

STUDENT PROFILE

Student Name	BALASUBRAMANIYAN P
Register No.	
Course	Pharm.D (PB)-Doctor of Pharmacy (Post Baccalaureate) [PG - Full Time]
Academic Year / Year / Section	2023-2024 / I YEAR / A
Institution	VELS INSTITUTE OF SCIENCE TECHNOLOGY AND ADVANCED STUDIES (VISTAS)
D.O.B. / Gender	28-May-2002 / Male
Father Name / Mother Name	PUSHPARAJ D / KAMALA P
Residential Address	NO. 5/339, MARIAMMAN KOIL STREET ATHANCHERY, PADAPPAI Kanchipuram -601301
Student Contact Number / Email	8148914617 / clownbala@gmail.com
Parent Contact Number / Email	8148914617 / -
Admitted Date	29-Sep-2023
Community / Caste	SC /
Nationality / Religion	Indian / Hindu
Hosteller	
Occupation / Annual Income Rs.	Business / 0
District / State Name	Kanchipuram / Tamil Nadu



I Skills Academy
Tamil Nadu
India

TAX INVOICE

INV-000213

Balance Due
₹0.00

Bill To
Ms. DHIVYA DHARSINI .Y

Invoice Date : 04/11/2023
Terms : Net 15
Due Date : 19/11/2023
Subject : Training Fees

#	Item	Qty	Rate	Amount
1	Advance Medical Coding Course	1.00	10,000.00	10,000.00
Sub Total				10,000.00
Discount				(-) 500.00
Total				₹9,500.00
Payment Made				(-) 9,500.00
Balance Due				₹0.00

Total In Words: **Indian Rupee Nine Thousand Five Hundred Only**

Terms & Conditions

Placements Terms & Conditions:

Placements depends on Interview Performance
Placement Location cannot be assured by Institute.
Placements can only be given when there is job vacancy for Freshers.
Job joining date will be confirmed by Respective Companies.
Interviews will be scheduled after Full Payment of Training fees.
Jobs assistance will be provided only after passing CPC Exams, applicable only for CPC Trained Freshers
Placements provided without any cost. Training fees non refundable

M. Ash

Asha M
Authorized Signature



Application Form
R R College of Pharmacy,M.Pharm
Pharmacology
R R INSTITUTIONS



Application No.: RR_2023_7567_00007076

For Office Use Only

Admission No.:

Course Applied For					
Specialization	R R College of Pharmacy,M.Pharm Pharmacology				
Applicant Personal Details					
Title	Mr	Name	V Divakar	Mobile	6385124769
Email	divakarvenkatesan1@gmail.com	Date Of Birth	18-08-2001	Age	22
Gender	Male	Nationality	Indian		
Aadhaar Number	796675980166	Category	Other		
Other Category	MBC	Religion	Hindu		
Parent's/Guardian's details					
Father's/Husband's Name	D Venkatesan	Father's/Husband's Contact No	9444250531	Father's/Husband's Email ID	
Father's/Husband's occupation		Mother's Name	V Sasikala	Mother's Contact Number	9444601800
Mother's Email ID		Mother's Occupation			
Address Details					
Present Address					
Address 1	S/O Venkatesan	Address 2	39/3, eswari nagar extn , tambaram kancheepuram	Country	India
State	Tamil Nadu	District	Chennai	City	Tambaram kancheepuram
Pincode	600059				
Permanent Address					
Address 1	S/O Venkatesan	Address 2	39/3, eswarinagar extn tambaram kancheepuram	Country	India
State	Tamil Nadu	District	Chennai	City	Tambaram kancheepuram
Pincode	600059				



ADVANCE PROGRAM IN CLINICAL RESEARCH AND MANAGEMENT

Name: **H.GOKULAKRISHNAN**

Address: Clini Research Services - Bangalore
Crescent-4, Level 2,
Prestige Shantiniketan,
Whitefield, Bangalore KA

Registration No.: CI -EL - 8472

This is to certify that the candidate has successfully completed **Advance Program in Clinical Research and Management**. The Candidate has satisfactory Knowledge & Proficiency in Clinical Research, Clinical Data Management, Pharmacovigilance & Medical Writing.

Candidate Name: *H. Gokulakrishnan*

Program: Advance Program in Clinical Research and Management

Campus: E-learning

Date of Completion : 02 January 2024

Clinical Research:	A+
Clinical Data Management:	A
Pharmacovigilance:	A+
Medical Writing:	A

Issuer Key: 0xC5A95533AcC1791bfa529B2A4806720b953a6Afd
This is a digital document and does not require signature.



Scan Code to Verify
02nd Jan 2024



Application Form
R R College of Pharmacy, M.Pharm
Pharmacology
R R INSTITUTIONS



Application No.: RR_2023_7566_00007075 For Office Use Only Admission No.:

Course Applied For					
Specialization	R R College of Pharmacy, M.Pharm Pharmacology				
Applicant Personal Details					
Title	Mr	Name	Kishore R	Mobile	9360579372
Email	kishoreramesh2001@gmail.com	Date Of Birth	27-12-2001	Age	22
Gender	Male	Nationality	Indian		
Aadhaar Number	213010700600	Category			
Religion	Hindu				
Parent's/Guardian's details					
Father's/Husband's Name	Ramesh G	Father's/Husband's Contact No	9360579372	Father's/Husband's Email ID	
Father's/Husband's occupation		Mother's Name	Ellammal G	Mother's Contact Number	
Mother's Email ID		Mother's Occupation			
Address Details					
Present Address					
Address 1	S/O Ramesh	Address 2	43, Vanniyar street, Neerpeyar post, Thonnadu, Neerpair, Kancheepuram,	Country	India
State	Tamil Nadu	District	Chennai	City	Kacheepuram
Pincode	603313				
Permanent Address					
Address 1	S/O Ramesh	Address 2	43, Vanniyar street, N], Neerpair, Kancheepuram,	Country	India
State	Tamil Nadu	District	Chennai	City	Kacheepuram
Pincode	603313				



Application Form
R R College of Pharmacy, M.Pharm
Pharmacology
R R INSTITUTIONS




Application No.: RR_2023_6409_00005968 For Office Use Only Admission No.:

Course Applied For					
Specialization	R R College of Pharmacy, M.Pharm Pharmacology				
Applicant Personal Details					
Title	Mr	Name	R Rajaganesan	Mobile	8778858249
Email	r.rajaganesan.g@gmail.com	Date Of Birth	03-02-2002	Age	21
Gender	Male	Nationality	Indian		
Aadhaar Number		Category			
Religion	Hindu				
Parent's/Guardian's details					
Father's/Husband's Name	G Rengarajan	Father's/Husband's Contact No	9003014476	Father's/Husband's Email ID	
Father's/Husband's occupation		Mother's Name	R Savithiri	Mother's Contact Number	
Mother's Email ID		Mother's Occupation			
Address Details					
Present Address					
Address 1	98 neela bhavanam	Address 2	srinivasapuram	Country	India
State	Tamil Nadu	District	Kancheepuram	City	anakaputhur
Pincode	600070				
Permanent Address					
Address 1	98 neela bhavanam	Address 2	srinivasapuram	Country	India
State	Tamil Nadu	District	Kancheepuram	City	anakaputhur
Pincode	600070				

126955
CP2364090006

STUDENT COPY



VELS

INSTITUTE OF VETERNARY, TECHNOLOGY & ANIMAL SCIENCES (VTAS)
Approved by the Government of Tamil Nadu on 17.07.2013
Established in the year 1996
PALLAVARAM - CHENNAI

ACCREDITED BY NAAC WITH 'A' GRADE
 INSTITUTION WITH UGC 12B STATUS
Working Since 30 Years Successfully

Student ID No. 23725 Date: 22/11/23
 Name of the Student: V. VETRI SELVAN

Course: Pharm + D (PE)

Year	Term	
VIII/III/V/VI	I Term	II Term
PARTICULARS		
		Rs.
Tuition Fees		75,000
Transport Fees		
Other Fees		
Others (Specify)		
TOTAL		75,000

Amount in words (Rupees) Seventy five thousand Only

Mode of Payment: Cash Demand Draft NEFT/IMPS UPI Payment Debit Credit / Card/Ref. No.

DD No. 22 NOV 2023 Date

Amount Rs. _____ Bank _____

Branch PALLAVARAM * SPORTS CAMPUS

Mobile _____ Signature of the Student / Remitter V. Vetri Selvan

For Office Use _____

Office seal with Date _____ Authorised Signatory _____

126955

STUDENT COPY



VELS

INSTITUTE OF VETERNARY, TECHNOLOGY & ANIMAL SCIENCES (VTAS)
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PALLAVARAM - CHENNAI

ACCREDITED BY NAAC WITH 'A' GRADE
 INSTITUTION WITH UGC 12B STATUS
Working Since 30 Years Successfully

Student ID No. 126955 Date: 22/11/23
 Name of the Student: V. VETRI SELVAN

Course: _____

Year	Term	
VIII/III/V/VI	I Term	II Term
PARTICULARS		
		Rs.
Tuition Fees		100
Transport Fees		
Other Fees		
Others (Specify)		
TOTAL		100

Amount in words (Rupees) one hundred Only

Mode of Payment: Cash Demand Draft NEFT/IMPS UPI Payment Debit Credit / Card/Ref. No.

DD No. 22 NOV 2023 Date

Amount Rs. _____ Bank _____

Branch PALLAVARAM * SPORTS CAMPUS

Mobile _____ Signature of the Student / Remitter _____

For Office Use _____

Office seal with Date _____ Authorised Signatory _____

CP2344050006