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

EMPID: 523	E APPLICATION FORM	DATE
NAME K. Sonali Swaronp D	ESIGNATION AGE PLOTE	DEPARTMENT ECE
ON/FROM [9 12 18 TO	20/12/18	TOTAL NO. OF DAYS 02
PURPOSE OF LEAVE personal	<u> </u>	
TYPE OF LEAVE Casual Leave (~) /Earn	ed()/Sick()/Half pay	()/C C Leave ()/Any Other()
	For Office use only	
Total Leaves: Balance I	Leaves:	Signature of Admin. Asst.:
Signature of the Staff member	Signature of the HOD	Principal/Director

* Sanction of leave subject to the alternative arrangement

*Check your Leave Eligibility

*Avoid Unplanned Leaves

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



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

EMPID: 301	EAVE APPLICATION FORM	DATE 1812 18
NAME PRAVEENIA : A	DESIGNATION Assistant pr	DEPARTMENT ECE
ON/FROM 19 12 18 TO	7-	TOTAL NO. OF DAYS 1
PURPOSE OF LEAVE UGC NET	. 2	
TYPE OF LEAVE Casual Leave ()/E	arned () /Sick () /Half pay	()/C C Leave ()/Any Other()
	For Office use only	
Total Leaves: Balan	ce Leaves:	Signature of Admin. Asst.:
Signature of the Staff member / /2 / V Sanction of leave subject to the alternative arrangement	Signature of the HOD *Check your Leave Eligibility	Principal/Director *Avoid Unplanned Leaves
L. Admit Card downloaded from the NTA website (a c	year hiciaranik ooroor kooroo	

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GSI. Bandiaguda Nagole, Hyd-68



UGC-NET DECEMBER 2018 Admit Card - Provisional



Photograph

Roll Number:

TL0104510952

Candidate Name :

PRAVEENA.A

Date of Birth:

29/09/1986

Category:

SC NO

С

¥

Father Name:

Gender:

A.VEERA RAGHAVULU

Female

o.mano

Application Number: 180520008816

Test Details

Reporting Time at Centre :

Person With Disability:

07.30AM

Gate Closing Time of Centre: 09.00AM

(88) Electronic Science

Test Center No :

TL0104

Venue of Test :

NET Subject:

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

Date of Examinat	lon	19.12.2018	34 []
Shift		First	
Timing of Test	Paper I	09.30AM to 10.30AM	
	Paper II	11.00AM to 01.00PM	Senio

Wharman Senior Director-NTA(UGC-NET) A human

Candidate Signature

IMPORTANT INSTRUCTIONS FOR CANDIDATES

- 1. The Admit Card is provisional, subject to the eligibility conditions given in the Information Bulletin.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. Candidates should take their seat immediately after opening of the Examination Hall. They can login and read instructions, before the commencement of the examination.
- 6. 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.
- 7. 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.
- 8. No Candidate should adopt any unfairmeans, 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.

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3SI. Bandiaguri



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

EMPID: 524		DATE	18/12/18	
1/2	LEAVE APPLICATION FORM		7 7,0	
NAME Y KIN	an komai DESIGNATION ASST Not	DEPARTMENT	HES	
ON/FROM 19/12	/18 TO 1	TOTAL NO. OF DAYS	1/2 day	
PURPOSE OF LEAVE Del Con a				
TYPE OF LEAVE	Casual Leave () /Farned () /Siek () /Helf	() (CC) () /A Oth ()	
THE OF EBAVE	Casual Leave () /Earned () /Sick () /Half pay	()/CCLeave () /Any Otner()	
	For Office use only			
Total Leaves:	Balance Leaves:	Signature of	Admin. Asst.:	
, •				

* Sanction of leave subject to the alternative arrangement

Signature of the HOD *Check your Leave Eligibility

Principal/Director

*Avoid Unplanned Leaves

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

EMP ID : LEAVE APPLICATION FORM	DATE	18/12/18		
NAME SK. FAPROD 2 DESIGNATION ASSYLPS	DEPARTMENT [EcE		
ON/FROM 19/12/2018 TO 19/12/2018	TOTAL NO. OF DAYS	1 Day		
PURPOSE OF LEAVE TO Attend Manage et Ar	reterpur.			
TYPE OF LEAVE Casual Leave (/ / Earned () / Sick () / Half pay	()/CCLeave ()/Any Other()		
For Office use only				
Total Leaves: Balance Leaves:	Signature of A	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

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

EMPID: 487	ADDITION	DATE	18/12/18
LEAVE	APPLICATION FORM		
NAME CH: Deeven kund DE	SIGNATION STUT. 1070 H	DEPARTMENT	C-2-E.
ON/FROM 18/12/18 TO	18/12/18 TOT	TAL NO. OF DAYS	1
PURPOSE OF LEAVE Personal reare			
TYPE OF LEAVE Casual Leave () /Earned	l()/Sick()/Half pay()/CCLeave () /Any Other()
Fo	or Office use only		
Total Leaves: Balance Le	aves:	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	Princi	pal/Director

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

EMP ID: 578 LEAVE	APPLICATION FORM	DATE	20 15 2018
NAME CL. SHWARANTH DE	SIGNATION ASST. Prof	DEPARTMENT	CSF
ON/FROM 18/12/18 TO	18 12 18 TO	TAL NO. OF DAYS	
PURPOSE OF LEAVE PERSonal woork	4		
TYPE OF LEAVE Casual Leave () /Earned	d()/Sick()/Halfpay()/CCLeave () /Any Other()
Fe	or Office use only		
Total Leaves: Balance Le	aves:	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	Princi	pal/Director

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

EMP ID: 468	LEAVE APPLICATION FORM	DATE 19 12 18
NAME Lubra Yasmee	n DESIGNATION Asst p	DEPARTMENT C'S. P
ON/FROM 18 12 18.	ro	TOTAL NO. OF DAYS
PURPOSE OF LEAVE due to	o fines wid.	
TYPE OF LEAVE Casual Leave (Y/Earned()/Sick()/Half pay	()/CCLeave ()/AnyOther()
	For Office use only	
Total Leaves:	Balance Leaves:	Signature of Admin. Asst.:
Signature of the Staff member * Sanction of leave subject to the alternative arrangem	Signature of the HOD *Check our Leave Eligibility	Principal/Director *Avoid Unplanned Leaves

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3S1. Sandiaguca Nagole, Hyd-68



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

EMPID: 679	EAVE APPLICATION FORM	DATE	18 12 18		
NAME P. ARCHANA	DESIGNATION Asst. Pr	of department	CSE		
ON/FROM 18 12 18 (FN) TO	- ,	TOTAL NO. OF DAYS	1/2 day.		
Purpose of Leave Personal Reason.					
TYPE OF LEAVE Casual Leave //Ea	arned () /Sick () /Half pay	()/C C Leave () /Any Other()		
For Office use only					
	ce Leaves:	Signature of	Admin. Asst.:		
\bigcap \bigcap \bigcap \bigcap	Handa	A	. \		

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

*Check your Leave Eligibility

Principal/Director
*Avoid Unplanned Leaves

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

EMP ID: 566	E APPLICATION FORM	DATE	17/12/18
NAME Vicanth	ESIGNATION Assemble	DEPARTMENT	ELE
ON/FROM 18 12 DE TO	19/12/18	TOTAL NO. OF DAYS	2
PURPOSE OF LEAVE Personal	1. 1		
TYPE OF LEAVE Casual Leave ()/Earn	ed()/Sick()/Half pay	()/CCLeave ()/Any Other()
	For Office use only		
Total Leaves: Balance I	eaves:	Signature of A	Admin. Asst.:

Signature of the Staff member

* Sanction of leave subject to the alternative arrangement

*Check your Leave Eligibility.

Principal/Director *Avoid Unplanned Leaves

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EMP, ID: 691 LEAVE APPLICA	TION FORM DATE	19/12/18
NAME G. Kenile DESIGNATION	AWW. Rug DEPARTM	MENT Hes
ON/FROM 18/12/19 TO	TOTAL NO. OF D	AYS /
PURPOSE OF LEAVE NOT feeling well		
TYPE OF LEAVE Casual Leave () / Earned () / Sick	()/Half pay ()/C C Leave	e ()/Any Other()
For Office u	se only	·
Total Leaves: Balance Leaves:	Signatur	re 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/ Fattiannaram (V). GST Bandiaguga Nagole, Hvd-68



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

EMP ID: 619	LEAVE APPLICATION FORM	DATE	17-12-18
NAME Y- Sudl	a madhur DESIGNATION Art. prog	department	CIVIL ENG.
ON/FROM 18-12	-18 TO [8-12-18	TOTAL NO. OF DAYS	1
PURPOSE OF LEAVE	personal	/	
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 Saff member

* Sanction of leave subject to the alternative arrangement

Signature of the HOD

*Check your Leave Eligibility

Principal/Director
*Avoid Unplanned Leaves

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

EMPID: 414	LEAVE APPLICATION FORM	DATE 19/12/2018
NAME Vivelanand B	DESIGNATION ACIF Pro	DEPARTMENT CSC
ON/FROM 1812/2018	то	TOTAL NO. OF DAYS 12 (Hey
PURPOSE OF LEAVE Person	work	
TYPE OF LEAVE Casual Leave	()/Earned()/Sick ()/Half pay	()/CCLeave ()/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 arran	Signature of the HOD *Check four Leave Eligibility	Principal/Director *Avoid Unplanned Leaves
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GSI. Bandlaguda Nagole, Hyd-68



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

Total Leaves:	Balance Leaves:	Signature of	Admin. Asst.:
×	For Office use only		
TYPE OF LEAVE	Casual Leave () /Earned () /Sick () /Half pa	y ()/C C Leave ()/Any Other()
PURPOSE OF LEAVE	Attending personal work		
ON/FROM 18-12	-18 (Afternoon) 20-12-18	TOTAL NO. OF DAYS	2 1/2 day
NAME P. Sni	harsha DESIGNATION USSO, Prog	department	1185
EMPID: 348	LEAVE APPLICATION FORM	DATE	18/12/2018

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

Aswuss

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

EMP ID : LEAVE APPLICATION	FORM DATE /8/14/18
ON/EDOM 10/12/2	DEPARTMENT Give
PURPOSE OF LEAVE PhD work TYPE OF LEAVE Casual Leave (5/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 * Check your Leave El	

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GSI, Bandlaguda, Nagole, Hyd-68

EMP ID- SIO



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

LEAVE APPLICATION FOR	Date 1	18-12-2018
NAME M. Sudhakan DESIGNATION ASSE	- Prof DEPARTMENT	CSE
ON/FROM 18-12-2018 TO	TOTAL NO. OF DAYS	/2
PURPOSE OF LEAVE PERSON-1 PURPOSE		Λ
TYPE OF LEAVE Casual Leave (>) /Earned() /Sick() /Half	pay ()/C C Leave ()/	/Any Other(
For Office use only		
Total Leaves: Balance Leaves:	Signature of Ad	min. Asst.:
Signature of the Staff member * Sanction of leave subject to the alternative arrangement * Check your Leave Eligibility	D Principal	16/12/18 /Director and Leaves

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

EMP ID: 156	LEAVE APPLICATION FORM	DATE 15 12 18
NAME SD · S	hameen DESIGNATION Lab. ASS	L DEPARTMENT ECE
ON/FROM 18 12	- 18 то 29 12 18	TOTAL NO. OF DAYS & days
PURPOSE OF LEAVE	Pexsonal -> 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.:

Shanow (

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

Signature of the HOD

*Check your Leave Eligibility

| 12.12.18

Principal/Director
*Avoid Unplanned Leaves

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1.5075, Sy.No.107 fattiannaram (V),

Lindle-Time Nagole, Hvd-68



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

EMP ID: 068	LEAVE APPLICATION FORM	DATE 19/12/18	
NAME K. J	sipol Roday DESIGNATION DD	DEPARTMENT 425	
ON/FROM J8/	12/2018 TO	TOTAL NO. OF DAYS One day	
PURPOSE OF LEAVE	Pexsonor		
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

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

EMP ID: 592	AVE APPLICATION FORM	DATE	26/11/2019
NAME S. Ancosha	DESIGNATION OLIVE POPOL	DEPARTMENT	CIE
ON/FROM 25/11/2019 TO		TOTAL NO. OF DAYS	01
PURPOSE OF LEAVE RYSONAL WOOK			
TYPE OF LEAVE Casual Leave () /Ea	rned()/Sick()/Half pay	()/CCLeave ()/Any Other()
,	For Office use only		
Total Leaves: Balance	e 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	Princi	pal/Director

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

EMP ID: 607 LEAVE	APPLICATION FORM	DATE 2	7/11/19
NAME P. St; Pallari DES	signation Assistant Dro	Leyor DEPARTMENT 6	ECE
ON/FROM 25-11-19 TO	25-11-19	TOTAL NO. OF DAYS 1	
PURPOSE OF LEAVE POSICONA			
TYPE OF LEAVE Casual Leave () Earned	()/Sick ()/Half pay	()/C C Leave ()/A	ny Other()
· Fo	or Office use only		
Total Leaves: 1 Balance Lea	aves:	Signature of Adm	in. Asst.:
Signature of the Staff member * Sanction of leave subject to the alternative arrangement	Signature of the HOD *Check your Leave Eligibility	Asurez Principal/I *Avoid Unplann	

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



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

EMP ID : 464	LEAVE APPLICATION FORM	DATE 23/11/19
NAME D. Roya &	Rulcae Keddy DESIGNATION Antput	DEPARTMENT CCC
ON/FROM 25/11/1	9 TO 26/11/19	TOTAL NO. OF DAYS 2
PURPOSE OF LEAVE	Permuel	
TYPE OF LEAVE	Casual Leave () / Earned () / Sick () / Half pay	()/CCLeave ()/AnyOther()
	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

HEYAS INSTITUTE OF ENGG.&TECH. £ 50/5, Sy.No.107 fattiannaram (V), GSI, Bandlaguda Nagole, Hyd-68



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

EMP ID: 537	AVE APPLICATION FORM	DATE 23/11/
NAME Kolhu Roja Sekhon	DESIGNATION DESIGNATION	DEPARTMENT ME
ON/FROM 25/11/19 TO		TOTAL NO. OF DAYS & AN
PURPOSE OF LEAVE		9
TYPE OF LEAVE Casual Leave () /Ear	ned()/Sick()/Half pay	()/CCLeave ()/Any Other()
	For Office use only	
Total Leaves: Balance	Leaves:	Signature of Admin. Asst.:
Signature of the Saff member	Simon	Asuresh
* Sanction of leave subject to the alternative arrangement	Signature of the HOD *Check your Leave Eligibility	Principal/Director *Avoid Unplanned Leaves
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4-50/5, Sy.No.10/ Fattiannaram (V),
GSI. Bandiaguda Magole, Hyd-68



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

EMP ID: 689	VE APPLICATION FORM	DATE 27/11/2019		
NAME Br. A.C. Omamaheshun E	DESIGNATION Affoc me	DEPARTMENT Mech		
ON/FROM 25 11/2019 TO		TOTAL NO. OF DAYS 1/2 Pag		
PURPOSE OF LEAVE	Porland.	,		
TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pay () / C C Leave () / Any Other ()				
	For Office use only			
Total Leaves: Balance I	eaves:	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		

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

EMP ID: 479	VE APPLICATION FORM	DATE 25 11 113
NAME K-MADHUMVANI	DESIGNATION Aut pof	DEPARTMENT CSE
ON/FROM 25/11/19 TO	Violog	TOTAL NO. OF DAYS 1/20/09
PURPOSE OF LEAVE Peul		
TYPE OF LEAVE Casual Leave () /Earr	ned () /Sick () /Half pay	()/C C Leave ()/Any Other()
	For Office use only	
Total Leaves: Balance Signature of the Staff member Sanction of leave subject to the alternative arrangement	Signature of the HOD *Check your Leave Eligibility	Signature of Admin. Asst.: Principal/Director *Avoid Unplanned Leaves
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SREYAS INSTITUTE OF ENGG.&TECH. 2-50/5, Sy.Nh.10/ Tattiannaram (V), GSI, Bandlaguda Nagola, Hyd-68.



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

EMP ID: 605 LEAVE APPLICATION FORM	DATE 23/11/2019
NAME A - Somival DESIGNATION Asst - Pr	DEPARTMENT CSE
ON/FROM 25/11/2019 TO 23/11/2019	TOTAL NO. OF DAYS 3 days
PURPOSE OF LEAVE Personal leave	
TYPE OF LEAVE Casual Leave () /Earned () /Sick () /Half p	ay ()/C C Leave ()/Any Other()
For Office use only	
Total Leaves: Balance Leaves:	Signature of Admin. Asst.:
Signature of the Staff member Signature of the Hor	Asmed
* Sanction of leave subject to the alternative arrangement * Signature of the HOI * Check your Leave Eligibility	Principal/Director *Avoid Unplanned Leaves

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

EMP ID: 20 LEAVE APPLICATION FORM	DATE 25 11 19
BEAVE AT FEICHTION FORM	
NAME L. Himaling DESIGNATION Aut	DEPARTMENT HES
ON/FROM 25 11 19 TO 25 11 19	TOTAL NO. OF DAYS half-anday
PURPOSE OF LEAVE PCISONA	
TYPE OF LEAVE Casual Leave () / Earned () / Sick () / Half pa	ay ()/CCLeave ()/AnyOther()
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 *Check your Leave Eligibility	Principal/Director *Avoid Unplanned Leaves

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



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

EMP ID: 637		E APPLICATION FORM	DATE	23/11/19
NAME K. Nage	escara Ruo D	ESIGNATION Asst. Profe	SSOV DEPARTMENT	ME
ON/FROM 25/11	8019 то	26/11/19	TOTAL NO. OF DAYS	2
PURPOSE OF LEAVE	My Daughter	Annagrasana		
TYPE OF LEAVE	Casual Leave () / Earne	d()/Sick()/Half pay	()/C C Leave () /Any Other()
2		For Office use only		
Total Leaves:	Balance L	eaves:	Signature of A	Admin. Asst.:
Signature of the Staff * Sanction of leave subject to the	(9 member he alternative arrangement	Signature of the HOD *Check your Leave Eligibility	Princip	al/Director

Agains

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



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

EMP ID: 563	LEAVE APPLICATION FORM	DATE 23/11/19
NAME Populikarjuna (Reddy DESIGNATION System Ac	dmin DEPARTMENT CSE
ON/FROM 25/11/19	то	TOTAL NO. OF DAYS (1) oneday
PURPOSE OF LEAVE CErsonal		
TYPE OF LEAVE Casual Leave)/Earned()/Sick()/Half pay	()/CCLeave ()/Any Other()
	For Office use only	
Total Leaves:	Balance Leaves:	Signature of Admin. Asst.:
	O . Im	
Signature of the Staff member * Sanction of leave subject to the alternative arrange	Signature of the HOD ment *Check your Leave Eligibility	Principal/Director

PRINCIPAL
PEYAS INSTITUTE OF ENGG.&TECH.
SWINDAD/ Fattiannaram (V),
Pottanura Nagole, Hyd-68.



Sreyas Institute of Engineering and Technology 9-39, Sy No 107, Tattiannaram (V), G.S.I. Bandlaguda, Undantal J. Sandlaguda, U

3 33, 34 NO 107, 1a	tualinaram (V), G.S.I. Bandlaguo	da, Hyderabad - 500 068.
EMPID: SF8	LEAVE APPLICATION FORM	DATE 25 11 2019
NAME V. Swathi	DESIGNATION ASSI- pull	DEPARTMENT CSE
ON/FROM 23 11 2019 TO		TOTAL NO. OF DAYS 1 day.
PURPOSE OF LEAVE III Health	V	0
TYPE OF LEAVE Casual Leave () /	Earned ()/Sick ()/Half pay	()/CCLeave ()/Any Other()
	For Office use only	
Total Leaves: Balar	nce 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
		Aswreds

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



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

90 00		
EMP ID: 449	LEAVE APPLICATION FORM	DATE 25 11 19
NAME KIMADHURAVANII	DESIGNATION Aut profess	DEPARTMENT CSE
ON/FROM 23/11/15 TO:	23/11/19. TO	OTAL NO. OF DAYS are day
PURPOSE OF LEAVE pund		
TYPE OF LEAVE Casual Leave () /	Earned () / Sick () / Half pay ()/CC Leave ()/Any Other()
=	For Office use only	· ·
Total Leaves: Balar	nce 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
		Aswest

PRINCIPAL

OREYAS INSTITUTE OF ENGG. & TECH.

1 10/5. Syl. No. 10/7 Fattiannaram (V).

1 10/5. Syl. No. 10/7 Intigology Hyd-68

1 10/5. Syl. No. 10/7 Intigology Hyd-68



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

(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
EMP ID: 000 100 3 79		DATE	22-11-19
LE	AVE APPLICATION FORM		
NAME D' Raissy	DESIGNATION ASSA PS	DEPARTMENT	CSE
ON/FROM 23-11-19 TO		TOTAL NO. OF DAYS	1 day
PURPOSE OF LEAVE PCASO	<i>j</i> .		
TYPE OF LEAVE Casual Leave ()/Ear	rned()/Sick ()/Half pay	()/CCLeave () /Any Other().
	For Office use only		
Total Leaves: Balance	e Leaves:	Signature of	Admin. Asst.:
1 Ly 22/11/19	- total	A	surs
Signature of the Staff member * Sanction of leave subject to the alternative arrangement	Signature of the HOD *Check your Leave Eligibility	Princi	pal/Director
	•	-	

SREYAG INSTITUTE UF ENGG.&TECH.
2-50/5, Sy.No.10/ fattiannaram (V).
2-51 Bandlaguga Nagola, Hyd-68



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

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, .	,
EMP ID: 637	LEAVE APPLICATION FORM	DATE 25/11/19
NAME Kallu Roja Se	Khon Designation Asst-Pre	DEPARTMENT ME
ON/FROM 23/11/19	то	TOTAL NO. OF DAYS 3 day AN
PURPOSE OF LEAVE	L .	
TYPE OF LEAVE Casual Lea	ave ()/Earned ()/Sick ()/Half pay	()/CCLeave ()/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 ar	Signature of the HOD *Check your Leave Eligibility	Asureh Principal/Director *Avoid Unplanned Leaves

PRINCIPAL
SREYAS INSTITUTE UF ENGG.&TECH.
2-50/5, Sy.Nri.10/ Fattiannaram (V).
GSI. Bandlaguda Nagola, Hyd-68



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

EMP ID: 628- LEAVE APPLICATION FORM	DATE 26/11/19
NAME B. Rahul DESIGNATION ASST- Pro	of. DEPARTMENT H&S.
ON/FROM 23/11/19 TO	TOTAL NO. OF DAYS 0
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.:
Signature of the Staff member * Sanction of leave subject to the alternative arrangement * Check your Leave Eligibility	Principal/Director *Avoid Unplanned Leaves

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



SREYAS INSTITUTE OF ENGINEERING & TECHNOLOGY

Beside Indu Aranya, Nagole, Hyderabad - 500 068

On Duty Application Form G. prabharathi Name of the Staff Member

Designation Ass pub Department : HES

From: 21, 22 € 24 To: 21 12/18 - 24 12 Date of on Duty

No. of Days 3 days : Paper Evaluation at INTUIT Purpose

CLASS WORK ADJUSTMENT

Date Name of the Substitute Class work Signature NO CLASS WORK. Signature of the Staff Member Signature of the HOD

Principal/Director

Date: 20 Dec 18

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: 20-12-2018

Name of the Staff Member

DY & Sudhakar Reddy

Designation

Associate Prit

Department

2 P H

Date of on Duty

: From : 19-12-2018 To:

No. of Days

Purpose

JNIV Ratibication

CLASS WORK ADJUSTMENT

Date	Name of the Substitute	Class work	Signature
		No classes	
		N. S.	
	Jet 1.2/18	Mair.	Hearis

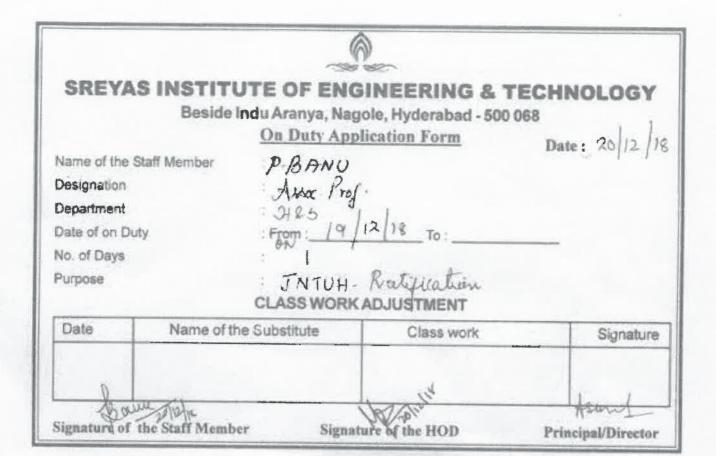
Signature of the Staff Member Signature of the HOD

Principal/Director

Asurest

PRINCIPAL

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



Aswresh

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

ANNEXURE-I

COLLEGE NAME: Steyas Inst of Engg. 4 Technolog

CODE: VF

(Affiliated to JNTUH)

Proceeding No:

Date: 19/12/20/8

Minutes of the Selection Committee Meeting held on: 19/12/20/8

at: 2:30 P.m.

Post

Assistant Professor

Department:

HUS

Scale of Pay:

S. No	Name of the Faculty	Faculty Portal Reg. Number	PAN Number	UG Branch	PG Branch	Years of Experience
1 Dr.	Sangeetha M	lehra 1004-1808 -191254	20 AJRPM	B.A.	MA.	2.000 in 1
	0	-191254	717/AV	No Gardening Miller Shipping	Ph.D.	
1						

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-		- Andrews				
		ALL CONTRACTOR OF THE PARTY OF		***************************************	- 1	

S.No

Role

Name

Signature

1. Chairperson : A. Wriday Reddy

2. Principal : Dr. Syreth Akelle

3.

University Nominee 1

4.

University Nominee 2

: Dr. NVSN Latshmi : Dr. C. Pushpa Ramakrishna

5.

Expert 1

P. Change

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

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



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

On Duty	Application	Form
Marie Comment of the Party of t	1 To be no man and a service	T CA RTS

Date: 24/12/18

Name of the Staff Member

T. Ranjith Kimar

Designation

Assl prot

Department

CE

Date of on Duty

: From 27/12/18 To: 29/12/18

No of Days

Purpose

spet valuation

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work Sig		
		O1000 1101K	Signature	
			The second second	

Signature of the Staff Member

Signature of the HOD

Asen July

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

Grans: "TECHNOLOGY" Web . www.intels.ac.m.



Phone: Off: -91-40-23156113 Fax: -91 40 23158668 E Mail: demuh@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 N. Tech., Ph.D. (T. M), FIE. MILEE MOS. I MINT. 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 JNT1 If Relieving order-Reg

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

Mr. /Mrs T Ranjith Kumar

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

And relieved on 29-12-2018

Thanking You

PRINCIPAL SREYAS INSTITUTE UF ENGG.&TECH 2-50/5, Sy.No.10/ Fattiannaram (V).

GSI, Bandlaguda Nagole, Hyd-68

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

Yours sincerely,

Director of Evaluation



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

On E	utv A	pplica	tion	Form
		ASSESSMENT OF THE PERSON NAMED IN	THE RESERVE AND PARTY.	THE RESIDENCE OF THE PARTY OF T

Date: 18-12-18

Name of the Staff Member

: DV. pulsonin-

Designation

Asst properson

Department

Date of on Duty

From: 19:12:18 To:

No of Days

To conduct lab Entered snam at VCE

Purpose

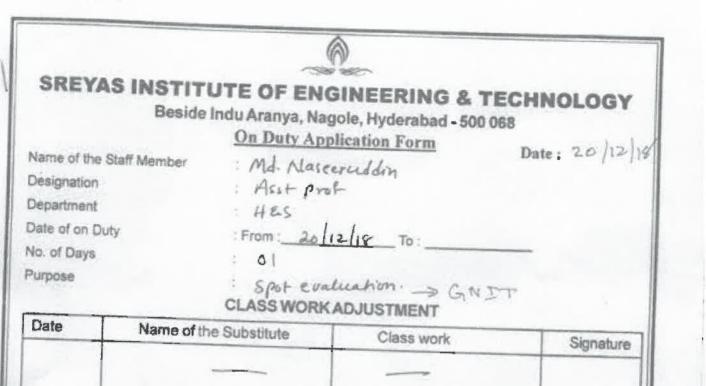
Date	Name of the Adjusted Staff	Class Work	Signature
	_ oso lans work		
	000 000		

Signature of the Staff Member

Signature of the HOD

Asweed

PRINCIPAL ETHS INSTITUTE UF ENGG.&TECH. = 5075, Sy.No.107 Fattiannaram (V), SI, Bandlaguda Nagole, Hyd-68.



Signatur

of the HOD

Signature of the Staff Member

Aswresh

Principal/Director

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



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

On Duty Application Form

Date : 80/12 2018

Name of the Staff Member

T. Suman

Designation

: Ast Professor

Department

EC.E

Date of on Duty

From: 29-12-2018 To: 28-12-2018

No. of Days

Purpose

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
-			Olign rate in a

Signature of the Staff Member

Signature of the HOD

Herren 30/12 Principal / Director

SREYAS INSTITUTE UF ENGG.&TECH. 2-50/5, Sy.Nn.10/ Fattlennaram (V). GSI, Bandlaguda Nagole, Hvd-68



SREYAS INSTITUTE OF ENGINEERING & TECHNOLOGY

Beside Indu Aranya, Nagole, Hyderabad - 500 068

Name of the Staff Member

Designation

On Duty Application Form

G. prabharathi

Assf publication

Department : +18.8

Date of on Duty : From : 21, 22 € 24 To : 21 12 18 - 24 12 18

No. of Days : 3 days

Purpose : Paper Grahaffon at JUTUIT

Date	Name	of the Substitut	e	Class work	Signature
70	- NO	CLASS	WHOR	K	
Cut	vc-	See A Miller of the Control of the C	A.m.	w mills	Asurot

Signature of the Staff Member

Signature of the HOD

Principal/Director

Asurest

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



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

On Duty A	polication	Form
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Date: 27/11/18

Name of the Staff Member

: B. Amarender Leady

Designation

Exect book.

Department

Date of on Duty

No. of Days

Purpose

LOB- EXTORNOR

CLASS WORK ADJUSTMENT

Name of the Adjusted Staff	Class Work	Signature
The second secon		
		Class VVOIR

Signature of the Staff Member

Signature of the HOD

Principal / Director

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



Name of to Designation Department Date of or No. of Day Purpose	he Staff Member : V. Cwool on : Act. Fr nt : Ect n Duty : From:	Splication Form Splica	Date: 29/11/19
Date	Name of the Adjusted Staff	Class Work	Signature

Sub: Relieving order for conduct.

υıι,

PRINCIPAL
SREYAS INSTITUTE UF ENGG. & TECH
SENTE CARRIED AND SOMEONE AND 2-50/5, Sy.No.10/ Fattiannaram (V).
GSI. Bandiaguda Nacole, Hvrl-A8



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

Aut professor

Department

: CSE

Date of on Duty

30/11/19 From:

To: _ 30/11/19

No. of Days

Purpose

: one day

hat Enternal at BRECW

CLASS WORK ADJUSTMENT

Name of the Adjusted Staff	Class Work	Signature
NO CW		
	us (U)	10 CU)

Klathia tills

Signature of the Staff Member

Signature of the HOD

Asuresh

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

Aswress

PRINCIPAL BREYAS INSTITUTE OF ENGG.&TECH. 2-5075, Sy.No.107 Fattiannaram (V). vel Paroleruda Napole, Hvd-68



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

Designation

K. Priyanka Asst. professor

Department

civil

Date of on Duty

From: 30/11/19

_ To: _ 30/11/19

No. of Days

Purpose

Lab Externel

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff		
	The Fragasted Staff	Class Work	Signature
•			

Principal / Director

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

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



	Sreyas Institute (9-39, Sy No 107, Tattiannar	of Engineering ar am (V), G.S.I. Bandlaguda	nd Technology , Hyderabad - 500 068.
Name of Designati Departme Date of or No. of Date Purpose	On Duty A the Staff Member P. Club ion ASSIP The Duty From: Staff Member Con Duty A Con Duty	Application Form August Augu	Date: 26/11/19
Date	Name of the Adjusted Staff	Class Work	Signature
- 0	E No Cla	n sork .	- Igrature
Signature	of the Staff Member	re of the HOD	Principal / Director

PRINCIPAL
REYAS INSTITUTE OF ENGG.&TECH 2-50/5, Sy.No.10/ Fatliannaram (V). INST. Bendlacuda Nagole, Hyd-68



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

On Duty Application Form

Date: 27/4/2019

Name of the Staff Member

: Kh. w. Hwothy

Designation

: AUST Posterior

Department

: Hedranicul

Date of on Duty

From: 29/4/2019 To: 29/11/2019

No. of Days

oneday

Purpose

Lab External - Examinar (The College) CAO/CANLOS

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
	do de	us work	

Signature of t

Member

Signature of the HOD

Principal / Director

Asurest

PRINCIPAL

*REYAS INSTITUTE OF ENGG.&TECH.

* 5075, Sy.No.107 fattiannaram (V).

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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 19

Name of the Staff Member

. B. Sandeep

Designation

: Assistant Rof

Department

: Mechanical

Date of on Duty

From: 29.11.19

To: 29.11.19

No. of Days

: 01

Purpose

: Lab external [TCS Lab]
CLASS WORK ADJUSTMENT

Name of the Adjusted Staff

Class Work

Signature

29.11-19

Date

No class were.

Signature of the Staff Member

Signature of the HOD

Principal / Director

Asures

Afurech

REYAS INSTITUTE UF ENGG.&TECH.

50/5, Sy.No.10/ Tattiannaram (V).
Nagole, Hyd-68



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. Nagary

Designation

ASST PY

Department

CCE

Date of on Duty

From: 29/11/2019

To: 30/11/2019

No. of Days

02 days

Purpose

LAB, EXTERNAL

CLASS WORK ADJUSTMENT

Signature	Class Work	Name of the Adjusted Staff	Date
		1	

Signature of the Staff Member

Signature of the HOD

Asuresh Principal / Director

Sir,

ASWED

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



	9-39, Sy No 107, Tattiannaram	Engineering and (V), G.S.I. Bandlaguda	d Technology Hyderabad - 500 068.
Name of the	On Duty App	lication Form	Date: 28/11/19
Designatio	n Drut o H	Goutham	
Departmer Date of on No. of Days	t : CS = 20 Duty : From: 20	1/11/19 To: 3	
Purpose	: 02 : Mini pro CLASS WORK	adjustment	U,
Date	Name of the Adjusted Staff	Class Work	Signature
Signature	the Staff Member Signature	of the HOD	Asuresh Principal / Director

Sub: Denut-

Asweds SREYAS INSTITUTE UF ENGG.&TECH 2-50/5, Sy.No.10/ Fattiannaram (V). 2-51. Bandlaguda Nadole, Hvd-68



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. ailcskam

Designation

AND PAGE

Department

ese

Date of on Duty

From: 29-11-2019

To: 29-11-2019

No. of Days

Purpose

Mini project viva rvoce External

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature	
29/11/2019	Mr le. Naesimhulo	Dept. Exam branch	St.	

Signature of the Staff Member

Signatu

Name Of the Course

B.Tech(CE)

M. VENU GOPAL

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



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

On Duty Application Form

Date: 28/4/19

Name of the Staff Member

Dr. R. Nagaraju

Designation

Assoc, prof

Department

1.85

Date of on Duty

From: 29/11/19 To: 29/11/19

No. of Days

Purpose

Calo external examiner - Roji Reddy Enjy. College, thyd.

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
		1	

Signature of the Staff Member

Signature of the HOD

Afurech Principal / Director

Sub- Dallavina --

Asuresh_

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



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. Inf.

Department

ECE

Date of on Duty

From: 29, 11.19

To : ____

No. of Days

6 f

Purpose

External

NAM

CLASS WORK ADJUSTMENT

Date	Name of the Adjusted Staff	Class Work	Signature
	No class w	n	

Signature of the Staff Member

Signature of the HOD

Asurul
Principal / Director

ou,

Sub: Relieving order for conducting R Tach External Laboratory Exercises - Barrierian - Barrieri

DOINGIBAL

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



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

	VACATIO	N APPLICATION F		ate 12/12/19
NAME K. Somali Swaso	DESIG	NATION ASST.	professor DE	PARTMENT ECE
FROM 26/10/19	TO 11119.		TOTAL No of DAYS	7 (one week)
DURING THE VACATION ADDRESS	If NO! 502, 31	dolee Her	ght, Mkapi	is: Hyderstrad
CONTACT No's	1. 65009566	79 2.	830902412	9
K howly jign.of the Staff	IQAC Director	1280	100 m - 112/19	Principal/Pirector
				The state of the s

PRINCIPAL

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



Beside Indu Aranya, CSI, Bandlaguda, Nagole, Hyderabad - 500068 EMP ID 359 VACATION APPLICATION FORM 15/10/19 NAME Syavan Keinez DESIGNATION ASS+ Prot DEPARTMENT FROM 16/10/19 18/10/x TOTAL NO. OF DAYS 03 days DURING THE VACATION CONTACT NO.S 9441926953 9849884862 Sign. of the Staff Exam. Branch Principal/Director

Aswresh

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 Date 21 10/2019 **VACATION APPLICATION FORM** NAME APOLU SATHEESH DESIGNATION ASS. PROF DEPARTMENT CSE FROM 14/10/2019 18/10/2019 TOTAL NO. OF DAYS 05 DURING THE VACATION CONTACT NO.S 9182625919 Mothers 10/2019 Sign, of the Staff Exam. Branch Principal/Director

SREYAS INSTITUTE OF ENGG. & TECH. 2-50/5, Sy.No.10/ Fattiannaram (V). 981 Bandiaguda Nagole, Hyd-68



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

EMP ID

VACATION APPLICATION FORM

NAME

M. V / S WE SUAR ARA DESIGNATION DESIGNATION DEPARTMENT Accounts

FROM

TO 23.9.19

TOTAL NO. OF DAYS 7 days

DURING THE VACATION CONTACT NO.S 94.90753826

M. Wishwaran Ras

Sign. of the Staff

Exam. Branch

Hob

Principal/Director

Aswest

PRINCIPAL SREYAS INSTITUTE OF ENGG.&TECH. 50/5, Sy.No.10/ Fattiannaram (V). 1.0.2 oddoxida Nagole, Hyd-68.



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NAME	The second secon	SCH SCHOOL SERVICE CONTRACTOR SERVICES	NATION LAS	St. Pol	EPARTMENT [C	SE Security as the security as
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PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
50/5, Sy.No.10/ Fattianneram (V),
St. Bandisouda Nagole, Hyd-68

C86-W



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068 EMP ID 569 Date [] **.VACATION APPLICATION FORM** NAME K. RAMYA LAXMI DESIGNATION SE DEPARTMENT FROM TOTAL NO. OF DAYS DURING THE VACATION CONTACT NO.5 8142548912 Exam, Branch Sign. of the Staff Principal/Director

Asweed

PRINCIPAL
REYAS INSTITUTE OF ENGG.&TECH.
Shirts, Sy.No.107 fatliannaram (V).
Shirts Bandlaguda Nagole, Hyd-68.



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

EMP ID 460

VACATION APPLICATION FORM

NAME C. Vellaw DESIGNATION ASSOCIATED DEPARTMENT ASSOCIATED TOTAL NO. OF DAYS 3 Pays

DURING THE VACATION CONTACT NO.s 90323 Pays

Sign. of the Staff Exam. Branch Holland Principal/Director

Aswest

PRINCIPAL

SREYAS INSTITUTE UF ENGG.&TECH.

\$50/5, Sy.No.10/ Fattlannaram (V).

\$51. Bandlaguda, Nagole, Hyd-68.



The same of the sa			ingiaguda, Nagole, I	Tyderabad - 50006	
EMP ID	quy	VACATION	APPLICATION FO	RM	Date 8-09-2019
NAME .	S SUBRAH		- Andrew Contraction Contracti	Kantapanapan ka 19 km - 1900-tahung bana, kannapan kannapan banasa kannapang	DEPARTMENT E.C.E
FROM	31-08-2019	TO 6-00	9 - 2019	TOTAL NO. O	PDAYS FLAGA
DURING THE	VAČATION CONTAC	TNO,5 F39681	un de la Companya de		
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Sign of the	Staff P	Exam, Branch	HOD 819	·	ASWesh 7/18
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PRINCIPAL

SEVAS INSTITUTE OF ENGG.&TECH.

SEX SENIORO/ Tettiannaram (V),

SEX Bandlaguna Nagole, Hyd-68.



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068 EMP ID 043 31/7/19 Date **VACATION APPLICATION FORM** NAME DESIGNATION Amoc-Prof DEPARTMENT ECE FROM 1/19 TOTAL NO. OF DAYS DURING THE VACATION CONTACT NO.S 9177656868 31/1/19 Sign, of the Staff Exam, Branch HOD

PRINCIPAL
SREYAS INSTITUTE UF ENGG.&TECH.
2 FO/S SV No.10/ Fattiannaram (V)

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



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

EMPID 566

VACATION APPLICATION FORM

NAME V. Sworth: DESIGNATION Acri Part Department ECE

FROM 15 07 19 TO 18 07 19 TOTAL NO. OF DAYS 9

DURING THE VACATION CONTACT NO.s 9032 75 85 87

Sign. of the Staff Exam. Branch HOD Principal/Director

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PRINCIPAL.
SREYAS INSTITUTE OF ENGG.ATECH.

30/5, Sv.No.10/, Fattiannaram (V), SSL Benoticoura, Nagole, Hyd-68



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NAME	Dr.M. Prustelhan	Micrown obtobrook's decisional and resident	DESIGNATION Pro-	essov	DEPARTMENT	CS E
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SREYAS INSTITUTE OF ENGG.&TECH. 2-50/5, Sy.No.10/ Fattiannaram (V). GST Bandiaguda Nagole, Hyd-68



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068 **EMPID** 043 Date 31 VACATION APPLICATION FORM NAME Ch-S.V. Marithi Kas DESIGNATION Amoc. Prof DEPARTMENT ECE FROM 15-7-19 TO 18 -7-19 TOTAL NO. OF DAYS DURING THE VACATION CONTACT NO.S 9177656868 Si m. of the Staff Exam. Branch HOD Principal/Director

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PRINCIPAL

SREYAS INSTITUTE OF ENGG.&TECH. 2-50/5, Sy.Ne.10/ Fattiannaram (V), ASI, Bandlaguda, Nagole, Hyd-68.



Beside Indu Aranya, GSI, Bandlaguda, Nagole, Hyderabad - 500068 EMP ID 300 Date 31 7 19 **VACATION APPLICATION FORM** AYNATWOD.A NAME DESIGNATION ANT. PROFESSOR DEPARTMENT ECE 15 7 19 FROM TO TOTAL NO. OF DAYS during the vacation contact no.s HOD Exam, Branch

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



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Sign. of \	e Staff	Exam. ranch	TO THE STREET OF	Principal/Director
		~	V	

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



Beside Indu Aranya, CSI, Bandlaguda, Nagole, Hyderabad - Svoude											
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SREYAS INSTITUTE UF ENGG.&TECH. 2-50/5, Sy.No.10/_fattiannaram (V). GSI, Bandiaguda 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, [K- Hima Such (A)
Assistant Professor,

H & S Dept,

SIET.

LEYMS INSTITUTE OF ENGG. & TEU. D.No. 9-39, Beside Indu Aranya, andlaguda Tettiannaram, Hyderabad-68



SREYAS STATEMENT SHOWING SALARIES FOR THE MUNITH UF AUGUST-ZUTE (TEACHING & NON-TEACHING STAFF) H & S DEPARTMENT Actual no of working down

S. No.	NAME OF THE STAFF	DESIGNATION	рој	BASIC PAY	DA	HRA	CCA	OTHERS	GROSS SALARY	PER DAY	NO.OF DAYS PRESE	NO.OF DAYS	DEDUCTI ONS	PT	TDS	TOTAL DEDUCTIO	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	
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		45,538
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	35,486
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	45,510
8	Mr O ANIL KUMAR	ASST.PROF	7/9/2016	21600	2160	6480	0	0	30,240.00	1,008	27.5	2.5		200	0	200	39,800
9	Mrs CHLESTINA	ASST.PROF	10/7/2017	21600	2160	5240	0	0	29,000.00	967	30.0		2,520	200	0	2,720	27,520
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	-	-		0	200	0	200	28,800
12	Mrs P BANU	ASSOC.PROF	9/10/2011	32670	3267	9801	0	0		1,667	21.0	9.0	15,000	200	0	15,200	34,800
13	Mrs M SHEETAL REDDY	ASST.PROF	10/12/2013	25490	2549	7647	0	5064	45,738.00	1,525	28.5	1.5	2,287	200	0	2,487	43,251
14	Ms D JYOSHNA	ASST.PROF	8/2/2017	21600	2160	6480	0		40,750.00	1,358	21.0	9.0	12,225	200	0	12,425	28,325
15	Mrs G KAVITHA	ASST.PROF	20/7/2017	21600	2160	5240	0	0	30,240.00	1,008	29.0	1.0	1,008	200	0	1,208	29,032
16	Mr G SIDDHANTH	ASST.PROF	17/8/2017	21600				0 .	29,000.00	967	30.0	0.0	0	200	0	- 200 -	28,800
17	Mr MD NASEERUDDIN	ASST.PROF	21/10/2011	25490	2160	6480	0	0	30,240.00	1,008	30.0	0.0	0	200	0	200	30,040
18	Mr SOHAIL NIZAMUDDIN	ASST.PROF			2549	7647	0	814	36,500.00	1,217	30.0	0.0	0	200	0	200	36,300
19	Mr S RAMESH	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
-	Mr P RAJU		30/11/2015	21600	2160	6480	0	0	30,240.00	1008	30.00	0.0	. 0	200	0	200	30,040
	Mr B RAHUL OMPRAKASH	ASST.PROF	31/12/2016	21600	2160	6480	0	0	30,240.00	1008	30.00	0.0	0	200	0	200	30,040
22		ASST.PROF	16/01/2017	21600	2160	6480	NOIF	AL O	30,240.00	1,008	28.5	1.5	1,512	200	0	1,712	28,528
-	Dr S SUDHAKAR REDDY	ASSOC.PROF	2/9/2013	32670	3267	9801	Asura	emog. 8	TE45/738.00	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 la	7647	0 ennarar	Hydera	35,686.00	1,190	26.1	3.9	4,675	200	0	4,875	30,822



S FORM IS SUPPLIED FREE OF COST

దరఖాన్ను పారము ఉచితముగా నరఫరా చేయబడును Grams : Bhavishyanidhi

Phone Telex No. 27564571-08

Fax No.

0426-6641 27561977

REGISTERED POST ACK. DUE

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

No. /AP/HY/73009/C-11/Enf/T-1/2012/3041 Dated 30:4:2012
То
MS. Skeyas ensuliati of Fris = Tech.
CSreyar Covational Covery)
Beside Indu Aranyo. Nagole.
2. SOIT Syno. 107 tattlamaram(v)
sir, GSI Barnlaguda Hyd-Sonobe
Sub: Applicability of Employees' Provident Funds & Miscellaneous Provisions Act. 1952 and the Schemes framed thereunder to M/s. Syayos Covializati Society
Banda Sida 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 S. Modul Maria Chang on it is evident that:
a) Your establishment/factory viz. M/s Sreyas entitled of Engg & Tech.
is engaged in Enucotronal limitalism
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
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
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
II. With reference to your application M.
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.
and the manuscrib mereby another to your establishment/factory namely M/s.
covering your establishment/factory with effect from pending issue of a notification.
2 The code No ADATAY 7.2009.
establishment for the purpose of making compliance with various provisions of the F.P. 8. Asia Deside Indu Aranya,
Act 1302, and the Schemes framed thereunder namely E.P.F. Scheme 1952 E.P.S. 1995 and Employees Daniel and Employe
posit Linked Insurance Scheme, 1976. This code No. should invariably be quoted in all the correspondence made with this office.

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. You are required to maintain / forward the following returns: 7. These are to be submitted to this office once in respect of those employees a) From No.9 under the who are required or entitled to become members on the date of coverage of E.P.F. Scheme 1952 and the schemes framedthe establishment / factory under the Act. thereunder These are to be obtained in duplicate from every EPF member for submission b) Form No.2 under the to this office. E.P.F. Scheme 1952 and the schemes framed thereunder1 This is to be submitted to this office in duplicate. Any subsequent change Form No.5-A in ownership is also to be notified to this office through this form. This is the contribution card of each member showing the contribution for Form No.3-A 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 deposited every month. This is the annual return showing the total contribution made during the Form No.6-A 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) This is the monthly return showing the summary of monthly of the estab-Form No.12-A lishment / 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. These are the returns of employees who have become new members or who g) Form No.5 & 10 have left the service in the month. These returns are to be submitted to this office by the 15th of the following mor. h, even when there is no change in staff position. In case of no change in the staff position "Nil" return should be submitted. MANIA MOULD AND THE 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. 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 As regards E.P.F. and E.D.L.I. dues for the period from arrears should be remitted on or before

PRINCIPAL
SREYAS INSTITUTE OF ENGG. & TECH
D.No. 9-39, Beside Indu Aranya,
Pandlaguda, Tattiannaram, Hyderabad-68

- 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.

1 1 1 1 1 1	March All Statemen				
10 10 10 10 10	Sale Sales	W. Care			
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ARM	Recto	nal Provi	dent Fun	d Commi	ssioner.
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		. , q	C P		5/4/12
			30 4	3	5/01
isali m	***				

Encls:

- 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.

register to light and a planter.

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- 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 Déposit Linked Insurance Contributions.
- 5. Form, 5A (in triplicate).

Copy to:	
1. Shri/Smt. B. Madlu Sudluma Cliay	Enforcement Officer for watching compliance.
He/She is requested to obtain Form 5-A in duplicate and the	
to the officer in respect of the establishment/factory immediate	ely.
 Accounts Branch (It is understood that this established Fund accumulation to transfer to E.P.F. This may please be not in the Group with suitable remarks). Inspection Branch 	
Note: No. of Employees 2H No. of P	robable Subscribers,



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

Name of Establishment	SREYAS EDUCATIONAL SOCIETY (SREYAS INSTITUTE	NSTITUTE OF ENGG & TECH)	
Establishment Id	APHYD0073009000		1796419915
Wage Month	MAY-2020	Return Month	II N 2020
Contribution Detailed			JOIN-2020
Contribution Rate (%)	12	ECR Type	ECR
Salary Disbursement Date	01-JUN-2020	Uploaded Date Time	08-JUN-2020 22:54
Exemption Status	Unexempted	TODNI Nimeka	
	4 TOOK CITE OF STATE	LXXX Number	
Remarks	ok	ECR Id	44881246
Total Members	52		
Contribution and Remittance Details (In Rupees):	(In Rupees) :		
Total EPF Contribution Remitted	24,817	Total EPS Contribution Remitted	
Total EPF-EPS Contribution Remitted	11,713	Total Refund Advance	
PMRPY Upfront Benefit Details (In Rupees):	upees):		
Total PMRPY Upfront EPF Amount	4,302	Total PMRPY Upfront EPS Amount	
PMRPY benefit remarks	Establishment is eligible for PMRPY upfront benefit.	fit.	
PMGKY Benefit Details (In Rupees):			
Total PMGKY benefit Amount	Employee EPF Share	Employer EPS Share	Employer EDE Share
	22,231	1,976	
PMGKY benefit remarks	Upfront benefit rewarded.		

ASMULA

PRINCIPAL

REYAS INSTITUTE OF ENGG.&TECH.

90/5, SycNo.10/ Fattiannaram (V).

1 Sub-diaguids Nagole, Hyd-69

EMPLOYEE'S PROVIDENT FUND ORGANISATION

ELECTRONIC CHALLAN CUM RETURN (ACKNOWLEDGEMENT

challan with Temporary Return Reference Number Your ECR for the month MAY-2020

for Establishment APHYD0073009000

has been generated on has been successfully uploaded

08-JUN-2020 23:01 1202006006091

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

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)

SREYAS INSTITUTE OF ENGG.&TECH. Ti Bandlowski Nodole, Hvd.48 PRINCIPAL



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

TRRN 1202006006091

Address: Establishment Code & Name APHYD0073009000 SREYAS EDUCATIONAL SOCIETY (SREYAS INSTITUTE OF Dues for the wage month of

Total Wages: Total Subscribers

2,06,800

BESIDE INDU ARANYA 2-50/5, SY NO., 107 TATTIANNARAM(V),GSI, BANDLAGUDA, NAGOLE, HYDERABAD, TELANGANA May 2020

EPS

EDLI

l otal wages.	a Garage	2,06,800	00	1,57,350		2,06,800	
S .	PARTICULARS	A/C.01 (Rs.)	A/C.02 (Rs.)	A/C.10 (Rs.)	A/C.21 (Rs.)	A/C.22 (Rs.)	TOTAL
<u> </u>	Administration Charges	0	1,034	0	0	0	1 034
2	Employer's Share Of	1,212	0	1.374	1 034	o	1,034
در		•				c	3,620
٥	Employee's Share Of	2,586	0	0	0	0	2,586
Grand	Grand Total: Seven Thousand Two Hundred Forty Rupees Only	Rupees Only					7,240

establishment for the specified month and year. (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

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

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



REVAS INSTITUTE OF ENGGLATECH 50/5) Skill(n0) Tatternaram (V). 101. Bandingode Negole, Hvd-8 TRINCIPAL



Regional Office

C-11 Regd. with a.d.

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

To

Dated: 30/03/2017

M/s.Sreyas Institute of Enigneering and Technology

39, beside Indu Aranya, GSI, Thattiannaram, Bandlàguda, Nagole, Hyderabad ,500068

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 alloted 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.

PRINCIPAL

SREYAS INSTITUTE OF ENGG. & TECH
D.No. 9-39, Beside Indu Aranya,
Bandlaquda, Tattiannaram, Hyderabad-68

- **8.** A State wise list of ESI Dispensaries is available on our website <u>www.esic.nic.in</u> 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

PRINCIPAL
PRINCIPAL
PRINCIPAL
PRINCIPAL
OF ENGG. & TECH
D.No. 9-39, Beside Indu Aranya,
Pandlaguda, Tattiannaram, Hyderabad-68



EMPLOYEES' STATE INSURANCE CORPORATION <u>e-Pehchan Card</u>

	Kotha Suresh Rao 1213176422 10/03/2017						
		YOUR REG	ISTRATION DE	TAILS			
Employee Name:	Kotha Suresh Rao		Type of Disabili		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 nag colony,thattiannaram, ha reddy,Dist:Hyderabad,Te	yathnagar,ranga	Permanent Add	ress :	colon hayat	9, raghavendra nagar y,thattiannaram, hnagar,ranga ,Dist:Hyderabad,Telan	gana,500068
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.))	Dispensary / IMI	ofor Family:	Tarnak	(a, AP (ESIS Disp.)	
UHID					-		
	Current Employer Details			First 6	Employe	· Details	
Employer's Code No. :	52000610140000606		Employer's Cod		None		
Sub Unit's Code No. : Date of Appointment :	None 01/08/2019		Sub Unit's Code		None		
Name of Employer :	Crougo Institute of Faire						
Address of Employer:	Sreyas Institute of Enigne 3eçbeel@Mndu Aranya, (Thattiannaram,,Bandlagu	GSI, ida, Nagole,	Address of Employ		None		
	Hyderabad, Dist: Hyderaba 8	adTelangana50006					
amily Details:							
Name	Relationship with the Employee	Date of Birth	UHID	Whether Residi with Insured Per	•	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,
		1	hayathnagar,ranga
			reddy,TelanganaDist:Rangareddy5000

Asurest

PRINCIPAL
SREYAS INSTITUTE UF ENGG.&TECH.
2-50/5, Sy.No.10/ Fattiannaram (V).
PST. Bandlaguda: Negole, Hvd-68

Documents Uploaded:		
none		
Signature / LTI of Registered Employee / IP		- t
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)	

Mobile Number: 9393421213		

- 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.



Insured Person:

Vadepalli Padma

EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

Insurance No.: 5	213176423		
Date of Registration: 3	0/03/2017		
	VOLID DEGIS	STRATION 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,50150 5
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID	HSNG.0000264187		
C	urrent Employer Details	Fin	st Employer Details
Employer's Code No. :	52000610140000606	Employer's Code No. :	None
Sub Unit's Code No. : Date of Appointment :	None 01/08/2019	Sub Unit's Code No. :	None
Name of Employer :	Sreyas Institute of Enigneering and	First Insurance No. : Name of Employer :	None

Hyderabad, Dist: Hyderabad Telangana 50006

Teçleasiasyındu Aranya, GSI,

Thattiannaram,,Bandlaguda, Nagole,

Family Details:

Address of Employer:

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

Name of Employer:

Address of Employer:

Nominee Details:

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

None

None

PRINCIPAL SREYAS INSTITUTE UF ENGG.&TECH. 2-50/5, Sy.No.10/ Fattiannaram (V). GSI, Bandlaguda Nadola, Huri Kri

Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mobile Number: 9948960866	

- 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 .



EMPLOYEES' STATE INSURANCE CORPORATION <u>e-Pehchan Card</u>

Insured Person: E	Samakka		
Insurance No.: 52	213176424		
Date of Registration: 30	0/03/2017		
	YOUR REGIS	STRATION DETAILS	
Employee Name:	E Samakka	Type of Disability :	None
Name of Father / Husband:	E Venkataiah Late	Date of Birth :	20/05/1970
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,5015 05
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID		•	
C	urrent 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	Name of Employer :	None
Address of Employer :	উচ্চিত্রেরিপ্রসার্ব্য Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole,	Address of Employer :	None
	Hyderabad,Disl:HyderabadTelangana50006 8		

Family Details:

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

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

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.Wo.10/ Tattiannaram (V).
GST. Bandlaguda Nagola, Hvd. 69

Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mobile Number : 9866387805	
MODILE MULLIDEL . COCCOOL COC	

- 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 .



EMPLOYEES' STATE INSURANCE CORPORATION <u>e-Pehchan Card</u>

Insured	Person:	

Kurri Galamma 5213176425

Insurance No. :

Date of Registration: 30/03/2017

Employee Name:	Kurd Calana	STRATION 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		
С	urrent Employer Details	Fi	st 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	Name of Employer :	None
Address of Employer :	ઉ ର୍ବ୍ୟ ପ୍ରଥ ଣଣ/Indu Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole,	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 Thattiannaram,Hayathnagar,Telangana Dist:Rangareddy500068



Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mohile Number : 9951882639	

- 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 .



EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

nsured Person:	Kurri Galamma
nsurance No. :	5213176425

Date of Registration: 30/03/2017

Employee Name:	Kurri Galamma	TRATION 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		
С	urrent Employer Details	First	t 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	Name of Employer :	None
Address of Employer:	উ 9্টেওরাল্ড গndu Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole,	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



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

- 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.



Dispensary / IMP for IP :

None

EMPLOYEES' STATE INSURANCE CORPORATION <u>e-Pehchan Card</u>

Dispensary / IMP for Family:

None

	JKKerra Ramulu 13176428 /03/2017		
	YOUR REGIST	RATION 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,50150 5

UHID		2	
	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	Name of Employer :	None
Address of Employer :	Techeeleevindu Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole,	Address of Employer :	None

Hyderabad, Dist: Hyderabad Telangana 50006

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 Laxmamma	Spouse	100	5-35, Kuntloor,,Hayathnagar,TelanganaDist:R angareddy501505



Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mobile Number : 7287952060	

- 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



EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

Insured Person:

Taduri Srishailam

Insurance No.:

5214627133

Date of Registration: 15/07/2018

_	YOUR REGIS	TRATION DETAILS	
Employee Name:	Taduri Srishailam	Type of Disability :	None
Name of Father / Husband:	TADURI KISTAIAH	Date of Birth :	23/02/1981
Marital Status :	Married	Gender:	Male
Present Address :	9-A/385, R.K. NAGAR,,TATTIANNARAM,,Dist:Hyderabad,T elangana,500068	Permanent Address :	9-A/385, R.K. NAGAR,,TATTIANNARAM,,Dist:Hyderaba d,Telangana,500068
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)
UHID	DTK1.0000000110		
С	urrent Employer Details	Firs	et 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
lame of Employer :	Sreyas Institute of Enigneering and	Name of Employer :	None
ddress of Employer :	3e଼beelଗଥମndu Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole,	Address of Employer :	None

Family Details:

			4			0
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



Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
TADURI MAMATHA	Spouse	100	THATTIANNARAM,HAYATNAGAR,Tela nganaDist: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 .



EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

Insured Person : Ya	anala Narsi Reddy						
	214627170						
Date of Registration: 15	0/0//2018		- 1				
		VOUD DEC					
Employee Name:	Yanala Narsi Reddy	YOUR REG	ISTRATION DE		_		
Employee Hame.	Taliala Naisi Reddy		Type of Disabili	ty:	None		
Name of Father / Husband:	YANALA KANAKA REDI	ΣΥ	Date of Birth :		20/06	/1948	
Marital Status :	Married		Gender:		Male		
Present Address :	4-293, RAVINARAYAN R	EDDY	Permanent Addi		3-46	,	
	COLONY,,KUNTLOOR,			1633 .	СНО	UTUPPAL, LAKKAR	AM,,Dist:Nalgod
	HAYATNAGAR,,Dist:Hyde	erabad, Telangana,	5		a,Tel	angana,508252	
	01303						
Dia							
Dispensary / IMP for IP :	spensary / IMP for IP : Tarnaka, AP (ESIS Disp.)		Dispensary / IMF	Dispensary / IMP for Family:		Tarnaka, AP (ESIS Disp.)	
UHID							
C	urrent Employer Details			First E	mploye	r Details	
Employer's Code No. :	52000610140000606		Employer's Code	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 N	lo. :	None		
Name of Employer :	Sreyas Institute of Enigne	eering and	Name of Employe	er:	None		
Address of Employers	39çbaslaa ⊻ndu Aranya, (GSI,					
Address of Employer : Thattiannaram,,Bandlaguda, Nagole,		Address of Empl	oyer:	None		1	
	Hyderabad, Dist: Hyderaba	ad Telangana 50006					
	8						
amily Details:							
Name	Relationship	Date of Birth	UHID	Whether Posidir		Ctata	1

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;Hyderab ad501505

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

Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mobile Number : 9392583539	

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



EMPLOYEES' STATE INSURANCE CORPORATION <u>e-Pehchan Card</u>

nsured Person:	Venna Marreddy
nsurance No. :	5214776239

Date of Registration: 01/09/2018

	YOUR REGIST	TRATION 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 ABHUDYANAGAR, CHINTHALKUNTA,,L.B.NAGAR,Dist:Rangare ddy,Telangana,500074	Permanent Address :	PLOT NO: 107 ABHUDYANAGAR, CHINTHALKUNTA,,L.B.NAGAR,Dist:Rang areddy,Telangana,500074
Dispensary / IMP for IP :	Dabeerpura, AP (ESIS Disp.)	Dispensary / IMP for Family:	Dabeerpura, AP (ESIS Disp.)
UHID	HSNG.0000256074	!	
0	urrent 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	Name of Employer :	None
Address of Employer:	ንድር ከመደነበብ Aranya, GSI, Thattiannaram,,Bandlaguda, Nagole,	Address of Employer:	None

Hyderabad, Dist: Hyderabad Telangana 50006

8

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:Rangareddy500 074

PRINCIPAL
SREYAS INSTITUTE OF ENGG.&TECH.
2-50/5, Sy.No.10/ fattiannaram (V).
4SI. Bandiaguna Magala (v).

Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP :	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
Mobile Number: 9676960077	

- 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 .



EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

nsured Person :	Kamidi Ram Reddy

Insurance No.: 5214776279 Date of Registration: 01/09/2018

	YOUR REGIS	TRATION 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,Tela ngana,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		
С	urrent Employer Details	FI	rst 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
lame of Employer ;	Sreyas Institute of Enigneering and	Name of Employer :	None
Address of Employer:	390 beeleanndu Aranya, GSI, Thattiannaram, Bandlaguda, Nagole, Hyderabad, Dist: Hyderabad Telangana 50006	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:Hy derabad500082

FRINCIPAL MEYAS INSTITUTE OF ENGG.&TECH. 50/5, Sy.No.10/ Fattiannaram (V). Sandlaguda Noosle, Hvd-68

Documents Uploaded:	
none	
Signature / LTI of Registered Employee / IP	
	Affix Your Family Photograph Here.(Attested and Stamped by Employer / ESIC Official)
	5
Mobile Number: 9640444388	

- 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



EMPLOYEES' STATE INSURANCE CORPORATION e-Pehchan Card

nsured	Person	:

Ganji Bhaskar Rao

Insurance No.:

5214776562 Date of Registration: 02/09/2018

	YOUR REGIS	TRATION DETAILS		
Employee Name:	Ganji Bhaskar Rao Type of Disability :		None	
Name of Father / Husband:	G.VEERAIAH	Date of Birth :	02/08/1950	
Marital Status :	Married	Gender :	Male	
Present Address: 2-6-231, JAIPURI COLONY,,NAGOLE,,Dist:Rangareddy,Telang ana,500068		Permanent Address :	2-6-231, JAIPURI COLONY,,NAGOLE,,Dist:Rangareddy,Tel angana,500068	
Dispensary / IMP for IP :	Tarnaka, AP (ESIS Disp.)	Dispensary / IMP for Family:	Tarnaka, AP (ESIS Disp.)	
UHID	HSNG.0000253428			
Cı	ırrent Employer Details	First i	Employer Details	
Employer's Code No. :	52000610140000606	Employer's Code No. :	None	
Sub Unit's Code No. : Date of Appointment :	None 01/06/2018	Sub Unit's Code No. : First Insurance No. :	None None	
Name of Employer :	Sreyas Institute of Enigneering and	Name of Employer :	None	
Address of Employer: 390 bedia@Mndu Aranya, GSI, Thattannaram,,Bandlaguda, Nagole,		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:Hyde rabad500068

TAS INSTITUTE OF ENGG.&TECH. 75, Sy.No.10/ Fattiannaram (V), 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	

- 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