

To,  
The Principal,  
Chalapathi Institute of Pharmaceutical Sciences (Autonomous),  
Chalapathi Nagar, Lam Village,  
Tadikonda Mandal,  
Guntur District-522034, Andhra Pradesh, INDIA,  
Email: nadendla2000@yahoo.co.in, Ph:0863-2524124.

Hyderabad  
dt:09/06/2022

From  
Managing Director,  
Zaint Health Care,  
Flat No. G-1, Aadhya Heights, Pragathi Nagar,  
Medchal, Hyderabad-500090,  
Email: [zainthealthcareservices@gmail.com](mailto:zainthealthcareservices@gmail.com), Ph. 04029883999

Completed and handed over  
all necessary documents to  
Md. Balakrishna, M.D, Zaint  
Health Care on 31/10/2022  
Paid an amount of  
Rs 25,690/- as  
cash

Sir,

Sub : Dissolution profiles of Rivaroxaban tablets-Request - reg.

With reference to above subject and reference to MoU between Chalapathi Institute of Pharmaceutical Sciences (Autonomous) and Zaint Health Care, I am here with proposing a project-"dissolution profiles of Rivaroxaban tablets" for an amount of Rs. 25,690/- as per enclosed specifications. I need these reports by not later than 31/10/2022. The proposed amount will be paid only after completion of project, If you accept for all terms and conditions samples shall be sent to you by courier.

**Specifications :**

01. Dissolution studies have to be performed for 5 times.
02. Dissolution studies to be performed in water, 0.1M HCl, pH 4.5 acetate buffer, pH 6.8 phosphate buffer.

Thanking you,

Yours sincerely  
Md. Balakrishna  
Managing Director  
Zaint Health Care

09/06/2022  
1. Md. Gulshan, Asst. Professor  
2. D. Sathish, Asst. Professor  
Forward completed documents to  
Zaint Healthcare through  
E-mail for the  
release of amount

31/10/22



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **5786**

Dated **26/8/2022**

Name of the Student **ANI Generics - Hyderabad**

S/o. D/o.....

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No..... Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <b>Formulation of azithro</b>	<b>15 000 -</b>
2.	Special Fee <b>- mycin liposomal gel</b>	
3.	Examination Fee	
4.	Bus Fee	/
5.	Miscellaneous Fee <b>Project :- Dr. K. Sandeep</b> <b>D. Sudhakar.</b>	
	<b>TOTAL</b>	<b>15.000 -</b>

Amount in words **Fifteen Thousands only**

Signature of Accountant **[Signature]**

Signature of Principal



*Sponsored Research*

# CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES (AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

## RECEIPT

Receipt No. **5901** Dated 11/10/2022

Name of the Student... Biophore Pharmaceuticals

S/o. D/o.....

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <i>Sponsored Research</i>	<i>24000</i>
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	<i>/</i>
5.	Miscellaneous Fee	
TOTAL		<i>24000</i>

Amount in words Twenty-four thousands only

Signature of Accountant *h. N. N. N.*

Signature of Principal



# CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES (AUTONOMOUS)

*Sponsored Research*

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

## RECEIPT

Receipt No. **5951**

Dated... *21/10/2022*

Name of the Student... *Syndy phanna - W.D. Hyderabad*

S/o. D/o.....

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <i>Sponsored Research</i>	17400
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	
5.	Miscellaneous Fee	
<i>Project: Dr. K. Sandeep.</i> <i>Prof: A. Ramesh.</i>		
TOTAL		17400.

Amount in words *Seventeen thousand four hundred*

Signature of Accountant *[Signature]*

Signature of Principal



# CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES (AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

*Sponsored  
Research*

## RECEIPT

Receipt No. **7321** Dated **6/5/23**

Name of the Student **Syndy Pharma**  
S/o. D/o.....

Class : B.Pharmacy / M. Pharmacy / Pharm-D  
Admn No..... Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <b>Sponced Research</b>	<b>20.000/-</b>
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	/
5.	Miscellaneous Fee	
TOTAL		<b>20.000</b>

Amount in words **Twenty thousand only**

Signature of Accountant *[Signature]*

Signature of Principal



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

7346

**RECEIPT**

Receipt No.

Dated... 17/5/23

Name of the Student... Sunday Phani.

S/o. D/o.....

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <i>Sponsored Research</i>	20.000.
2.	Special Fee	
3.	Examination Fee	/
4.	Bus Fee	
5.	Miscellaneous Fee	
TOTAL		20.000.

Amount in words... Twenty thousands only

Signature of Accountant

Signature of Principal



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

4861

**RECEIPT**

Receipt No.

Dated 11/5/2022

Name of the Student Arsavi Research Laboratories

S/o. D/o Nijayawada

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No. \_\_\_\_\_ Semester / Year \_\_\_\_\_

S.No.	Particulars	Amount
1.	Tution Fee <u>Axis</u>	50,000
2.	Special Fee <u>online A/c transfer</u>	
3.	Examination Fee <u>through phone pay</u>	
4.	Bus Fee <u>on 11/5/22</u>	
5.	Miscellaneous Fee <u>UPI:- 213078344237</u>	
	<u>Industry sponsored</u>	50,000
	<u>Pharmaceutics Research</u>	
	<u>Project:- Prof N. Rama Rao</u>	
	<u>Dr. K. sandeep</u> TOTAL	

Amount in words Fifty thousand only

Signature of Accountant  
11/5/22

Signature of Principal



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

Receipt No. **4359** **RECEIPT** Dated... 4/5/2022  
Name of the Student... Axisnil Research Laboratories  
S/o. D/o... Vijayawada  
Class : B.Pharmacy / M. Pharmacy / Pharm-D  
Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <u>AXIS</u>	
2.	Special Fee <u>Online Transfer</u>	
3.	Examination Fee <u>through phone pay</u>	
4.	Bus Fee <u>UPI:- 21 23 38 054815</u>	<u>50,000</u>
5.	Miscellaneous Fee <u>Industry Sponsored</u> <u>pharmaceuticals Research</u> <u>Project:- Prof. N. Rama Rao</u> <u>:- Dr. K. Sandeep</u>	
	<b>TOTAL</b>	<u>50,000</u>

Amount in words Fifty thousands only

Signature of Accountant [Signature] Signature of Principal





**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)

Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)

(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)

Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **4345**

Dated.. **2/5/2022**

Name of the Student... **Ansavil Research Laboratories**

S/o. D/o..... **Vijayakumar**

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No..... Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <b>Industry Sponsored</b>	<b>50.000</b>
2.	Special Fee <b>Pharmaceuticals Research</b>	
3.	Examination Fee <b>Project:- Mr Rowa Red.N</b>	
4.	Bus Fee <b>Dr. K. Saudeep</b>	
5.	Miscellaneous Fee <b>AXIS</b>	
	<b>Online Through phone</b>	
	<b>Pay On 2/5/2022</b>	
	<b>Utd 212215404529</b>	
	<b>TOTAL</b>	<b>50.000.</b>

Amount in words... **Fifty thousand only**

Signature of Accountant

Signature of Principal



16

# CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES (AUTONOMOUS)

*S. J. Srinivasan*  
*Reseena*

(Sponsors: Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**5825**

## RECEIPT

Receipt No.

Dated 14/9/2022

Name of the Student Zaint Health Care Pvt. Ltd

S/o. D/o.....

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee	15000
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	/
5.	Miscellaneous Fee	
TOTAL		15,000

Amount in words Fifteen Thousand only

Signature of Accountant *[Signature]*

Signature of Principal



12

**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

*Sponsored Research*

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **3005**

Dated *2/11/2022*

Name of the Student *Zaint Healthcare Pvt. Ltd*

S/o. D/o *Hyderabad*

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
<del>1.</del>	Tution Fee <i>Sponsored Research</i>	<i>13,000.</i>
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	<i>/</i>
5.	Miscellaneous Fee	
TOTAL		<i>13,000</i>

Amount in words *Thirteen thousand only*

Signature of Accountant *[Signature]*

Signature of Principal



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **6006** Dated **2/11/2022**  
Name of the Student **Zainul Health Care Pvt Ltd**  
S/o. D/o **HYDERABAD**  
Class : B.Pharmacy / M. Pharmacy / Pharm-D  
Admn No. .... Semester / Year .....

S.No.	Particulars	Amount
1.	Tution Fee <b>Sponsored Research</b>	12,000
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	/
5.	Miscellaneous Fee	
TOTAL		12,000

Amount in words **Twelve thousand only**

Signature of Accountant **[Signature]**

Signature of Principal



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
**(AUTONOMOUS)**

*Sponsored Research*

(Sponsors: Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **6007**

Dated *2/11/2022*

Name of the Student *Zaink Health Care Pvt Ltd*

S/o. D/o *Hupderbad*

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <i>Sponsored Research</i>	<i>13,000.</i>
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	
5.	Miscellaneous Fee	
TOTAL		<i>13,000</i>

Amount in words *Thirteen thousand only*

Signature of Accountant *[Signature]*

Signature of Principal



91

**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

*Sponsored Research*  
Sponsors: Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **6054**

Dated... **14/11/2022**

Name of the Student... **Zorub Health Care Pvt. Ltd**

S/o. D/o... **Hyderabad**

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <i>Sponsored Research</i>	16.000
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	1
5.	Miscellaneous Fee	
TOTAL		16.000

Amount in words **Sixteen thousands only**

Signature of Accountant *[Signature]*

Signature of Principal



# CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES (AUTONOMOUS)

*Sponsored Research*

Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

## RECEIPT

Receipt No. **6435**

Dated... *12/12/2022*

Name of the Student... *Zaint pharma (Pvt) Ltd*  
S/o. D/o... *Hyderabad*

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <i>Sponsored Research</i>	<i>21.000.</i>
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	
5.	Miscellaneous Fee	
TOTAL		<i>21.000</i>

Amount in words... *Twenty one thousand only*

Signature of Accountant *[Signature]*

Signature of Principal



~~Spousal Research~~  
**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

Receipt No. **6506** **RECEIPT** Dated 30/12/2022  
Name of the Student Zain Health Care Pvt. Ltd  
S/o. D/o Hyderabad  
Class : B.Pharmacy / M. Pharmacy / Pharm-D  
Admn No. .... Semester / Year .....

S.No.	Particulars	Amount
1.	Tution Fee <u>Spousal Research</u>	13000
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	/
5.	Miscellaneous Fee	
TOTAL		13000

Amount in words Thirteen thousands only

Signature of Accountant [Signature]

Signature of Principal





**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

*Special Research*

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **6529** Dated **10/1/2023**

Name of the Student **Zeenat-Health Care (Pvt) Ltd**  
**Hyderabad**

S/o. D/o.....  
Class : B.Pharmacy / M. Pharmacy / Pharm-D  
Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee	
2.	Special Fee <i>Sponsored Research</i>	<b>20,000</b>
3.	Examination Fee	
4.	Bus Fee	/
5.	Miscellaneous Fee	
<b>TOTAL</b>		<b>20,000</b>

Amount in words **Twenty thousands only**

Signature of Accountant

Signature of Principal



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

6738

**RECEIPT**

Dated... 20/2/2023

Receipt No.

Name of the Student... Zcint-Health Care (Pvt) LTD  
Hyderabad

S/o. D/o.....

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <i>Sponsored Research Programme.</i>	28,800
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	
5.	Miscellaneous Fee	
TOTAL		28,800

Amount in words... Twenty Eight Thousand Eight hundred

Signature of Accountant *[Signature]*

Signature of Principal



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **6819** Dated **14/3/2023**

Name of the Student **Zaint Health Care Pvt. Ltd -**

S/o. D/o **Hyderabad**

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee <b>Sponsored Research Programme</b>	<b>15000</b>
2.	Special Fee	
3.	Examination Fee	/
4.	Bus Fee	
5.	Miscellaneous Fee	
<b>TOTAL</b>		<b>15000</b>

Amount in words **Fifteen Thousands only**

Signature of Accountant **[Signature]**

Signature of Principal



4

Received  
Respected

# CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES (AUTONOMOUS)

(Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

## RECEIPT

Receipt No. **7207**

Dated **17/4/23**

Name of the Student **Zaink Health Care (Pvt) Ltd**

S/o. D/o **Hyderabad**

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
<del>1.</del>	Tution Fee	20.000
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	/
5.	Miscellaneous Fee	
TOTAL		20.000

Amount in words **Twenty thousand only**

Signature of Accountant **[Signature]**

Signature of Principal



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**  
(AUTONOMOUS)

Sponsors : Chalapathi Educational Society, Guntur.)  
Chalapathi Nagar, Lam, GUNTUR - 522 034 (A.P.)  
(Approved by AICTE, New Delhi and Affiliated to Acharya Nagarjuna University)  
Tel : 0863-2524124, 2524125, Fax : 2524123

**RECEIPT**

Receipt No. **7237**

Dated **20/4/23**

Name of the Student... **Zaint Health Care Pvt. LTD**  
**Hyderabad**

S/o. D/o.....

Class : B.Pharmacy / M. Pharmacy / Pharm-D

Admn No.....Semester / Year.....

S.No.	Particulars	Amount
1.	Tution Fee	10,000.
2.	Special Fee	
3.	Examination Fee	
4.	Bus Fee	/
5.	Miscellaneous Fee	
TOTAL		10,000

Amount in words **Ten thousand only**

Signature of Accountant

Signature of Principal

(Original)

**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**

(AUTONOMOUS)

CHALAPATHI NAGAR, LAM, GUNTUR

E-Mail : principalclpt@gmail.com

**RECEIPT**

No : 628

Date : 17-Jun-23

Name : **ZAIN HEALTH CARE PRIVATE LIMITED, HYDERABAD**

Course : \_\_\_\_\_ Roll No : \_\_\_\_\_ Year: \_\_\_\_\_

The sum of Rupees : **INR Twenty Thousand Only**

Cash/Cheque/D.D. No/e-Fund Transfer : **Cash**

For :

RS. : **20,000.00**

For : CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES

T SRIVIDYA  
Receiver Signature

*T. Srividya*  
17/6/2023  
Authorised Signatory

(Original)

Support  
Receipt



**CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES**

(AUTONOMOUS)  
CHALAPATHI NAGAR, LAM, GUNTUR  
E-Mail : principalcpt@gmail.com

**RECEIPT**

No : 619 Date : 16-Jun-23

Name : ZAINT HEALTH CARE PRIVATE LIMITED, HYDERABAD.

Course : \_\_\_\_\_ Roll No : \_\_\_\_\_ Year: \_\_\_\_\_

The sum of Rupees : INR Twenty Thousand Only

Cash/Cheque/D.D. No/e-Fund Transfer : Cash

For :

RS. : 20,000.00 For : CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES

T SRIVIDYA  
Receiver Signature

*T. Srividya*  
16/6/2023  
Authorized Signature