



ENTREPRENEURSHIP DEVELOPMENT INSTITUTE OF INDIA

Near Village Bhat, Via Ahmedabad Airport & Indira Bridge, P.O. Bhat - 382 428, Dist. : Gandhinagar,
Gujarat, India.
Tel. : +91-79-23969153, 23969158, 23969159, 23969161
E-mail : info@ediindia.org

Telefax : +91-79-23969164
Website : www.ediindia.org

S. B. Sareen
Sr. Faculty & Project Director: DST-NIMAT

EDI/DST-NIMAT/19-20/477
Date: 12/08/2019

SPEED POST

Dr. Raghunandan Nerella
Principal
Balaji Institute of Pharmaceutical Sciences
Laknepally (Village), Narsampet (Mandal)
Warangal - 506 331
Telangana

Kind Attention: Dr. Manish Kumar Thimmaraju, HoD-Pharmaceutical Analysis

Dear Sir,

Sub: DST-NIMAT Project 2019-20: Sanction Order

Greetings from Entrepreneurship Development Institute of India, Ahmedabad!

This is with reference to your proposal submitted for conducting activities / programme(s) under the aegis of National Science & Technology Entrepreneurship Development Board (NSTEDB), Department of Science and Technology, Government of India, New Delhi.

We are happy to inform you that the following activities / programmes have been sanctioned:

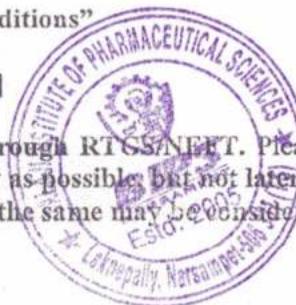
| Sr. No. | Activity / Programme | No. | Amount in Rs. | Locations |
|---------|---------------------------------------|-----|---------------|--------------------------|
| 1 | Entrepreneurship Awareness Camp (EAC) | 1 | 20000 | As mentioned in proposal |
| | Total | 1 | 20000 | |

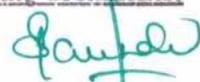
You are requested to please go through the enclosed Guidelines / Terms & Conditions as it is mandatory to follow the same.

Please note that the first installment is to be released on receipt of the following documents:

1. Duly Signed Agreement
2. Duly Signed "Terms & Conditions"
3. Action Plan [Annexure-I]
4. Bank Details [Annexure-IA]

The funds will be transferred through RTGS/NEFT. Please make sure that the above said documents must reach us as early as possible but not later than ONE MONTH of receiving this sanction letter. Non receipt of the same may be considered as your unwillingness to take up the programme(s).




PRINCIPAL
Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)

Annexure - II

DST NIMAT Project 2019 – 20

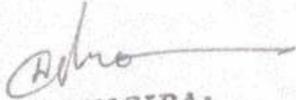
PROFORMA FOR ACTIVITY COMPLETION STATEMENT (ACS)

(To be submitted within a week after completion of each activity)

1. Name of the Organization/ Institute : Balaji institute of pharmaceutical sciences
2. Activity/ Programme (Tick ✓ on appropriate programme) : EAC / EDP / WEDP / TEDP / FDP
3. Activity / Programme Location : Laknepally, Narsampet, Warangal
4. Name of the Coordinator : Dr. Manish Kumar Thimmaraju
5. Date of Launching Promotional Activities [Not applicable for EAC] : - NA -
6. Date of Selection (Interview) [Not applicable for EAC] : - NA -
7. Date of Commencement of the Programme : 5-11-2019
8. Date of Completion of the Programme : 7-11-2019
9. Number of Participants : A) Total : 122
: B) Male : 47
Female : 75
10. Category of Participants (In numbers) : General : 47
SC : 17
ST : 12
OBC : 21
Minority : 25
Others : -
11. Trade (For TEDP Only) :

Date: 27-11-2019

Signature of Programme Coordinator


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Warangal (Dt) - 508 331 (T.S)




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Warangal (Dt) - 508 331 (T.S)

Annexure – IV
(GFR 12-A, GFR 12-B and GFR 12-C)

DST-NIMAT Project 2019 - 20

GFR 12 – A
[(See Rule 238 (1))]

FORM OF UTILIZATION CERTIFICATE
(FOR AUTONOMOUS OF THE GRANTEE ORGANIZATION)

Utilization Certificate for the year 2019-20.....in respect of recurring/non-recurring
GRANTS-IN-AID/SALARIES/CREATION OF CAPITAL ASSETS

1. Name of the Scheme ...DST-NIMAT Project 2019-20
2. Whether recurring or non-recurring grantsRecurring.....
3. Grants position of the beginnings of the Financial year
 - (i) Cash in Hand/Bank - nil -
 - (ii) Unadjusted advances - nil -
 - (iii) Total - nil -
4. Details of grants received, expenditure incurred and closing balances: (Actuals)

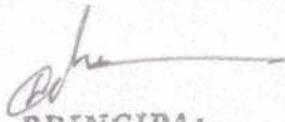
| Unspent Balance of Grants received years (figure as at Sl. No. 3 (iii)) | Interest Earned thereon | Interest deposited back to the Government | Grant received during the year | | | Total Available Funds (1+2-3+4) | Expenditure incurred | Closing Balance (5-6) |
|---|-------------------------|---|--------------------------------|----------------|-----------------|---------------------------------|----------------------|-----------------------|
| | | | Sanction No. (i) | Date (ii) | Amount (iii) | | | |
| 1 | 2 | 3 | 4 | | | 5 | 6 | 7 |
| <u>nil</u> | <u>nil</u> | <u>nil</u> | <u>EDIT/DST</u> | <u>12-8-19</u> | <u>20,000/-</u> | <u>20,000/-</u> | <u>20,000/-</u> | <u>nil</u> |
| | | | <u>-NIMAT/</u> | | | | | |
| | | | <u>19-20/477</u> | | | | | |

Component wise utilization of grants:

| Grant-in-aid-General | Grant-in-aid-Salary | Grant-in-aid-creation of capital assets | Total |
|----------------------|---------------------|---|-----------------|
| <u>20,000/-</u> | <u>- 0 -</u> | <u>- 0 -</u> | <u>20,000/-</u> |

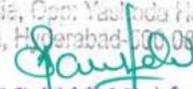
Details of Grants position at the end of the year

- (i) Cash in Hand/Bank
- (ii) Unadjusted Advances
- (iii) Total


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Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)



G. MURALI
Chartered Accountant, M. No. 204971
G-8, Annurthe Mills, Opp: Yashoda Hospital,
Sornajiguda, Hyderabad-500 082.


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Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)



आन्धा बैंक
Andhra Bank
एन्धासिटी का बैंक Where India Banks

1800 425 1515

www.andhrabank.in

BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES

LAKNEPALLY MANDAL NARSAMPET DIST WARANGAL OP T BY.DR
A.RAJENDRAPRASAD REDDY DR A VAVAJA TELANGANA

NARASAMPET

TELANGANA

506132

Customer ID: 12297027

Branch IFSC: ANDB0000395

Branch: NARSAMPET

Branch MICR: 506011302

Branch Code: 000395

Statement of Account No:039511011000666 for the period (From:16/09/2019 To:16/09/2019)

| Tran Date | Chq No. | Transaction Description | Debit (Rs.) | Credit (Rs.) | Balance (Rs.) |
|------------|---------|--|-------------|--------------|---------------|
| 16/09/2019 | | NEFT/Entrepreneurship Devpt inst of indi | | 16,000.00 | 3,36,033.00 |
| 16/09/2019 | | CASH RECEIPT | | 27,300.00 | 3,63,333.00 |

This is a computer generated statement & hence no signature is required.

Never Search for Bank Support Contact Details on Google, Twitter, Facebook etc. <https://www.andhrabank.in/english/GenContactus.aspx> is the ONLY OFFICIAL way to reach us.

Never call/respond to unverified mobile numbers claiming to be Andhra Bank support.

Never share confidential details like card no/expiry/CVV/OTP/Internet Banking password with anyone when you receive any unsolicited calls for card activation/upgrade/rewards redemption. Andhra Bank will never ask for these details.

+++ End of Statement +++



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Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)

GFR 12 - B
[See Rule 256 (2)]

FORM OF UTILIZATION CERTIFICATE

(1) Certified that out of the grant of Rs. 20,000.....Sanctioned under DST - NIMAT dated...12/8/19....., in favour of Balaji pharmaceutical sciences.....during the year...2019-20...an amount of Rs. 20,000/- has been utilized for the purpose for which it was sanctioned, and that the balance of Rs. 0/-.....remaining unutilized at the end of the year...2019-20...has been surrendered to the Government (Vide No....., dated.....) / will be adjusted towards the grant payable during the next financial year.

(2) Certified that I have satisfied myself that the conditions on which the grant was sanctioned have been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually spend for the purpose for which the grant was made.

Kinds of checks exercised

- 1 Bills and vouchers along with supporting documents are verified
- 2.
- 3.
- 4.

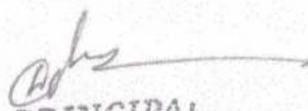
Signature*.....

Designation..... CA

Date 5/12/19.....

* (i) Signature of Chief Finance Officer (CFO) of Organization/Institute in case of Govt. Organization / Institute.

(ii) Signature of Chartered Accountant (CA) in case of Other than Govt. organization / Institute


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Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 508 331 (T.S)




PRINCIPAL
Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 508 331 (T.S)
G. MURALI
Chartered Accountant. M. No. 254671
C-8, Amrutha Villa, Opp: Yashoda Hospital,
Somajiguda, Hyderabad-500 082.

GFR 12 - C
[See Rule 239]

FORM OF UTILIZATION CERTIFICATE (FOR STATE GOVERNMENTS)
(Where Expenditure incurred by Govt. Bodies only)

| SI. No. | Letter No. and Date | Amount | Certified that out of Rs. 20,000/- of grants sanctioned during the year 2019-20 in favour of Balaji Institute of Pharmaceutical Sciences under the Ministry / Department Letter No. given in the margin and Rs. -0- on account of unspent balance of the previous year, a sum of Rs. 20,000 has been utilized for the propose of EAC for which it was sanctioned and that the balance of Rs. -0- remaining unutilized at the end of the year has been surrendered to Government (Vide No. / dated / will be adjusted towards the grants payable during the next year 2020 - 21 |
|---------|--|----------|--|
| | EDII / DST - NIMAT / 19-20 / 477 D: 12-8-2019 | 20,000/- | |
| | Total | 20,000/- | |

2. Certified that I have satisfied myself that the conditions on which the grants -in-aid was sanctioned have been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the propose for which it was sanctioned.

Kinds of checks exercised

- 1 Bills and vouchers along with supporting documents are verified.
- 2.
- 3.
- 4.
- 5.

Signature.....
Designation.....
Date.....

PS: The UC shall disclose separately the actual expenditure incurred and loans and advances given to suppliers of stores and assets, to construction agencies and like in accordance with scheme guidelines and in furtherance to the scheme objectives, which do not constitute expenditure at the stage. These shall be treated as utilized grants but allowed to be carried forward.

[Signature]
PRINCIPAL
Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)



[Signature]
PRINCIPAL
Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)

G. MURALI
ACA
Chartered Accountant M. No. 234871
G-8, Amrutha Villa, Opp. Yashoda Hospital,
Somajiguda, Hyderabad-500 082.



Balaji Institute of Pharmaceutical Sciences

Laknepally, Narsampet, Warangal - 506 331.
Tel : +91 98660 50044, Fax : 08718 - 230521
E-mail : principal@bipswgl.org.in
Website : www.bipswgl.org.in

To,
Mr.S.B.Sareen
Faculty &Head
Centre for SMEs &Business Development Service
Entrepreneurship Development Institute of India
Gujarat-India.

27/11/2019

Sir,

Sub: Submission of Post Programme Report (PPR) of Entrepreneurship Awareness Camp (EAC)

Req-Reg

With reference to above cited subject we are submitting the Post Programme Report (PPR) of Entrepreneurship Awareness Camp (EAC) which was conducted from 5th to 7th of November, 2019 in our college premises.

In this regard we are submitting the following documents through Email and speed post.

1. Annexure-II(Activity Completion Statement)
2. Annexure-III(Statement of Audited Expenditure)
3. Annexure-IV(GFR12-A ,GFR12-B,GFR-12-C)
4. Post programme Report (PPR)

This is for your kind perusal and future consideration.

With regards,
PRINCIPAL
Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)



PRINCIPAL
Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)



ENTREPRENEURSHIP
DEVELOPMENT
INSTITUTE OF INDIA



Three Day Entrepreneurship Awareness Camp

(5/11/2019-7/11/2019)

Sponsored By
Entrepreneurship Development Institute of India (EDII)
(DST-NIMAT Project)

At
Balaji Institute of Pharmaceutical Sciences

Balaji Institute of Pharmaceutical Sciences
Laknepally narsampet, Warangal-Telangana-INDIA-506331



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Warangal (Dt) - 506 331 (T.S)

PRINCIPAL

Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)

Three Days Entrepreneurship Awareness Camp



November, 5th-7th, 2019

Sponsored By

Entrepreneurship Development Institute of India (EDII)

(DST-NIMAT Project)

Organized By

Balaji Institute of Pharmaceutical Sciences

Chief Patron

Dr.A Rajendra Prasad Reddy

Chairman, Balaji Group of Institutions

Renowned educationalist, professional gynecologist and philanthropist in and around Narsampet

Chief Guest

Dr.Ajitha Surabhi

Director of SAAG-Infinite Creative Pvt Limited and Surabhi educational society Hyderabad

Resource Persons

Dr Sharath Babu

Professor, Balaji Institute of Management sciences

Dr.Mahendar reddy, Professor in pharmacology Sahasra College of pharmacy,

Dr. P.Sidharth Kumar, Professor and in charge Innovation cell,

Dr. Ramesh reddy NSR Dairy General Manager Warangal.

Dr.srividya Professor, Pharm D

Patron

Dr.N.Ragunandan

Principal

Balaji Institute of Pharmaceutical Sciences

Programme Coordinator:

Dr Manish Kumar Thimmaraju

9966463586

manishcancer@gmail.com



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Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 831 (T.S)



BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES

Laknepally (vill), Narsampet (m), Warangal (D) – 506331

Entrepreneurship and Innovation Centre

Report on

Entrepreneurship Awareness Camp (EAC)

Date: 05/11/2019- Inauguration Ceremony

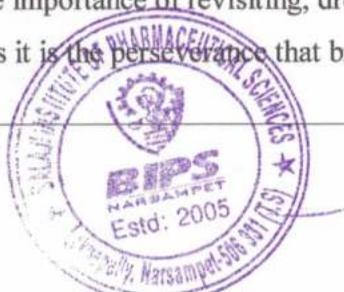
Classes Attended & Number of beneficiaries: 122 students from B.Pharmacy,
M pharmacy, Pharm D

Objective:

Inauguration Ceremony - The Entrepreneurship and Innovation Centre (EIC) cell with collaboration with the Incubation centre of Balaji institute of Pharmaceutical Sciences initiated a 3 day Entrepreneurship Awareness Camp (EAC), with an objective to enhance knowledge and kindle the skills of the young minds aspiring to be successful entrepreneurs.

Name and details of the Resource persons:

The awareness camp was inaugurated by Dr.Rajendra Prasad reddy chairman Balaji Group of Institutions. Chief guest for the event was Dr.Ajitha Surabhi, Director of SAAG-Infinite Creative Pvt Limited and Surabhi educational society Hyderabad. Resource persons include Dr.Sharath babu, Professor in Management studies, Dr.Mahendar reddy, Professor in pharmacology Sahasra College of pharmacy, Dr. P.Sidharth Kumar, Professor and in charge Innovation cell, Dr. Ramesh reddy NSR Dairy General Manager Warangal. Dr.srividya Professor, Pharm D. The core objectives of the camp was to build the innate capability of young students, to bring about Awareness regarding Entrepreneurial life right from grass root levels and also offer multitude of suggestions for them to start off their career. The Precedential address was delivered by Dr.Rajendra Prasad reddy in which he elucidated on the new aspect of 'Entrepreneurship Campaign' where students would be taken to an industrial visit which would help them to understand various fields of Entrepreneurship has branched out. He also stated the importance of revisiting, dreaming and being passionate about what an individual wants to pursue as it is the perseverance that brings out the light in them.



[Signature]
PRINCIPAL

Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)

ENTREPRENEURSHIP DEVELOPMENT CELL
BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES

Laknepally.Narsampet.Warangal-Telangana-India

DST-NIMAT PROJECT

PROFORMA FOR POST PROGRAMME REPORT (PPR) FOR EAC

- | | |
|--------------------------------|---|
| 1. Name & Address of programme | Balaji Institute of Pharmaceutical Sciences |
| Implementing Agency | Laknepally.Narsampet.Warangal-Telangana-India 9966463586, 8886520055 |
| 2. Programme location | Narsampet, Warangal-Telangana-India |
| 3. Programme Date | From 5/11/2019 to 7/11/2019 |
| 4. Name of the coordinator | Dr Manish Kumar Thimmaraju |
| 5. No: of candidate attended | 122 |
| 6. List of participants | ANNEXURE-I |
| 7. Programme schedule | ANNEXURE-II |
| 8. List of Resource Persons | ANNEXURE-III |
| 9. List of industries visited | ANNEXURE-IV |
| 10. Participants Feed back | ANNEXURE-V |




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Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)

**ANNEXURE-II
PROGRAMME SCHEDULE**

| Day& Date | Session | Subject Topic | Faculty |
|------------------------------------|---------|--|---|
| 1 st day (5/11/2019) | I | Inauguration Camp objective, introduction to entrepreneurship | Dr .N.Raghunandan Principal,Balaji Institute of Pharmaceutical Sciences-Narsampet,Warangal-506331 |
| | II | Historical background-Indian values vs. entrepreneurship with present scenario | Dr Manish Kumar Thimmaraju Programme coordinator EDC-Cell Balaji Institute of Pharmaceutical Sciences- Narsampet,Warangal-506331 |
| | II | Identification of opportunities for entrepreneurs | Dr.Ajitha Surabhi, Director of SAAG- Infinitive Creative Pvt Limited and Surabhi educational society Hyderabad. |
| | IV | How to start a new start up | |
| 2 nd day (6/11/2019) | I | SWOT analysis for young entrepreneurs | Dr.K.Sharth Babu Professor in management sciences |
| | II | Industrial Visit-NSR Dairy Arepally,warangal | Mr.N.Samapth Rao MD, NSR Dairy Arepally,warangal |
| | III | Industrial Visit-NSR Dairy Arepally,warangal | Mr.Ramesh Reddy MD, NSR Dairy Arepally,warangal |
| | IV | Discussion on Unit operations and technical aspects of industry | Dr.Mahendar Reddy, Professor in pharmacology Sahasra College of pharmacy |
| 3 rd (7/11/2019) | I | Support and Financial assistance from Govt agencies,banks,financial institutions | Mr. P.Sidharth Kumar, Professor and in charge Innovation cell Balaji Institute of Pharmaceutical Sciences- Narsampet,Warangal-506331 |
| | II | Creativity and business concepts | Dr.srividya Professor, Pharm D Balaji Institute of Pharmaceutical Sciences- Narsampet,Warangal-506331 |
| | III | Entrepreneur's Success Stories Valedictory function Discussion with participants about the camp Distribution of certificates | Dr Manish Kumar Thimmaraju Programme coordinator EDC-Cell Balaji Institute of Pharmaceutical Sciences- Narsampet,Warangal-506331 |




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 Balaji Institute of Pharmaceutical Sciences
 Lakshapally (V), Narsampet (M)
 Warangal (Dt) - 508 331 (T.S)

ANNEXURE-III
LIST OF FACULTY/RESOURCE PERSON

| S.no | Name & Address | Designation | Organization |
|------|----------------------------|--------------------------|--|
| 1 | Dr N.Ragunandan | Principal | Balaji Institute of Pharmaceutical Sciences |
| 2 | Dr Manish Kumar Thimmaraju | Programme coordinator | EAC-EDC Balaji Institute of Pharmaceutical Sciences |
| 3 | Dr Ajitha Surabhi | Director | SAAG infinitive Creative Pvt ltd |
| 4 | Dr K Sharath Babu | Professor | Management studies |
| 5 | Mr.N.Sampath Rao | Managing Director | NSR Dairy |
| 6 | Mr.Ramesh Reddy | General Manager | NSR Dairy |
| 7 | Dr Mahender Reddy | Professor | Sahasra college of Pharmacy |
| 8 | Mr.P.Siddharh Reddy | Incharge innovation cell | Balaji Institute of Pharmaceutical Sciences |
| 9 | Dr Svidya | Professor | Balaji Institute of Pharmaceutical Sciences |

ANNEXURE-IV
LIST OF INDUSYTIES VISITED

| S.no | Name & Address | Products /service |
|------|---------------------------------|-------------------------|
| 1 | NSR Dairy Arepally ,warangal | Milk and dairy products |



(Signature)

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Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)

(Signature)

PRINCIPAL

Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)



Balaji Institute of Pharmaceutical Sciences

Laknepally, Narsampet, Dist. Warangal (Rural) - 506 331 (T.S.)
Off. : +91 98660 50044, Fax : 08718 230521
E-mail : principal@bipswgl.org.in
Website : www.bipswgl.org.in
Mobile : 9866652412

Date: 20/01/2020

TO WHOM SO EVER IT MAY CONCERN

This is to certify that a grant of rupees 25,000/- towards research by **The Tuberculosis Association of India (TBAI)** under with the title "Implementation of CAD methods In detection of Tuberculosis" in the name of **Dr.T.Manish Kumar** Professor Department of Pharmaceutical Analysis Balaji Institute of Pharmaceutical Sciences. The total allocated Grant was utilized for research and contingencies the fund allocated was totally utilized towards the accomplishment of the purpose.

Thanks and regard

Principal

PRINCIPAL

Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S.)



PRINCIPAL

Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S.)



manish thimmaraju <manishcancer@gmail.com>

SHORT TERM RESEARCH PROJECTS: FINANCIAL ASSISTANCE SCHEME – 2019-2020

2 messages

tbassnindia@yahoo.co.in <tbassnindia@yahoo.co.in>
Reply-To: "tbassnindia@yahoo.co.in" <tbassnindia@yahoo.co.in>
To: Manish Thimmaraju <manishcancer@gmail.com>

Mon, Oct 14, 2019 at 3:39 PM

Dear Dr.Manish,

We feel pleasure to inform you that your research project titled **“Implementation of computer aided methods of diagnosis in detection of Tuberculosis”** has been approved for grant of financial assistance of **Rs.25,000/- (Rupees Twenty Five Thousand Only)**.

You may send your consent to undertake the Research Project in the amount given above. If you have not forwarded the proposal through proper channel, may please submit the permission of the Head of the Department/Institution where you intend to conduct the research. Only on receipt of your consent and “No Objection Certificate” from the competent authority we will be able to release the financial assistance.

With good wishes,

(Tejinder Ahluwalia)
Secretary General

manish thimmaraju <manishcancer@gmail.com>
To: tbassnindia@yahoo.co.in

Tue, Oct 15, 2019 at 1:15 PM

Sir
At outset I would like to thank Tuberculosis association of India for selecting my proposal.

Sir I have already attached NOC with proposal.

Thank you sir

With regards
Dr Manish Kumar Thimmaraju
[Quoted text hidden]



PRINCIPAL
Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 508 331 (T.S)



THE TUBERCULOSIS ASSOCIATION OF INDIA

3, RED CROSS ROAD, NEW DELHI-110001

Patron : THE PRESIDENT OF INDIA
President : DR. V.M. KATOCH

Chairman : DR. SANJAY TYAGI
Director-General of Health Services
Government of India

Vice-Chairman : DR. L.S. CHAUHAN
Hony. Treasurer : DR. V.K. ARORA
Secretary-General : SH. TEJINDER AHLUWALIA

Telephone : 23715217, 23711303
Telefax : 23711303

E-mail : tbassnindia@yahoo.co.in
Website : www.tbassnindia.org

BY SPEED POST

Dated: 6th December, 2019

SUBJECT: SHORT TERM RESEARCH PROJECT – 2019-20

Sir,

Please receive herewith Cheque No344285 dated 5th December, 2019 for Rs.25,000/- of Bank of India being the Association's assistance for your research project, "Implementation of computer aided methods of diagnosis in detection of Tuberculosis".

Keeping in view that you have commenced the Project, full and final payment has been made.

Kindly acknowledge receipt of Cheque. The progress as well as final outcome of the research may please be communicated as soon as your project is complete.

With best wishes,

Secretary-General
TB Association of India

Encl: as above
Dated:

Dr. Manish Kumar Thimmaraju
HOD – Pharmaceutical Analysis
Balaji Institute of Pharmaceutical Sciences,
Laknepally(Vill), Narsampet,
Warangal – Telangana,
India – 506 331



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STOP TB
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Implementation of Computer Aided Methods of diagnosis in detection of Tuberculosis

Tuberculosis (TB) is a leading cause of morbidity and death worldwide. It is a highly infectious disease and Mycobacterium tuberculosis is the causing agent. The bacilli commonly affect the lungs. It is highly contagious and airborne disease and is ranked just after HIV virus as the cause of mortality from a single infectious organism. It is also a multi-systemic disease with innumerable manifestations and presentations. The development of new drug resistant strains has aggravating this problem, making the already existing drugs ineffective, and requiring unwavering and resolved action for any efforts to eradicate the disease. People infected with active TB release aerosol droplets on sneezing, coughing, speaking, spitting and singing. These droplets may lead to transmission of diseases. Since, the dose of infection of TB is very small, frequent and prolonged contact with TB infected persons puts in high risk of infection. Latent infections are not contagious. The risk factors for TB include weak immune system, travelling to high burden areas; substance abuse and living in unsanitary residence. The new patients diagnosed with active TB are recommended for six months treatment consisting of two phases: a two month intensive phase followed by four months Continuous phase. In intensive phase Isoniazid, Rifampicin, Pyrazinamide and Ethambutol and in continuous phase, Isoniazid and Rifampicin drugs are administered.

Interruptions in treatment or use of sub-optimal drugs may also lead to drug resistance development against the first line antimicrobial drugs used for treatment of the disease. Multidrug-resistant tuberculosis (MDR-TB) is a form of TB in which disease does not respond to at least rifampicin or isoniazid. This MDR-TB continues to occur, and spreads due to person-to-person transmission and TB treatment mismanagement. The treatment of MDR-TB is difficult as compared to drug susceptible TB, and the second line of drug is required for its treatment. Mismanagement in treatment of drug susceptible TB often leads to drug resistant TB, like MDR, extensively drug-resistant (EDR) and totally drug-resistant (TDR). The treatment required for resistant TB is two years or more with following drugs.

Drugs are been grouped as follows:

- a) First line oral agents: pyrazinamide, ethambutol
- b) Injectable agents: streptomycin, kanamycin, capreomycin, amikacin
- c) Fluoroquinolones: ofloxacin, levofloxacin, moxifloxacin
- d) Second line agents: protionamide, para—aminosalicylic acid, terizidone, cycloserine, thionamide
- e) Bedaquiline and Delamanid have recently been approved by FDA for treatment of MDR- TB.



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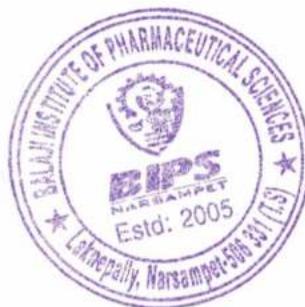
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In hospitals, the diagnosis of disease is done on the basis of symptoms observed in the patient, ZN-stained sputum smear microscopy and chest radiograph (CXR). The fluorescence microscopy was introduced to improve the results of smear microscopy. Although, studies showed that sensitivity of fluorescent microscopy was higher by about 10 per cent than that of ZN-stained microscopy and remained higher even after concentration of the samples, the specificity were similar in both. The major issue with fluorescence microscopy is the cost constraint associated with it. The LED microscopy is a good alternative to conventional microscopy but its lack of availability in poor resource setting and cost constraints limits its use. The culture test is more accurate but takes 4-8 weeks for results. The investment in equipments and infrastructure leads to higher costs per test. The culture tests are available only in highly specialized laboratories.

Lack of skilled CXR readers and necessary resources especially in the rural areas of developing and under developed countries hinders effective diagnosis of TB from CXRs. The poor sensitivity of ZN smear microscopy is due to inadequate trained staff, long working hours, and human errors resulting from lack of concentration and tiredness, and analysis of very few view fields. In ZN sputum smear test, the examination of at least 100 view fields is required before reporting result as TB negative. According to the WHO guidelines, for accurate diagnosis of TB, 300 view fields of the microscopy slide should be evaluated within 24 hours of collection of sample. However, only 20 view fields are analyzed in practice. The analysis of very few view fields is perceived as important aspect in lower sensitivity (50-60%). Low sensitivity is contributed by also the presence of few bacilli in sputum of HIV infected people, elderly persons and children.

The CAD is a methodology used to assist clinicians for interpretation of medical images. The radiologist analyzes and evaluates the information obtained from imaging techniques like X-ray, computed tomography (CT)-scan, ultrasound, and magnetic resonance imaging (MRI) systematically and correctly in a short time. CAD helps to interpret digital images of CT scan, CXRs, etc., for characteristic appearances and detect characteristic patterns for various diseases. CAD provides "second opinion" to the radiologists and assists in making final decisions after taking into accounts the results of radiological analysis. It takes into account the finding of both the physician and computers. The performance of CAD need not be better than by radiologist, but must be complementary.



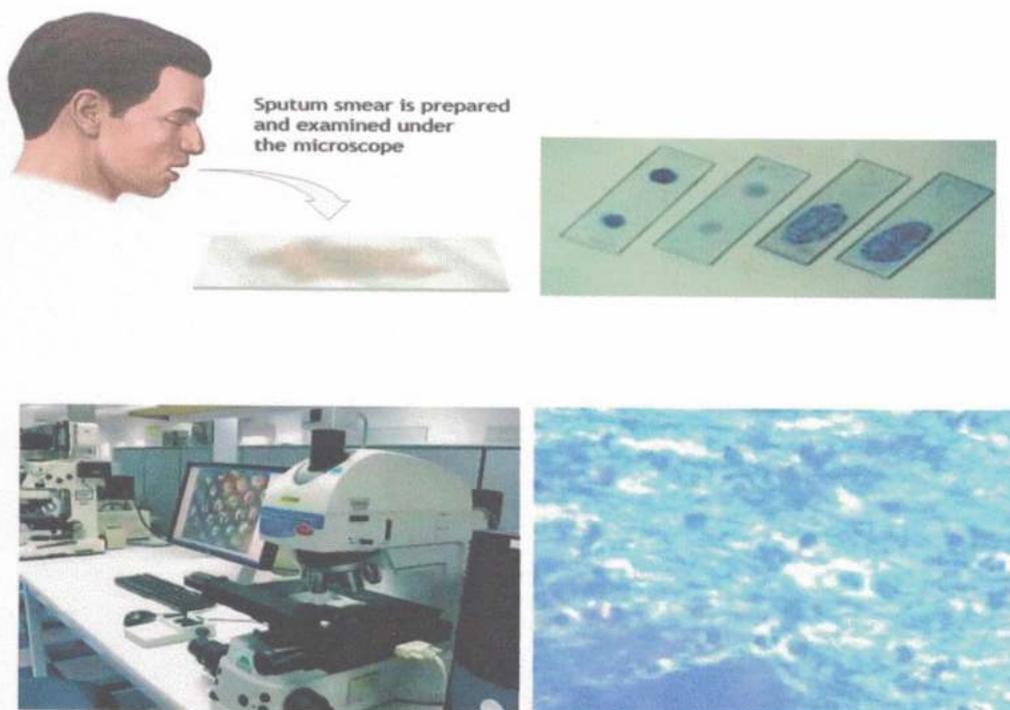
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DIAGNOSIS OF TB

1. Ziehl-Neelson sputum smear microscopy:

It is a primary test carried to suspect that patient is suffering from TB. Generally the sputum smear of the person of suspect of TB is stained with ZN –stain which I also known as acid fast staining. Usually lungs will produce a thick viscous fluid called sputum in bronchial tract. A thin layer of sputum known as smear is laid on glass slide followed by ZN staining is applied and examined under bright field microscopy. The MTB bacilli are rod shaped and screening requires minimum of 100 view fields to diagnosis which can be confirmed according to the number of bacilli present in view field.



2. Chest Radiography (CXR)

Any Abnormality in Chest Can Be Studied by CXR (chest radiograph). Generally posterior-anterior chest radiographs was taken and lesions can be found at various places of lungs with different shapes and sizes.




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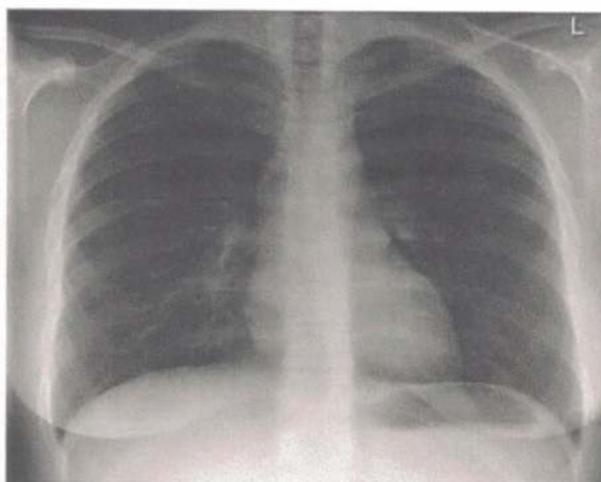


Image of CXR

Significance of CXR and smear microscopy

Generally in chest & TB hospitals the diagnosis is done on the symptoms observed on the test results of smear microscopy and CXR (chest radiograph). There are new advanced techniques with more accuracy than smear microscopy like fluorescent microscopy which has high maintenance in terms of cost which cannot be affordable to low income countries.

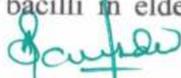
The xpert MTB/RIF test simultaneously detects Mycobacterium tuberculosis complex (MTBC) and resistance to rifampin (RIF) in less than 2 hours, this test has capacity for diagnosis of TB associated with HIV/TB and MDR TB co-infections. These infections belong to very poor countries where there is less availability of consumables, electricity and water. In India we have only MTB/RIF testing centers.

So, for efficient diagnosis of TB there should be good quality water, refrigeration and electricity with much user friendly procedures to operate the instrument. Hence smear microscopy meets above requirements and found to be most effective method in terms of revenue and operating. Therefore, CXR and ZN-stained microscopy remain primary and rapid diagnostic tests for TB.

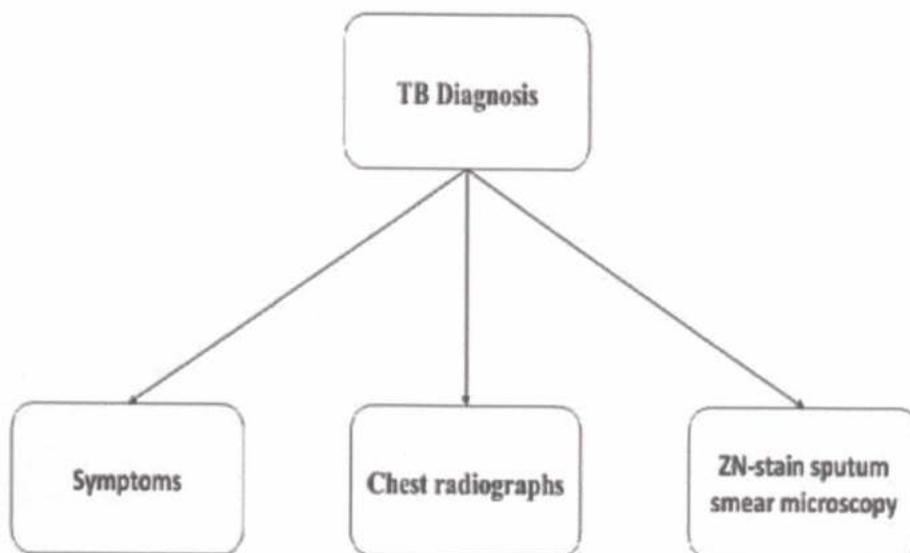
Prerequisites for enhancement in CXR and Smear microscopy.

Especially in rural areas of developing countries there is lack of skilled CXR readers. The poor accuracy of ZN smear microscopy is due to unskilled staff, extended working hours and personal errors which are due to tiredness and lack of concentration, and analysis of few fields. Normally in ZN sputum smear test, the examination should be of minimum view fields for reporting TB as negative. According to WHO guidelines for accurate diagnosis of TB, 300 view fields should be evaluated within 24hrs of sample collection. But in practice only 20 fields are analyzed, this method of analysis results in poor or low sensitivity in diagnosis especially the presence of less number of bacilli in elder patients, HIV infected persons and children.




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So, there is a need effective diagnosis of TB with smear microscopy and CXR till a robust and affordable technique is developed. There are many CAD methods which are in pipeline of development to enhance the diagnosis pattern in TB which are showing good accuracy of CXR and ZN-smear slides. The CAD4TB software was developed by Radbound University, Netherlands, this software were used which are known as CAD methods for more accurate detection of TB abnormalities and used as a triage or mass screening tool.



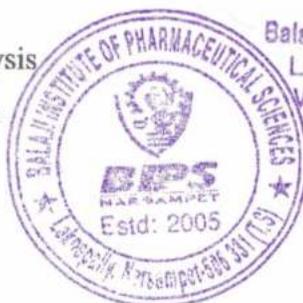
Diagnostic methods for TB screening

Computer Aided Diagnosis (CAD)

It is a method used to assist clinicians for interpretation of medical images; a radiologist evaluates the information from various imaging techniques like X-ray, MRI, CT scan and CXR for detection of various diseases. These methods will provide a second opinion for radiologists for making final decisions. The interpretation of CXR radiographs mainly depend on experienced readers, naive interpretation may lead to incorrect diagnosis of TB. CAD method may provide second opinion to CXR reader and helpful in making final conclusion on disease detection.

The main objectives of CAD methods are,

1. Early detection
2. Increasing the processing speed of analysis
3. Reducing time for diagnostic evaluation
4. Improving diagnostic accuracy.




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The objective of this study was to compare CXR with Computer Aided Diagnosis (CAD) against symptom screen for defining presumptive TB and how TB detection changes with each method.

INTRODUCTION

Family unit (FU) contacts of recently analyzed tuberculosis (TB) patients are viewed as a high hazard bunch for TB. Taking into account this, family unit contact following is suggested as one of the methodologies for TB control. The World Health Organization (WHO) suggests that FU contacts that have indications reminiscent of possible TB, People Living with HIV and kids under 5 years of age must experience clinical assessment for TB. In 2016, the WHO proposals for TB screening included Chest X-ray (CXR) as a screening instrument that is more touchy than side effect screen. This is in acknowledgment of the expected job of CXR in TB finding particularly with more up to date computerized chest x-ray innovation and advances to electronically peruse CXRs making it feasible for CXR to be promptly accessible in asset compelled settings with high weight of TB and scant staff to decipher CXRs.

New progresses in TB diagnostics, for example, Xpert MTB/RIF may likewise require aide pre-screening tests that are profoundly delicate and have high negative prescient worth, that diminish the number expected to screen to identify one instance of TB, eventually lessening the expense of TB conclusion .FU contact following for contacts of patients with bacteriologically demonstrated TB was led as a feature of an execution assessment concentrate with computerized CXR with Computer Aided Diagnosis (CAD) .In this examination, we assessed utilizing CAD as an apparatus to characterize hypothetical TB rather than the customary strategy that utilizes side effect screening among FU contacts of recently determined TB patients to have bacteriologically affirmed TB.

METHODS

Study population and study setting

The study population comprised all household contacts of patients diagnosed with bacteriologically confirmed TB. This study was conducted in one government TB hospital Warangal.

PROCEDURE

Recently analyzed TB patients were educated about the significance of screening family individuals for TB. In the family unit, a count structure was finished and this structure gathered information on the all out number of FU individuals disaggregated by age and sex, the all out number of rooms in the house and the all out number of rooms utilized for staying in bed. TB data/instruction was given to those present at the hour of the visit, planned for bringing issues to light of the danger of TB

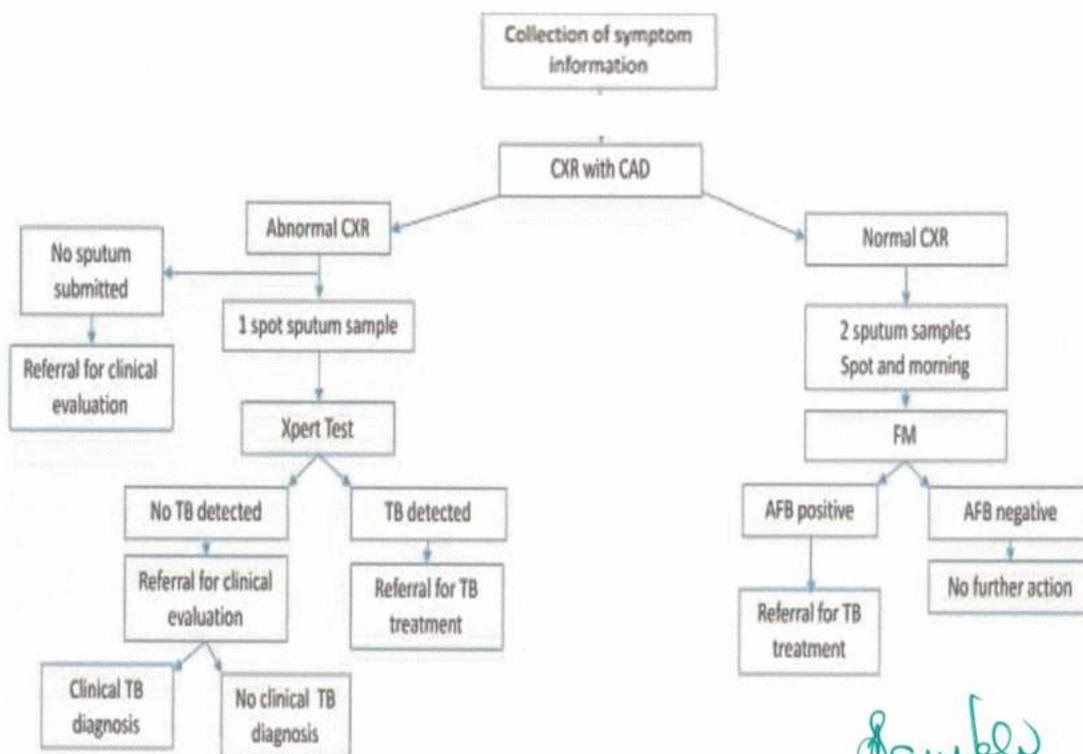
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following close contact introduction, to create TB following presentation and why it was essential to be screened for TB. All screening for TB was done at hospital and FU individuals were allowed to visit the hospital for screening. CXR was additionally offered to all individuals and further testing of sputum with Xpert was offered to those with an anomalous CXR while those with a typical CXR were offered smear microscopy as indicated by the calculation being assessed.

Quickly, utilizing CAD (CAD4TB, adaptation 1.08, Diagnostic Image Analysis Group, Nijmegen, the Netherlands) to electronically peruse CXRs, FU individuals with an unusual CXR who had the option to give sputum were tried with Xpert, while those with typical CXR were tried utilizing smear microscopy as indicated by the calculation that was being tried. And all patients with TB distinguished were alluded to begin TB treatment. Patients with no TB distinguished had clinical assessment and proper administration given as dictated by the going to clinician. Those started on TB treatment dependent on clinician's judgment were characterized as having a clinical TB conclusion.




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Method

The information introduced in this examination was gathered between October 2019 and January 2020. FU identification information was converged with hypothetical TB register information and TB treatment register. The database was taken in Excel sheet; checks were done to guarantee that information was entered effectively.

Data analysis was conducted using **SigmaStat** is a statistical software package, which was originally developed by Jandel Scientific Software in the 1980s. Baseline characteristics of FU contacts that presented for screening are shown in Table 1.

Baseline characteristics of Household contacts presenting to the health facility

| Characteristic | N=200 |
|------------------------------|----------|
| Median age | 15(6-31) |
| female | 115 |
| <u>CXR result</u> | |
| Abnormal | 145 |
| Normal | 110 |
| <u>Sputum results</u> | |
| Sputum positive | 12 |
| Sputum negative | 133 |

RESULTS

Of 200 bacteriologically affirmed record TB cases, agree to do contact following was acquired and 400 people were listed from FU that were visited. Just 255 out of 400 identified FU contacts introduced to the wellbeing office for screening during the investigation time frame (Table 1). The middle period of FU contacts that introduced was 15 (IQR 6–31), 115 were female and 255 didn't have a current hack on introduction. (Table 2). Of the 255 FU contacts CXR done .The CAD read 145/255 CXRs as abnormal. Of those with abnormal CXR 145 presented a sputum test for assessment and 12 patients had bacteriologically affirmed TB. In general 255/400 of family unit contacts delivered a sputum test, including 145/255 of the individuals who had a CXR. Among the 110 without a CXR, none created a sputum test. The absolute number of bacteriologically affirmed TB cases identified was 12 out



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of 255 who had a sputum test assessed. By and large, considering both bacteriologically affirmed and clinically analyzed TB, 12 with evaluable sputum were determined to have TB.

In this investigation, utilizing advanced CXR with CAD to characterize hypothetical TB discovered dynamic TB among manifestation screen negative CXR abnormal FU contacts representing 12 of all bacteriologically affirmed TB cases recognized. This finding proposes that CXR may have a significant job in location of TB particularly among family unit contacts that may introduce ahead of schedule without run of the mill manifestations of TB and dynamic TB might be missed if reliant on side effect introduction.

Bigger investigations are required to learn the advantage of CXR screening in settings with high pervasiveness of TB where early location and treatment are one of the TB control methodologies. Depending on indication screen alone to characterize hypothetical TB might be adding to postponed analysis of TB, deferred patients that are wrongly assigned as possible TB because of the low negative prescient estimation of manifestation screen for TB. The maintainability of this procedure is faulty taking into account the high number expected to screen to identify each instance of TB and the high consumable expenses of Xpert. Utilizing pre-screening instruments, for example, CXR can diminish the number expected to test for each instance of TB that is distinguished and can possibly lessen the expense of TB diagnosis. Cautious costing examines are required to decide the expenses and cost effectiveness of utilizing CXR as a pre-screening device thinking about beginning capital ventures for CXR instruments and intermittent expenses.

Accessibility of CXR in this examination additionally implied that CXR was close by for clinical assessment of every one of those with a negative sputum result. It has just been shown that accessibility of CXR at this essential consideration office brought about exact treatment being begun that day of introduction to the office ,a noteworthy discovering given that conclusion in sputum negative patients can accept a little while as patients are worked through the symptomatic calculation for bacteriologically unsubstantiated possible TB patients .Often CXR isn't accessible at essential consideration offices due the shortage of qualified staff to work and decipher CXRs. Advanced CXR with CAD sidesteps this boundary. A low extent of FU contacts introduced for screening at the health centres. FU contact following assumes a double job; discovering instances of TB just as bringing issues to light of the danger of TB following close contact with a TB case.

In this study, combined with FU contact tracing, FU members were given education on TB, and urged to present to the facility for screening. The quantity of contacts that introduced for screening must be found out during the investigation time frame, when the examination finished. It isn't known what number of may have gotten to the health service because of the contact with TB contact following



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groups. The restriction of this examination is that a low extent of identified FU contacts introduced for screening. It may be that those that introduced could be the ones with high hazard for TB and may clarify the watched high commonness of TB in this populace. Despite the fact that this investigation doesn't give precision of CXR contrasted with side effect screening, the discoveries in this examination demonstrate and re emphasize the requirement for deliberate screening of high hazard populaces, for example, close contacts of TB patients for early identification of TB.

CONCLUSION

Notwithstanding the prominent impediment of little sample size, this examination adds proof to the constraint of depending on side effect screen alone to distinguish hypothetical TB patients for additional testing with conclusive TB tests. There is have to consider utilization of other screening procedures, for example, CXR with CAD which has been seen to have a high affectability and high negative prescient incentive for TB to recognize those at most elevated hazard for TB who ought to be tried with follow on conclusive TB testing. Bigger assessment investigations of CAD are required that ought to incorporate cost-viability.



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Grant Utilization Certificate

(For the financial year 2019-20)

Title of the Research Project: Implementation of computer aided methods of diagnosis in
Detection of Tuberculosis

Name of the Organization: Balaji Institute of Pharmaceutical Sciences

Name of Principal Investigator: Dr.Manish Kumar Thimmaraju

Designation: HOD-Pharmaceutical Analysis

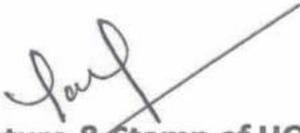
Amount Received: 25,000

Grant Released by: The Tuberculosis Association of India

Date of Receipts: 6th December 2019

Cheque No./Date 344285 5th December 2019

Certified that the amount of Rs 25,000 (Rupees Twenty five thousand) has been Utilized against the Research Project.


Signature & Stamp of HOD

Dr Manish Kumar Thimmaraju

Dr. Manish Kumar Thimmaraju, M.Pharm, Ph.D
Professor and HOD
Department of Pharmaceutical Analysis
Balaji Institute of Pharmaceutical Sciences
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Balaji Institute of Pharmaceutical Sciences

Laknepally, Narsampet, Dist. Warangal (Rural) - 506 331 (T.S.)
Off. : +91 98660 50044, Fax : 08718 230521
E-mail : principal@bipswgl.org.in
Website : www.bipswgl.org.in
Mobile : 9866652412

Date: 05/10/2019

TO WHOM SO EVER IT MAY CONCERN

This is to certify that a grant of rupees 300000/- towards research by DST-SERB under **Early Career Research Award** with the title "*Development of Gastro retentive drug delivery Systems using novel natural mucilage for improved bioavailability*" in the name of **Dr.Dalapathi B Gugulothu** Professor Department of Pharmaceutics Balaji Institute of Pharmaceutical Sciences. The total allocated Grant was utilized for research and contingencies the fund allocated was totally utilized towards the accomplishment of the purpose.

Thanks and regard



Principal

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SCIENCE & ENGINEERING RESEARCH BOARD(SERB)

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5 & 5A, Lower Ground Floor
Vasant Square Mall
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Sector-B, Pocket-5, Vasant Kunj
New Delhi-110070

Dated: 29-Jun-2019

ORDER

Subject: Research project entitled "DEVELOPMENT OF GASTRO RETENTIVE DRUG DELIVERY SYSTEMS USING NOVEL NATURAL MUCILAGE FOR IMPROVED BIOAVAILABILITY" under the guidance of Dr. Dalapathi B Gugulothu, Pharmaceutics, Balaji Institute of Pharmaceutical Sciences, Balaji group of institutions, laknepally (v), narsampet(m), warangal(d), telangana(state), pin: 506331, Warangal, Telangana-506331.

1. This is in continuation of SERB's sanction order No. "ECR/2017/000175" dated "25 August, 2017" of Science and Engineering Research Board (SERB).
2. Sanction of the competent authority is hereby accorded to the payment of a sum of **Rs. 300000/-** (Rupees Three Lakh only) under 'Grants-in-aid General' to **Principal, Balaji Institute Of Pharmaceutical Sciences, Balaji Group Of Institutions, Laknepally (V), Narsampet(M), Warangal(D), Telangana(State), PIN: 506331.** being the 3rd grant for the financial year 2019-2020 for implementation of the above said project.
3. Sanction of the competent authority is also accorded to the carry forward of unspent balance of **Rs. 0/-** (Rupees only) (Recurring Rs. 0 and Non-Recurring Rs. 0) to Balaji Institute of Pharmaceutical Sciences, Balaji Group of Institutions, Laknepally (V), Narsampet(M), Warangal(D), Telangana(State), PIN: 506331. from FY 2018-2019 to FY 2019-2020 for the same purpose for which it was sanctioned.
4. Sanction of the grant is subject to the conditions as detailed in Terms & Conditions available at the website (www.serb.gov.in).
5. It is certified that provision of GFR 212 relating to Utilization Certificates (Ucs) for the funds released under the grant have been satisfied and the UC/s is/are enclosed herewith.
6. The expenditure involved is debit to **Fund for Science & Engineering Research (FSER)**. **This release is being made under Early Career Research Award. (EC Life Sciences) (ST).**
7. The Sanction has been issued to Balaji Institute Of Pharmaceutical Sciences, Balaji Group Of Institutions, Laknepally (V), Narsampet(M), Warangal(D), Telangana(State), PIN: 506331. with the approval of the competent authority under delegated powers on **21 June, 2019** and vide Diary No. **SERB/F/1893/2019-2020** dated **24 June, 2019**
8. The release amount of **Rs. 300000/-** (Rupees Three Lakh only) (Recurring Rs. 300000 and Non-Recurring Rs. 0) will be drawn by the Under Secretary of the SERB and will be disbursed by means of RTGS transaction as per their Bank details given below:

| | |
|------------------------|--|
| Account Name | PRINCIPAL, BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES |
| Account Number | 039511011000680 |
| Bank Name & Branch | ANDHRA BANK DWARAKAPET ROAD, NARSAMPET, WARANGAL-RURAL(DISTRICT), TELANGANA STATE .PIN:506132 |
| IFSC/RTGS Code | ANDB0000395 |
| Email id of A/C Holder | principal@bipsvgl.org.in |
| Email id of PI | dalugugulothu@gmail.com |

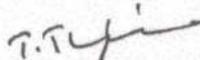
9. The institute will maintain separate audited accounts for the project. A part or whole of the grant must be kept in an interest earning bank account which is to be reported to SERB. The interest thus earned will be treated as credit to the institute to be adjusted towards further installment of the grant.
10. As per rule 211 of GFR the accounts of Grantee Institution shall be open to inspection by the sanctioning authority / audit whenever the institute is called upon to do so.
11. The institute will furnish to the SERB, Utilization certificate(separate for Recurring & Non-Recurring) and an audited statement of accounts pertaining to the grant immediately after the end of each financial year.
12. After completion of the project unspent balance if any should be returned as Demand Draft drawn in favour of "Fund for Science and Engineering Research" payable at New Delhi.

13. The organization/institute/university should ensure that the technical support/financial assistance provided to them by the Science & Engineering Research Board, a statutory body of the Department of Science & Technology (DST), Government of India should invariably be highlighted/ acknowledged in their media releases as well as in bold letters in the opening paragraphs of their Pharmaceutical Sciences



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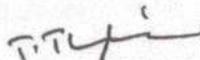
14. In addition, the investigator/host institute must also acknowledge the support provided to them in all publications, patents and any other output emanating out of the project/program funded by the Science & Engineering Research Board, a statutory body of Department of Science & Technology (DST), Government of India.


(Dr. Thangaradjou T)
Scientist E
msls@serb.gov.in

To,
Under Secretary
SERB, New Delhi

Copy forwarded for information and necessary action to: -

| | |
|----|---|
| 1. | The Principal Director of Audit, A.G.C.R.Building, IIIrd Floor I.P. Estate, Delhi-110002 |
| 2. | Sanction Folder, SERB, New Delhi. |
| 3. | File Copy |
| 4. | Dr. Dalapathi B Gugulothu Pharmaceutics Balaji Institute of Pharmaceutical Sciences, Balaji group of institutions, laknepally (v), narsampet(m), warangal(d), telangana(state), pin: 506331, Warangal, Telangana-506331 Email: dalugugulothu@gmail.com Mobile: 919949127387 |
| 5. | Principal, Balaji Institute Of Pharmaceutical Sciences, Balaji Group Of Institutions, Laknepally (V), Narsampet(M), Warangal(D), Telangana(State), PIN: 506331. |


(Dr. Thangaradjou T)
Scientist E
msls@serb.gov.in




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Nishka

Plot No. 64, Flat No. 203, 11th Floor, Madhavi Apartment, Beside Kommidi Kista Reddy Garden, Uppal, Hyderabad - 39.

Date: 11 Nov, 2019

To
Dr. Manish Kumar Thimmaraju,
HOD- Pharmaceutical Analysis,
Balaji Institute Of Pharmaceutical Sciences
Laknepally (V), Narsampet (M), Warangal, 506331
Ph.No. - 88865 80055/99664 63586 (M)

Subject: - Submission of 1 Cheque.

As per our ongoing project work, we are submitting following 1 Cheque. Please find the details below. As per our telephonic discussion, we are resubmitting 1 cheque with following details. Please find the attachment for the cheque of 55,000 /-.

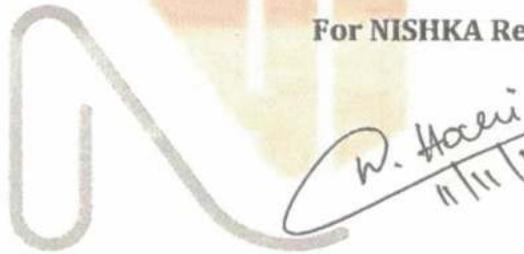
Details of Cheque submitted

| Sl. No | Cheque No. | Date | Name of the Payee | Value |
|--------|------------|-----------|--|----------|
| 1 | 366501 | 11 Nov 19 | PRINCIPAL, BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES | 55,000/- |

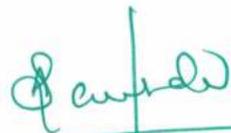
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For NISHKA Research Pvt. Ltd.,



D. Harinarayana, M.Pharm, (Ph.D)
C.E.O



PRINCIPAL
Balaji Institute of Pharmaceutical Sciences
Laknepally (V), Narsampet (M)
Warangal (Dt) - 506 331 (T.S)