILS

Employee Name:	Vadepalli Padma	Type of Disability :	None
Name of Father / Husband:	Vaddepalli Ram Reddy	Date of Birth :	25/05/1966
Marital Status :	Married	Gender :	Female
Present Address :	Plot no:34, Papaiahguda, RNR colony,Kuntloor (V), Hayathangar,ranga reddy,Dist:Rangareddy,Telangana,501505	Permanent Address :	Plot no:34, Papaiahguda, RNR colony,Kuntloor (V), Hayathangar,ranga reddy,Dist:Rangareddy, Telangana,501505
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID	HSNG.0000264187		
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/08/2019	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Engineering and Technology,Indu Aranya, GSI, Thattiannaram, Bandlaguda, Nagole, Hyderabad,Dist:Hyderabad,Telangana500068	Name of Employer :	None
Address of Employer :		Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
Vaddepalli Ram Reddy	Spouse	18/06/1951	HSNG.0000264184	Yes	Telangana	Rangareddy

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
Vaddepalli Ram Reddy	Spouse	100	Plot no:24, H No: 4-165, papaiahguda,,Kuntloor (v) , Hayathnagar,ranga reddy, TelanganaDist:Rangareddy5015

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SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Thattiannaram (V),
GSI, Bandlaguda Nagole, Hyd 50

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : 9948960866

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
e-Pehchan Card

Insured Person : **E Samakka**
Insurance No. : **5213176424**
Date of Registration : **30/03/2017**

YOUR REGISTRATION DETAILS

Employee Name:	E Samakka	Type of Disability :	None
Name of Father / Husband:	E Venkataiah Late	Date of Birth :	20/06/1970
Marital Status :	Widow	Gender :	Female
Present Address :	2-55, Thattiannaram, Hayathangar,Ranaga Reddy,Dist:Rangareddy,Telangana,501505	Permanent Address :	2-55, Thattiannaram, Hayathangar,Ranaga Reddy,Dist:Rangareddy,Telangana,501505
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID			
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/09/2011	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Engineering and Technology,Indu Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole, Hyderabad,Dist:Hyderabad,Telangana500068	Name of Employer :	None
Address of Employer :		Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
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Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
E Ilesh	DEPENDANT SON- RECEIVING EDUCATION	100	Thattikana, Thattinannram,Hayathnagar,Telangana Dist:Rangareddy501505

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SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Thattiannaram (V),
GSI, Bandlaguda Nagole, Hvtl.68

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : **9866387805**

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
e-Pehchan Card

Insured Person : **Kurri Galamma**
Insurance No. : **5213176425**
Date of Registration : **30/03/2017**

YOUR REGISTRATION DETAILS

Employee Name:	Kurri Galamma	Type of Disability :	None
Name of Father / Husband:	Kurri Sukkaiah	Date of Birth :	29/06/1972
Marital Status :	Married	Gender :	Female
Present Address :	9/A 445, RK nagar , Thattannaram, hayathnagar, Dist: Rangareddy, Telangana, 500068	Permanent Address :	9/A 445, RK nagar , Thattannaram, hayathnagar, Dist: Rangareddy, Telangana ,500068
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID	HSNG.0000266496		
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/09/2011	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Engineering and Technology, Secunderabad	Name of Employer :	None
Address of Employer :	3rd floor, Indu Aranya, GSI, Thattannaram, Bandlaguda, Nagole, Hyderabad, Dist: Hyderabad Telangana 500068	Address of Employer :	None

8

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
Kurri Upender	Minor dependant son	07/03/2001		Yes	Telangana	Rangareddy
Kurri Mahendhar	Minor dependant son	02/09/2004		Yes	Telangana	Rangareddy
Kurri Sukkaiah	Spouse	28/07/1971		Yes	Telangana	Rangareddy

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
Kurri Sukkaiah	Spouse	100	Rk Nagar Thattannaram, Hayathnagar, Telangana Dist: Rangareddy 500068

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PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ Thattannaram (V),
GSI, Bandlaguda Nagole, Hyderabad

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : **9951882639**

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
e-Pehchan Card

Insured Person : **Kurri Galamma**
Insurance No. : **5213176425**
Date of Registration : **30/03/2017**

YOUR REGISTRATION DETAILS

Employee Name:	Kurri Galamma	Type of Disability :	None
Name of Father / Husband:	Kurri Sukkaiah	Date of Birth :	29/06/1972
Marital Status :	Married	Gender :	Female
Present Address :	9/A 445, RK nagar , Thattannaram, hayathnagar,Dist:Rangareddy, Telangana,50 0068	Permanent Address :	9/A 445, RK nagar , Thattannaram, hayathnagar,Dist:Rangareddy, Telangana ,500068
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID	HSNG.0000266496		
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/09/2011	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Enigneering and Technology	Name of Employer :	None
Address of Employer :	Technical,Indu Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole, Hyderabad,Dist:Hyderabad Telangana 50006 8	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
Kurri Upender	Minor dependant son	07/03/2001		Yes	Telangana	Rangareddy
Kurri Mahendhar	Minor dependant son	02/09/2004		Yes	Telangana	Rangareddy
Kurri Sukkaiah	Spouse	28/07/1971		Yes	Telangana	Rangareddy

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
Kurri Sukkaiah	Spouse	100	Rk Nagar Thattiannaram,Hayathnagar, Telangana Dist:Rangareddy500068

Asuresh
PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
50/5, DYN No.10/ Thattiannaram (V),
G1, Bandlaguda Nagole, Hyd. 50

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : **9951882639**

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
e-Pehchan Card

Insured Person : **Mukkerra Ramulu**
Insurance No. : **5213176428**
Date of Registration : **30/03/2017**

YOUR REGISTRATION DETAILS

Employee Name:	Mukkerra Ramulu	Type of Disability :	None
Name of Father / Husband:	Mukkera Muthaiah	Date of Birth :	01/01/1955
Marital Status :	Married	Gender :	Male
Present Address :	5-35, Kuntloor, Hayathnagar,Ranga Reddy,Dist:Hyderabad,Telangana,501505	Permanent Address :	5-35, Kuntloor, Hayathnagar,Ranga Reddy,Dist:Hyderabad,Telangana,501505
Dispensary / IMP for IP :	None	Dispensary / IMP for Family:	None
UHID			
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/09/2011	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Engineering and Technology,Indu Aranya, GSI, Thattannaram, Bandlaguda, Nagole, Hyderabad,Dist:Hyderabad,Telangana500068	Name of Employer :	None
Address of Employer :		Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
MUKKERA LAXAMMA	Spouse	01/01/1967		Yes	Telangana	Hyderabad

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
Mukkera Laxamma	Spouse	100	5-35, Kuntloor,,Hayathnagar,TelanganaDist:Rangareddy501505

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GSI, Bandlaguda Nagole, Hyd. Ar.

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : **7287952060**

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
e-Pehchan Card

Insured Person : **Taduri Srishailam**
Insurance No. : **5214627133**
Date of Registration : **15/07/2018**

YOUR REGISTRATION DETAILS

Employee Name:	Taduri Srishailam	Type of Disability :	None
Name of Father / Husband:	TADURI KISTIAIAH	Date of Birth :	23/02/1981
Marital Status :	Married	Gender :	Male
Present Address :	9-A/385, R.K. NAGAR., TATTIANNARAM., Dist:Hyderabad, Telangana, 500068	Permanent Address :	9-A/385, R.K. NAGAR., TATTIANNARAM., Dist:Hyderabad, Telangana, 500068
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID	DTK1.0000000110		
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/04/2017	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Enigneering and Technology	Name of Employer :	None
Address of Employer :	3rd floor, Indu Aranya, GSI, Thattianaram, Bandlaguda, Nagole, Hyderabad, Dist:Hyderabad, Telangana 500068	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
TADURI NARSAMMA	Dependant mother	01/01/1961		Yes	Telangana	Hyderabad
TADURI MAMATHA	Spouse	01/01/1988	DTK1.0000000109	Yes	Telangana	Hyderabad
THADURI SRAVAN	Minor dependant son	01/01/2007	DTK1.0000000111	Yes	Telangana	Hyderabad
THADURI SRAVYA	Dependant unmarried daughter	01/01/2009		Yes	Telangana	Hyderabad

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GSI, Bandlaguda, Nagole

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
TADURI MAMATHA	Spouse	100	THATTIANNARAM,HAYATNAGAR,TelanganaDist:Hyderabad500068

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :

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

Mobile Number : **9866752152****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
e-Pehchan Card

Insured Person : **Yanala Narsi Reddy**
Insurance No. : **5214627170**
Date of Registration : **15/07/2018**

YOUR REGISTRATION DETAILS

Employee Name:	Yanala Narsi Reddy	Type of Disability :	None
Name of Father / Husband:	YANALA KANAKA REDDY	Date of Birth :	20/06/1948
Marital Status :	Married	Gender :	Male
Present Address :	4-293, RAVINARAYAN REDDY COLONY,,KUNTLOOR, HAYATNAGAR,,Dist:Hyderabad,Telangana,501505	Permanent Address :	3-46, CHOUTUPPAL,,LAKKARAM,,Dist:Nalgoda,Telangana,508252
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID			
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/04/2017	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Enigneering and Technology,Indu Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole, Hyderabad,Dist:Hyderabad,Telangana500068	Name of Employer :	None
Address of Employer :		Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
YANALA LALITHA	Spouse	07/01/1967	HSNG.0000270544	Yes	Telangana	Hyderabad

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
YANALA LALITHA	Spouse	100	HAYATNAGAR,TelanganaDist:Hyderabad501505

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Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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Mobile Number : **9392583539**

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
e-Pehchan Card

Insured Person : **Venna Marreddy**
Insurance No. : **5214776239**
Date of Registration : **01/09/2018**

YOUR REGISTRATION DETAILS

Employee Name:	Venna Marreddy	Type of Disability :	None
Name of Father / Husband:	VENNA BUSSI REDDY	Date of Birth :	21/07/1965
Marital Status :	Married	Gender :	Male
Present Address :	PLOT NO: 107 ABHUYANAGAR, CHINTHALKUNTA,,L.B.NAGAR,Dist:Rangareddy, Telangana,500074	Permanent Address :	PLOT NO: 107 ABHUYANAGAR, CHINTHALKUNTA,,L.B.NAGAR,Dist:Rangareddy, Telangana,500074
Dispensary / IMP for IP :	Dabeerpura, AP (ESIS Disp.)	Dispensary / IMP for Family:	Dabeerpura, AP (ESIS Disp.)
UHID	HSNG.0000256074		
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/06/2018	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Enigneering and Technology,Indu Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole, Hyderabad,Dist:Hyderabad,Telangana500068	Name of Employer :	None
Address of Employer :		Address of Employer :	None

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Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
VENNA VENKATA RAMANAMMA	Spouse	01/01/1968		Yes	Telangana	Rangareddy
VENNA ANNAPURNAMM	Dependant mother	01/01/1945		Yes	Telangana	Rangareddy

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
VENNA VENKATA RAMANAMMA	Spouse	100	L.B.NAGAR,,CHINTHAL KUNTA, TelanganaDist:Rangareddy500074

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Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : **9676960077**

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

e-Pehchan Card

Insured Person : **Kamidi Ram Reddy**
Insurance No. : **5214776279**
Date of Registration : **01/09/2018**

YOUR REGISTRATION DETAILS

Employee Name:	Kamidi Ram Reddy	Type of Disability :	None
Name of Father / Husband:	KAMIDI LAXMA REDDY	Date of Birth :	10/02/1960
Marital Status :	Married	Gender :	Male
Present Address :	6-3-1247/526, RAJNAGAR,,M S MAKTHA, RAJ BHAVAN ROAD,,KHAIRATHABAD,Dist:Hyderabad, Telangana,500082	Permanent Address :	6-3-1247/526, RAJNAGAR,,M S MAKTHA, RAJ BHAVAN ROAD,,KHAIRATHABAD,Dist:Hyderabad, Telangana,500082
Dispensary / IMP for IP :	Jeedimetla-I, AP (ESIS Disp.)	Dispensary / IMP for Family:	Jeedimetla-I, AP (ESIS Disp.)
UHID	HNCR.0000289519		
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/06/2018	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Enigneering and Technology	Name of Employer :	None
Address of Employer :	Thattianaram,,Bandlaguda, Nagole, Hyderabad,Dist:Hyderabad,Telangana500068	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
KAMIDI ARUNA	Spouse	01/01/1971	HNCR.0000289668	Yes	Telangana	Hyderabad

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
KAMIDI ARUNA	Spouse	100	M S MAKTHA,,RAJ BHAVAN ROAD,,HYDERABAD, TelanganaDist:Hyderabad500082

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Bandlaguda Nagole, Hvd-68

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : **9640444388**

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
e-Pehchan Card

Insured Person : **Ganji Bhaskar Rao**
Insurance No. : **5214776562**
Date of Registration : **02/09/2018**

YOUR REGISTRATION DETAILS

Employee Name:	Ganji Bhaskar Rao	Type of Disability :	None
Name of Father / Husband:	G.VEERAAIAH	Date of Birth :	02/08/1950
Marital Status :	Married	Gender :	Male
Present Address :	2-6-231, JAIPURI COLONY,,NAGOLE,,Dist:Rangareddy, Telangana,500068	Permanent Address :	2-6-231, JAIPURI COLONY,,NAGOLE,,Dist:Rangareddy, Telangana,500068
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID	HSNG.0000253428		
Current Employer Details		First Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/06/2018	First Insurance No. :	None
Name of Employer :	Sreyas Institute of Engineering and Technology, Thattianaram, Bandlaguda, Nagole, Hyderabad, Dist:Hyderabad, Telangana 500068	Name of Employer :	None
Address of Employer :	Thattianaram, Bandlaguda, Nagole, Hyderabad, Dist:Hyderabad, Telangana 500068	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	UHID	Whether Residing with Insured Person	State	District
GANJI MANAMMA	Spouse	01/01/1956	DTK1.0000001060	Yes	Telangana	Rangareddy

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
GANJI MANAMMA	Spouse	100	JAIPURI COLONY,NAGOLE,TelanganaDist:Hyderabad500068

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Bandlaguda Nagole, Hyd-68

Documents Uploaded:

none

Signature / LTI of Registered Employee / IP :



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



Mobile Number : **9848519212**

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Signature / Stamp of ESIC Officer / Employer