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Molecular Docking Studies, Analgesic and Anti-inflammatory Screening of Some Novel Quinazolin-4-one Derivatives

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Molecular docking studies was performed on 20 analogous novel quinazolin-4-one derivatives as cox-2 inhibitors using glide tool of maestro 11.4 application of Schrodinger software. Anti-inflammatory and analgesic activities were further evaluated for the compounds. Based on docking studies, the binding affinity of QZN-16 was found to be -10.32 kcal/mol. In order to understand the significance of R-substituents on the quinazolin-4-one nucleus, the findings of hydrogen bonding interactions between designated ligands with binding site region of 4cox were studied. The ligands which are having high docking score were subjected to pharmacological screening. The compound QZN-16 has shown analgesic and anti-inflammatory activity at a dose level of 50 and 100 mg/kg body weight, respectively when compared with standard drug indomethacin. The newly designed quinazolin-4-one derivatives may serve as lead molecules for further development.

Keywords: Structure based drug design, Quinazolin-4-one derivatives, Molecular docking, Analgesic, Anti-inflammatory, Cox-2 inhibitor.

INTRODUCTION

Docking methodologies have been used to predict the experimental binding modes and affinities of small molecules within the binding site of particular targets like receptors and enzymes and are currently being used in virtual screening studies as a standard computational tool in drug design for lead compound optimization and to find novel biologically active compounds. The search algorithm and energy scoring functions are used as fundamental tools for generating the different poses for ligand and also its evaluation in docking studies [1]. Ligand-protein docking is performed to predict the main binding modes of a ligand with a protein with a defined three-dimensional structure. Successful docking methods search high-dimensional spaces effectively and use a scoring function and give the ranking based on the binding modes [2,3]. By using docking applications, virtual screening on large libraries of analogues can be performed so that the results can be graded and structural hypotheses can be formulated on inhibition of the target by ligands, which is helpful in optimizing leads. In addition, the

characterization of the binding activity plays an important role in both the logical design of drugs and the elucidation of fundamental biochemical processes [4-6].

Non-steroidal anti-inflammatory medications are among the most widely used therapeutics (NSAIDs). The pharmacological target is cyclooxygenase, which catalyzes the first and key step in arachidonic-acid metabolism. They represent a choice of treatment for different inflammatory diseases *viz.*, arthritis, rheumatism and relaxation through their anti-inflammatory, antipyretic and analgesic activities. The constitutive isozyme COX-1 plays a role in the cytoprotective mechanism of GIT and in normal functioning of the renal system [7]. In response to a pro-inflammatory stimulus, COX-2 is an inducible and short-lived enzyme that is expressed. The biosynthesis of prostaglandin requires COX-2 in inflammatory cells. Classical non-steroidal anti-inflammatory agents inhibit both isozymes to varying degrees, a characteristic that has been directly linked to the corresponding differential distribution in tissue and also represents the shared therapeutic properties and side effects of these agents [8,9]. The basis of the inhibition of COX-2

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SCREENING OF BIOACTIVE PHYTOCHEMICALS FOR THEIR ANTI-ALLERGIC ACTIVITY ON GUINEA PIGS AGAINST NON-IMMUNOLOGICAL CONTACT URTICARIA

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Keywords:

Urticaria, Hesperidin, Ellagic acid,
Benzoic acid and Geraniol

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ABSTRACT: Pharmacological screening of selective phytochemicals for common skin allergic disorder, which is defined by the occurrence of itchy and even painful wheels, angioedema or erythema (Urticaria). The main cause of allergic reactions is chemicals, certain foods, insect stings, which often lead to the cause of histamine release, then the tiny blood vessels (capillaries) leak fluid. For induction of urticaria (BA & CA) were selected; they cause the NICU on animal skin whenever they contact the skin. Healthy adult guinea pigs weighing 300-400 gm, were selected for the present study, totally 5 groups each contains five guinea pigs. Those groups were considered as group-1 (Disease control), group-2 (standard), group-3 (Vehicle control), group-4 (test-1) and group 5 (test-2). Parameters such as ear thickness, redness, itching, swelling and time taken for reducing swelling was recorded. Topical application of Benzoic acid and Cinnamon acid to all groups, those animals produced signs of urticaria, which is characterized by redness, itching, swelling. A dose dependent increase in ear thickness was observed in disease control. Topical treatment of phytochemicals reduces redness on guinea pig ears, ear thickness; it is significant reduced with 1% w/w ointment treated group ($0.27 \pm 0.01^{****}$, $0.318 \pm 0.015^{****}$, $0.266 \pm 0.015^{****}$) when compared with the disease control group. 2% w/w ointment treated group also produced the significant effect with high reduction of ear thickness which is similar to that of standard group ($0.19 \pm 0.008^{****}$, $0.214 \pm 0.009^{****}$, $0.154 \pm 0.014^{****}$). Ear thickness $^{****}P < 0.001$ vs. disease control. Based on the results, it was concluded that selected phytochemicals are suitable for treating NICU without complications.

INTRODUCTION: The skin is the largest organ of our body, accounting for about 15% of total body weight. It is continuous with the mucous membranes lining the body surface.

It is a complex organ; an average square inch of skin consists of 650 sweat glands, 20 blood vessels, and more than 1000 nerve endings ¹. Urticaria is a skin rash triggered by a reaction to food, medicine, or other irritants. It is the dermal edema resulting from vascular dilation and leakage of fluid into the skin in response to molecules released from mast cells. The major preformed mediator histamine produces a prototypic, short-lived urticarial ². Acute Urticaria is most often a benign self-limited skin disease.

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A prospective observational study on prevalence of osteoarthritis with malnutrition in Kanigiri constituency, West Prakasam, Andhra Pradesh


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Rodent models for nicotine withdrawal

Psychopharm

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Ryann Wilson¹, Vijayapandi Pandey² and Adriaan W Bruijnzeel¹

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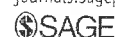
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Abstract

Background: Animal models are critical to improve our understanding of the neuronal mechanisms underlying nicotine withdrawal. Nicotine dependence in rodents can be established by repeated nicotine injections, chronic nicotine infusion via osmotic minipumps, oral nicotine intake, tobacco smoke exposure, nicotine vapor exposure, and e-cigarette aerosol exposure. The time course of nicotine withdrawal symptoms associated with these methods has not been reviewed in the literature.

Aim: The goal of this review is to discuss nicotine withdrawal symptoms associated with the cessation of nicotine, tobacco smoke, nicotine vapor, and e-cigarette aerosol exposure in rats and mice. Furthermore, age and sex differences in nicotine withdrawal symptoms are reviewed.

Results: Cessation of nicotine, tobacco smoke, nicotine vapor, and e-cigarette aerosol exposure leads to nicotine withdrawal symptoms such as somatic withdrawal signs, changes in locomotor activity, anxiety- and depressive-like behavior, learning and memory deficits, attention deficits, hyperalgesia, and dysphoria. These withdrawal symptoms are most pronounced within the first week after cessation of nicotine exposure. Anxiety- and depressive-like behavior, and deficits in learning and memory may persist for several months. Adolescent (4–6 weeks old) rats and mice display fewer nicotine withdrawal symptoms than adults (>8 weeks old). In adult rats and mice, females show fewer nicotine withdrawal symptoms than males. The smoking cessation drugs bupropion and varenicline reduce nicotine withdrawal symptoms in rodents.

Conclusion: The nicotine withdrawal symptoms that are observed in rodents are similar to those observed in humans. Tobacco smoke and e-cigarette aerosol contain chemicals and added flavors that enhance the reinforcing properties of nicotine. Therefore, more valid animal models of tobacco and e-cigarette use need to be developed by using tobacco smoke and e-cigarette aerosol exposure methods to induce dependence.

Keywords

Nicotine, mecamylamine, spontaneous, precipitated, withdrawal, dependence, tobacco, vapor, smoke, e-cigarettes, smoking cessation

Introduction

Cigarette smoking is the leading preventable cause of disease and premature death in the world. (–)-Nicotine is a natural tobacco alkaloid and the main addictive chemical in conventional and electronic cigarettes (e-cigs). When tobacco smoke is inhaled, nicotine is absorbed in the lungs and then rapidly enters the brain and binds to nicotinic acetylcholine receptors (nAChRs). The stimulation of nAChRs causes the release of dopamine in the mesolimbic system and produces a mild stimulant effect (Benowitz, 2009; Prochaska and Benowitz, 2016). Nicotine also stimulates the release of other neurotransmitters such as acetylcholine, noradrenaline, serotonin, glutamate, gamma-aminobutyric acid, and endorphins (Benowitz, 2009, 2010). In addition to mild euphoria, nicotine reduces stress and anxiety, and improves mood and overall wellbeing (Benowitz, 2008; Picciotto and Mineur, 2014; Xi et al., 2009). The positive reinforcing effects of nicotine play a role in the initiation of smoking. Long-term nicotine exposure causes neuroadaptations and tolerance, which leads to compulsive smoking to maintain normal brain function (Prochaska and Benowitz, 2016). Discontinuation of smoking in nicotine-dependent individuals alters brain neurotransmitter release and produces negative affective withdrawal symptoms (Benowitz, 2010).

Nicotine withdrawal is characterized by somatic symptoms, affective symptoms, attention deficits, and cognitive deficits. Somatic nicotine withdrawal symptoms include bradycardia, gastrointestinal discomfort, increased appetite, and tremors.

Affective nicotine withdrawal symptoms include depression, anxiety, anhedonia, dysphoria, hyperalgesia, and irritability (Kenny and Markou, 2001; Markou, 2008; McLaughlin et al., 2015). Nicotine withdrawal symptoms peak during the first week of smoking abstinence and may last up to 4 weeks (McLaughlin et al., 2015; Paolini and De Biasi, 2011). The highly aversive nicotine withdrawal symptoms make it challenging to maintain abstinence (Hughes, 2007; Hughes et al., 1991). Negative affective nicotine withdrawal symptoms contribute more to relapse than somatic withdrawal signs (Bruijnzeel, 2017).

Nicotine replacement therapy, bupropion, and varenicline are US Food and Drug Administration (FDA) approved smoking cessation medications (Casella et al., 2010; Crooks et al., 2014; Patel et al., 2010). Bupropion is a noradrenaline–dopamine reuptake inhibitor and a neuronal nicotinic acetylcholine receptor ($\alpha 3\beta 2$, $\alpha 4\beta 2$, and $\alpha 7$ nAChRs) antagonist (Crooks et al., 2014; Slemmer et al., 2000). Varenicline is a potent partial agonist at $\alpha 4\beta 2$ nAChRs and a full agonist at $\alpha 7$ nAChRs (Mihalak et al., 2006). Clinical studies suggest that bupropion and varenicline

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Prevalence of Risk Elements, Severity Assessment and Treatment Outcomes of Stroke – A Prospective Observational Study

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ABSTRACT

Stroke is the third major cause of death worldwide and is a major public health challenge in society. 15 million people suffer from it each year, and one-third is left permanently disabled one-third die worldwide. The average age of onset is above 55 years in western studies which were also found similar in the Indian population. There is a male predominance ratio of approximately 5:1. This study was conducted in Neurology Department at New Government General Hospital, Vijayawada. 165 patients were selected out of 152 were selected with the positive response of males and females of the Neurology department. The majority of patients were affected with lower limb weakness 106. Majority of patients were consuming alcohol were 105, [male-104, female-1], followed by smoking 97, [males-87, females-10]. The majority of patients had hypertension as a major risk factor 111, diabetes 92, Hyperlipidemia 90, seizures 66 patients. CT showed clots were in majority 127 than those who had haemorrhage 25. The majority of drugs given to stroke patients are antiplatelets, antihypertensives, Dyslipidemics and antibiotics were. Aspirin was the majorly used drug in a maximum number of 138, followed by Atorvastatin 131, Clopidogrel 113, Citicoline 119. Assessment done by Glasgow Coma Scale had the majority of patients were with moderate scoring 79 [males-60, females-19]. Assessment Done by NIHSS Scale had the majority of patients were under the moderate-severe category 79 [males-63, females-16].

Key Words: Stroke, Hypertension, Dyslipidemia, Diabetes, Prevalence.

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INTRODUCTION

According to World Health Organization, stroke is defined as a group of disorders of brain and blood vessels that develops rapidly with the clinical signs and the disturbances of the cerebral function lasting for 24 hours or longer leading to death, which occurs with a vascular origin [1]. Out of these 5 million people die and another 5 million are permanently disabled. High blood pressure contributes to more than 12.7 million stroke cases were reported worldwide. Europe averages approximately 650,000 stroke deaths each year. In the US the prevalence of stroke is about 7 million. The majority of people are over the age of 50-65 years and high blood pressure

contributed as the major risk factor. China has the highest rate of deaths due to stroke along with South America and Africa. In India the adjusted prevalence rate of stroke ranges, 84-262/100,000 in rural and 334-424/100,000 in urban areas. The incidence rate is 119-145/100,000 based on the recent population studies [2]. Stroke is an acute focal neurological deficit that develops within 24 hours. There is ischemic stroke (88%), hemorrhagic stroke (12%), and transient ischemic attack. Cerebrovascular accident (or) Stroke is an injury caused to the brain due to poor blood flow which leads to death if not diagnosed in its early stages. It occurs due to the following reasons, the brain cannot receive the needed blood supply due to interruption of blood flow, and rupturing of blood vessels occurs due to invading of blood supply to surrounding

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A Case Study

EXPOSURE OF SLEEP DISORDERS AND INCIDENCE IN PATIENTS WITH STROKE- A PROSPECTIVE OBSERVATIONAL COHORT STUDY IN A TERTIARY CARE TEACHING HOSPITAL

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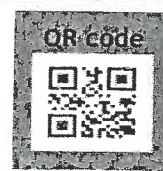
Abstract:

A stroke is a medical condition in which poor blood flow to the brain results in poor oxygen and nutrition to the brain cells which ultimately leads to death of brain cells. A sleep disorder, or somnipathy, is a medical disorder of the sleep patterns of a person or animal. Some sleep disorders are serious enough to interfere with normal physical, mental, social and emotional functions. The aim of this study is to find the exposure of sleep disorder in patients, those who are newly diagnosed with stroke. The objectives of the study are: To determine the exposure and incidence of sleep disorders in patients with stroke. To assess the type of sleep disorder in patients with stroke. To assess how counselling plays an important role in improving the proper management of diseases. The methodology of the study involves, the subjects who satisfy the study category are taken into study and patient consent form was taken. Subject information was collected using data collection forms and details of the study were secured. Later the standard questionnaires are asked and filled before and after the treatment. The collected data from the subjects with the help of questionnaires are assessed to determine the exposure and incidence of sleep disorders in subjects who are newly diagnosed with stroke (both ischemic and hemorrhagic). Results obtained in our study concludes that Snoring is the most common sleep disorder in patients with stroke followed by Day time sleepiness followed by Sleep talking followed by Sleep apnea followed by Night terrors followed by Sleep paralysis followed by Bruxism, Restless leg syndrome, Nightmares and Narcolepsy. However, sleep disorders are self-limiting in the early stages, so by educating bringing awareness about medication usage, lifestyle modification, dietary modifications, and sleep hygiene counseling's and providing patient information leaflets we observed there is a gradual decrease in symptoms.

Keywords: Stroke, sleep apnea, sleep disorders, bruxism, night mares, Epworth scale, Berlin questionnaire, Pittsburgh Sleep Quality Scale, Sleep Quality Scale.

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Research Article

ASSESSMENT OF MEDICATION ADHERENCE AND RISK FACTORS IN CARDIO VASCULAR PATIENTS

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Abstract:

Cardiovascular diseases have become the single leading cause of death and disease burden globally in low and middle income or countries such as India. The aim of study is to evaluate medication adherence and risk factors and obtaining results from effective counseling.

The objectives where to measure medication adherence and risk factors in cardiovascular patients.

The methodology involves subjective who satisfy the study category taken into study and patient consent form was taken, subject information was collected using data collection forms and details of subjects were received. MMAS form was filled by patients for 3 follow ups and assessed.

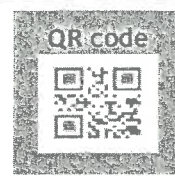
Data collected by using data collection form includes MMAS-8 criteria of assessing medication adherence and risk factors which we commonly see in CARDIO VASCULAR patients. The *p* value found to be insignificant and the patients are somewhat adhered to medication after second follow up.

The patients were improved on medication adherence after second follow up. The gradual increase had observed with the adherence. Finally, this study states lack of medication adherence is leading cause for the progression of the disease and leading to death.

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**ADVERSE DRUG REACTION MONITORING AT
TERTIARY CARE TEACHING HOSPITAL:
A PROSPECTIVE OBSERVATIONAL STUDY**

Dissertation submitted to

Chalapathi Institute of Pharmaceutical Sciences

In partial fulfillment of the Requirements for the Award of Degree of

DOCTOR OF PHARMACY

Submitted by

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This is to certify that dissertation work entitled **"ADVERSE DRUG REACTION MONITORING AT TERTIARY CARE TEACHING HOSPITAL: A PROSPECTIVE OBSERVATIONAL STUDY"** is a bonafide research work done by **Devisetty Baby Sowmya Sri, Malempati Yogitha, Vusurumarthi Bola Shankar**, submitted in partial fulfilment of the requirement for the Award of Degree of **DOCTOR OF PHARMACY** by the **CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES, LAM, GUNTUR.**

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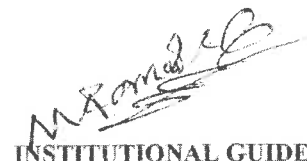
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ABSTRACT

Background:

Adverse drug reactions are posing a major challenge to the health care system as they compromise the safety on drug therapy. Adverse drug reactions are not only the cause of mortality and morbidity but also significant increase in the health care cost. ^[1] The main aim of the present study was to collect the information about the adverse drug reactions in the tertiary care hospital, to create awareness of the need for Pharmacovigilance and how this help patient as well as health care professionals to make smart therapeutic decisions.

Aim: To detect, document, assess, collect and report the suspected adverse drug reactions, adverse events in a tertiary care hospital.

Methodology: A prospective observational study was conducted at Government General Hospital, Guntur for a period of 6 months.

Objectives:

- To detect the nature and frequency of adverse drug reaction being reported from different departments.
- To assess the severity of ADRs.
- To assess the causality of reaction.

Results: ADRs mostly were seen in the age group of 36-55 (52.08%). Integumentary was found to be the most commonly affected organ system (32.93%) among which alopecia, rashes, hyperpigmentation of skin, urticaria were the most common type of ADRs reported, majority of the adverse drug reactions were due to anti-cancer drugs. For causality of ADR's according to Naranjo Scale (71.86%) of adverse drug reactions were assessed to be possible, using WHO-UMC scale (89.8%) were considered as possible. Similarly Severity assessment using Modified Hartwig's scale shows majority of the reactions as mild (65.8%).

Conclusion: By improving the knowledge and awareness of ADR reporting among health care professionals it would increase the practice of drug safety which in turn will reduce the mortality and morbidity of ADRs.



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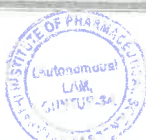
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ASSESSMENT OF NUTRITIONAL STATUS AND PREVALENCE OF
ANEMIA IN PEDIATRIC POPULATION IN A TERTIARY CARE
TEACHING HOSPITAL

Dissertation submitted to

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

*'Accredited by NAAC with 'A' Grade'
In partial fulfillment for the Award of Degree of*

DOCTOR OF PHARMACY

Submitted by

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ABSTRACT

Background: In a developing country like India, all the resources are not reaching the children because of various reasons like illiteracy among parents, poverty, lack of awareness among health. India ranked 94th among 107 countries in the 2020 Global Hunger Index "Malnutrition is endemic in India"^[1]. Earlier many studies were conducted to assess the prevalence of anemia in adults, pregnant women, and children under 5 years of age. Despite all the reasons, there is an immense need to assess the nutrition status and prevalence of anemia in a pediatric population. Therefore, the purpose of the present study was to assess the nutritional status and prevalence of anemia in the pediatric population of age group 1-12 years. In the present study, we have evaluated whether there is any influence of maternal education, occupation of mother, birth order of the child, socioeconomic status of the family has any influence on the anemia of the child.

Introduction: Malnutrition is a word that refers to deficiencies, excesses, or imbalance in dietary intake of nutrients. Nutritional status can be assessed by measuring stunting, wasting, mid-upper arm circumference. Anemia is assessed by estimating hemoglobin value.

Method: The present study was a cross-sectional study with a sample size of 100 with age group 1-12 year, was conducted in Government General Hospital, Guntur. The study was carried for a period of 6 months (October to March). Data were collected by using the NACS Assessment Guide tool for Nutritional status and Tallquist Hemoglobin Scale was used to measure hemoglobin. Data was collected accurately by explaining the purpose of the study to the study participant's parents. Collected data were analyzed by using Epi info software version 3.5.1.

Results: Age group of 1-6 yr had 26% severe stunting whereas in the age group 7-12 yr 5% of the people had severe stunting. Age group of 1-6 yr and 7-12 yr had 16 % had severe wasting and 13 % had severe wasting respectively. The prevalence of anemia in children had a significant impact with maternal education ($p < 0.05$), socioeconomic status of the family ($p < 0.05$), birth order of the child ($p < 0.05$) and doesn't have any significant impact with father education ($p > 0.05$), Past medical history ($p > 0.05$).

Conclusion : From our study, we conclude that moderate anemia was more noticeable than mild and severe anemia in people of rural areas in and around Guntur. Nowadays many health related programmes were launched by the Govt of Andhra Pradesh, despite all the efforts done by the Govt of AP nevertheless, there is lacking awareness on the people concerning anemia. The prevalence of anemia has a significant impact of literacy of mother as education of mother increases the severity and frequency of anemia was decreased. There is a significant association of Socioeconomic status and Anemia i.e., children of upper lower class status are moderately anemic than the lower middle class. Birth order also has a part in anemia, an increase in the birth order has an increase in risk of anemia. Severe stunting and moderate wasting was observed more in the age group of 1-6 yr of children.

Key words: Anemia, Malnutrition, Hemoglobin, Stunting, Wasting



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ASSESSMENT OF QUALITY OF LIFE IN HEAD AND NECK CANCER IN
PRE AND POST CHEMORADIATION AND PHARMACEUTICAL
MANAGEMENT: A PROSPECTIVE OBSERVATIONAL STUDY

Dissertation submitted to

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ABSTRACT

BACKGROUND:

Head-and-neck cancers (HNCs) account for 30% of all cancer cases in India. Head and neck cancer includes those cancers originating in the oral cavity, pharynx (nasopharynx, oropharynx, or hypopharynx), nasal cavity, paranasal sinuses, salivary glands, and larynx. Combined multimodality treatment including surgery, chemotherapy, and radiation has increased disease control for locally advanced HNC.

HNC arises in structurally complex and functionally important areas and interfere with basic functions like eating, speech, swallowing, breathing and can have a profound effect on social and psychological state. Head and neck cancer has profound psychosocial and physical effects on patients quality of life (QoL). "Health-related QoL" (HRQoL) is a more specific area of QoL that mainly deals with impact of the disease and its treatment related morbidities on patient's physical, psychological, and social aspects.

The purpose of this study was to assess the impact of quality of life of patients with head and neck cancer in pre and post chemoradiation.

AIM: To assess the Quality of life in patients with Head and Neck Cancer in pre and post chemoradiation.

METHODOLOGY: A Prospective observational study was conducted at Department of Radiation Oncology, NATCO cancer center, Government General Hospital, Guntur. A total of 80 patients were admitted in the department of radiotherapy, suffering with head and neck cancer who are on concurrent chemoradiation was chosen.

RESULTS: In our study, we compared the mean values at the end of the treatment to the values found at onset of the treatment by using QLQ-H&N 43 questionnaire and for statistical analysis, Epi info 3.5.1 version was used and Chi-square test was performed with 95% confidence interval at alpha value 0.05 and p-value < 0.05. We observed that the quality of life has improved in the parameters related to pain (before treatment- 2.213; after treatment- 1.6052), swallowing (before treatment- 2.3128; after treatment- 1.5083), speech (before treatment- 2.3827; after treatment- 1.7875), social eating (before treatment- 2.2562; after treatment- 1.6156), social contact (before treatment- 1.8384; after treatment- 1.4563), sticky saliva (before treatment- 1.9877; after treatment- 1.3875), cough (before treatment- 1.679; after treatment- 1.275), felt ill and we observed significant decrease in quality of life in parameters relating with senses [smell and taste] (before treatment- 1.6468; after treatment- 1.6433), problems with teeth (before treatment- 1.5679; after treatment- 1.95) & dry mouth (before treatment- 1.679; after treatment- 1.775).

CONCLUSION: Based on our study results we conclude that the quality of life in head and neck cancer patients has significantly improved over a period of time. Educated the patients regarding lifestyle modifications and dietary Restrictions has shown great impact on improvement of Quality Of Life.

KEYWORDS: Quality of life (QOL); EORTC; Health related quality of life (HRQOL); Head and neck cancer (HNC).



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**COMPARISON OF BURDEN IN CAREGIVERS OF PATIENTS
WITH CHRONIC PSYCHIATRIC ILLNESS AND MALIGNANCY: A
CROSS-SECTIONAL STUDY**

Dissertation submitted to

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ABSTRACT

Back ground: Care giver is an individual who provides assistance and assume the responsibility for the physical and emotional needs of another individual who is incapable of self-care. Care givers of individuals suffering from psychiatric illness are at risk of being subjected to mental health consequences such as depression, anxiety and burnout. Community based studies indicated that family and economical burden is higher in patients with chronic psychiatric illness. There is a paucity of data comparing the caregiver burden in chronic psychiatric illness and malignancy.

Aims and Objectives: To compare the caregiver burden in patients with chronic psychiatric illness and malignancy and to assess the factors that are contributing to caregiver burden. To assess caregiver burden of patients with psychiatric illness and malignancy by using the burden assessment scale (BAS). To determine the association of caregiver burden with demographic factors like age, gender, duration of care giving.

Materials and Methods: The present study was undertaken at department of psychiatry and oncology, Government General Hospital, Guntur. Total of 150 caregivers were included in the study. 100 caregivers from psychiatry department and 50 caregivers from oncology department were enrolled in the study and data was compared by using BAS score.


Results: There was a significance difference in the burden of psychiatric caregivers and oncology caregivers which was obtained by BAS scoring. There was an association of caregiver burden with that of gender, duration of care giving.

Conclusion: Burden scores obtained in caregivers with psychiatric was high compared to oncology caregivers and duration of care giving, gender; care hours/day had association with caregiver burden.

Key Words: Caregiver burden, psychiatry, malignancy, BAS scoring.

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**ASSESSMENT OF DEPRESSION AND FUNCTIONAL OUTCOMES IN POST
STROKE PATIENTS AND EFFECTS OF PATIENT COUNSELLING BY
CLINICAL PHARMACISTS IN A TERTIARY CARE HOSPITAL
A PROSPECTIVE COHORT STUDY**

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ABSTRACT

Background:

Stroke is 5th leading cause of death in the world and it is one of the leading causes of disability in India. The sudden death of brain cells due to lack of oxygen, caused due to blockage of flow of blood or artery rupture in the brain which causes sudden loss of speech, weakness or paralysis of one side of the body occurs in the stroke patients. The prevalence rates of stroke range, 84-262/100,000 in rural and 334-424/100,000 in urban areas. Incidence rate is 119-45/100,000 based on the population studies. The major complication that is observed in the post stroke patients is depression also known as PSD (post stroke depression) this post stroke depression is observed in 1/4th of the post stroke patients. Another major complication is decrease in the functional outcome of the patients after stroke. Assessment of depression and functional outcomes in poststroke patients are done in this study.^{[1][10]}

Aim: To assess the rate of depression and functional outcomes in post stroke patients in a tertiary care hospital.

Methodology: A prospective cohort study was carried out in Government General Hospital Guntur for duration of 6 months i.e., after obtaining approval from institutional ethics committee. The patients were screened based on the inclusion and exclusion criteria. Patients who satisfy inclusion criteria were included in the study after obtaining informed consent. The data was collected in the designed data collection form. Where the severity of stroke is assessed by the NIH stroke scale and depression assessed by the use of Hamilton scale and to calculate the functional outcome of the post stroke patients FIM index scale is used.

Result:

100 patients met the inclusion criteria and were included in the study; 45 subjects were excluded from the study due to death (n=33) and comatization of patients (n=9), the data obtained were tabulated and analysed. The patients were distributed within the age groups 35-90 years. The majority of patients were in between 57- 67 years (36%). Our study also finds the association between Gender and Type of stroke in which Haemorrhagic stroke in Male 12(20.33%), Ischaemic stroke in Male 42(71.18%) were majorly observed.

We found out the Stroke severity in the subjects by using NIH scale out of 100 subjects no moderate 37 (37%), moderate to severe 20(20%), severe 37(37%) was observed also found the Depression severity in the post-stroke patients by using the Hamilton scale, mild 56(56%) depressed subjects were identified. Functional outcome of the patient was measured using FIM index and the 100 subjects were categorised as Helper complete dependence (<25% to 25% or more) admission 56 (56%), discharge 10(10%), follow up 8(8%), Helper modified dependence (50% or more to 100%) admission 39(39%), discharge 5(5%), follow up 6(6%), No helper admission 5(5%), discharge 85(85%) follow up 86(86%).

In our study we assessed the correlation between post-stroke patients and depression and the functional outcome of the patients. When post-stroke patients and depression patients who are assessed using the Hamilton scale are correlated using Pearson correlation the result



A CASE CONTROL STUDY ON EVALUATING THE NUTRITIONAL STATUS
IN LIVER DISEASE PATIENTS WITH ALCOHOL CONSUMPTION AND AN
APPROACH TO EDUCATE PATIENTS BY PATIENT COUNSELLING IN
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All India 54th Rank
2020

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CERTIFICATE

This is to certify that dissertation work entitled "A CASE-CONTROL STUDY ON EVALUATING THE NUTRITIONAL STATUS IN LIVER DISEASE PATIENTS WITH ALCOHOL CONSUMPTION AND AN APPROACH TO EDUCATE PATIENT BY PATIENT COUNSELLING IN TERTIARY TEACHING CARE HOSPITAL" is a bonafide research work done by Sindhu madhuri Laghimsetty, Durga Devi Vusurumurthy, Gopal Atmakuri is a bonafide research work done by submitted in partial fulfilment of the requirement for the Award of Degree of DOCTOR OF PHARMACY by the CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES, LAM, GUNTUR.

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ABSTRACT

Background: Liver disease refers to any disorder of the liver. The liver is a large organ in the upper right abdomen that aids in the digestion and removes waste products from the blood. Liver disease includes Cirrhosis, Inflammation [hepatitis] or non-infectious causes [chemical or autoimmune hepatitis, liver cancer, Metabolic disorders. Alcohol abuse may cause changes in psychosocial behaviors. Many alcoholics are malnourished, either because they ingest too little of essential nutrients [ex: carbohydrates, proteins and vitamins] or because alcohol and its metabolism prevent the body from properly absorbing, digesting and using those nutrients. Furthermore alcohol breakdown in the liver generates toxic products such as acetaldehyde and highly reactive potentially damaging oxygen containing molecules. These products can interfere with the normal metabolism of other nutrients, particularly lipids and contribute to liver cell damage.

Aim: To evaluate the nutritional status in liver disease patients with alcohol consumption.

Methodology: A Case-Control study was carried out in Government General Hospital Guntur for duration of 6 months i.e., after obtaining approval from institutional ethics committee. The patients were screened based on the inclusion and exclusion criteria. Patients who satisfy inclusion criteria were included in the study after obtaining informed consent. The data was collected in the designed data collection form. The Subjective global assessment was used to assess the nutritional status in patients with liver diseases. SF-36 Questionnaire is used to assess the quality of life in alcoholic and non-alcoholic liver disease patients. The patient counselling leaflet is used to educate the patients about liver disease, effects of alcohol consumption, lifestyle changes and dietary modifications

Result: 300 patients met the inclusion criteria and were included in the study. By using Global Subjective Assessment Scale, we found that the liver disease patients with alcohol consumption are significantly shown with low nutritional status compared to non-alcoholic liver disease patients.

In our study we assessed the nutritional status in liver disease patients with alcohol consumption. We assessed the nutritional status using Chisquare test, the result obtained is significant at $[P=0.0000]$, this shows that the liver disease patients with alcohol consumption are significantly shown with low nutritional status compared to non-alcoholic liver diseases patients.

Based on the study conducted to assess the quality of life by using SF-36 Questionnaire in liver disease patients with alcohol consumption, we assessed that the alcoholic liver disease patients have shown significantly poor quality of life than non-alcoholic liver disease patients. In our study we

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**EVALUATING THE EFFECT OF PRE-POST KNOWLEDGE, ATTITUDE,
PRACTICES AND HEALTH RELATED QUALITY OF LIFE AMONG CHRONIC
KIDNEY DISEASE PATIENTS IN TERTIARY CARE TEACHING HOSPITAL**

Dissertation submitted to

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In partial fulfillment for the Award of Degree of

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Submitted by

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ABSTRACT

BACKGROUND: Chronic Kidney Disease (CKD) is condition with progressive loss of renal function and is considered as a major public health problem leading to increased mortality and morbidity worldwide. In India, due to lack of health knowledge among the population (both healthy and disease population) acts as a barrier for not achieving the therapeutic goals. Understanding knowledge, attitude and practices associated with chronic kidney disease is vital to informing optimal policy and public health responses to the patients, but few community-based assessments have been performed for Chronic Kidney Disease. To address this gap, we are conducting this study.

Quality of life (QoL) is increasingly being considered as an important measure of how disease affects patient's lives, especially for long-term diseases like chronic kidney disease (CKD). The importance of measuring Health Related Quality of Life (HRQOL) has been underscored by recent studies indicating an association between various Health Related Quality of Life (HRQOL) measures and mortality and hospitalization rates in dialysis patients.

AIM:

To evaluate the effect of Knowledge, Attitude, Practices and Health Related Quality of Life among Chronic Kidney Disease patients in a tertiary care teaching hospital.


METHODOLOGY:

A prospective observational study was carried out in the department of Nephrology in Government General Hospital Guntur for a duration of 6 months i.e., after obtaining approval from Institutional Ethics Committee. The patients were screened based on the inclusion and exclusion criteria. 94 patients who satisfy the inclusion criteria were included in the study after obtaining informed consent. The data was collected in the designed data collection form, where the patient's knowledge, attitude and practice towards disease is assessed by using KAP questionnaire and the health related quality of life is assessed by using short form survey questionnaire(SF-36) and the medication adherence is assessed by using Morisky Medication Adherence scale(MMSA-8). The collected data was analysed by using SPSS software and Microsoft excel worksheets.

RESULT:

94 patients met the inclusion criteria and were included in the study and the collected data was tabulated and analysed. For the assessment of results we categorised the patients within




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**ROLE OF HIGH DOSE CALCIUM IN PREVENTING PRE-ECLAMPSIA IN
HIGH RISK PATIENTS IN THE DEPARTMENT OF OBSTETRICS &
GYNECOLOGY, GGH, GUNTUR.**

Dissertation submitted to

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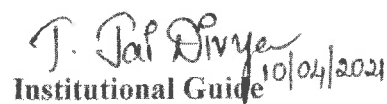
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ABSTRACT

Background:

Pre-eclampsia is a common and serious complication of pregnancy that affects both mother and child. It is a condition with a blood pressure of $\geq 140/90$ mm of Hg and Proteinuria. The WHO issued a strong recommendation that pregnant women be provided calcium supplements to prevent pre-eclampsia. The study was undertaken to assess the effect of high dose calcium in preventing pre-eclampsia.

Aim:

To know the role of high dose calcium in preventing pre-eclampsia in high risk patients in the department of Obstetrics and Gynecology.

Methodology:

A prospective cohort study, patients are screened based on inclusion and exclusion criteria and enrolled with informed consent. By using LOOTE ULTRAHELISKRIINING software we assessed the high risk patients. Collected data was tabulated and interpreted using statistical software.

Results:

A total of 412 patients were screened to include the subjects in the study. Based on the inclusion and exclusion criteria 58 subjects were enrolled in interventional group and 54 subjects were enrolled in control group. Descriptive data were expressed as percentage, mean and standard deviation and for continuous data chi-square test was used. It was shown that all the observed p-values were statistically significant with p-value < 0.05 . Among 58 subjects in interventional group 9 ADRs were observed. As per the WHO ADR assessment scale, all reactions are Possible. In Hartwig's severity assessment scale all reactions are mild(9).

Conclusion:

In the light of our study, predictor variables like maternal age, BMI, having multiple pregnancies, history of pre-eclampsia and diabetes were factors associated with pre-eclampsia, which is a major contributor of poor maternal and fetal outcome. Supplementation of high dose calcium (2gm/day) reduced the risk of developing pre-eclampsia and showed some mild ADR effects when compared with daily intake of calcium 500mg. Early detection of cases through proper antenatal checkup along with early initiation of antihypertensive drugs and proper follow up of cases helps to prevent its maternal and fetal complications.



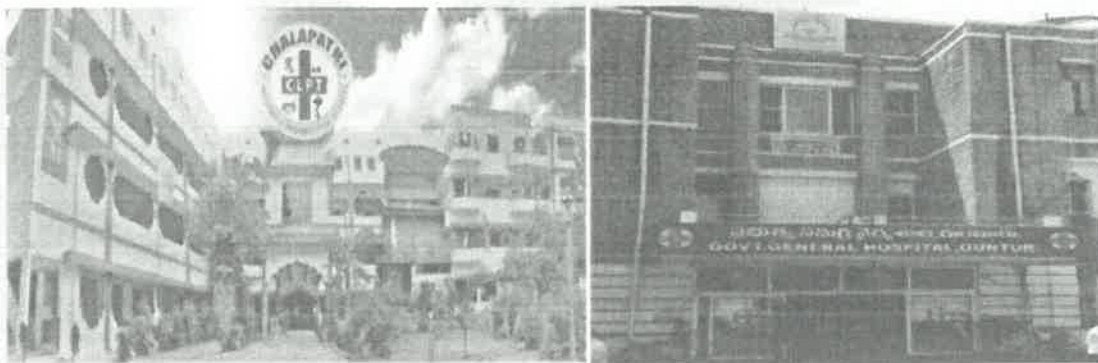

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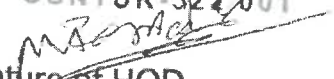
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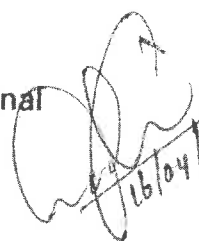

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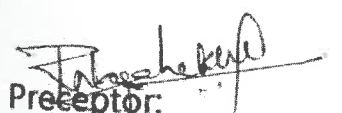
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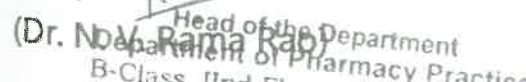
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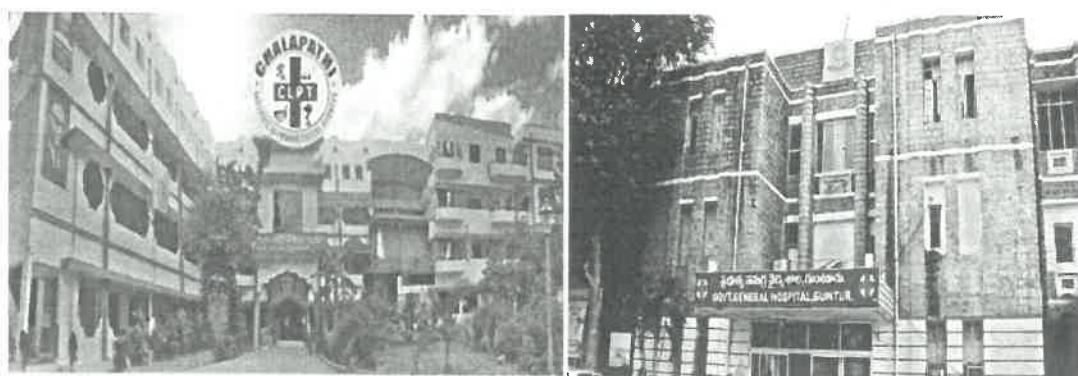
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REG. NO: Y16PHD0105



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& PCI, New Delhi)

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I.S.O. 9001: 2008 CERTIFIED INSTITUTION

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Certified that this is the bonafide record of the
Clerkship done by **VMURI SOWMYA**, Regd. No: Y16PHD005
in the V/VI Pharm D during the year 2019 - 2020 in the Department of
Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute
of Pharmaceutical Sciences, Lam, Guntur.

Preceptor :-

G. R. Bhargava
16/4/2021

Examiners :-

(Dr. Ravi Nagalekhini)

Staff In charge:-1. External

(Dr. Ravi Nagalekhini)

[Signature]
16/04/2021

Head Of the Department :-

(Dr. N. V. Ramarao)

[Signature]

2. Internal

[Signature]
16/4/2021



[Signature]
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Chalapathi Nagar, LAM, GUNTUR-54.

CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Mr. VENKAT. ARTHIMALLA

REG. NO: Y16PHD0107



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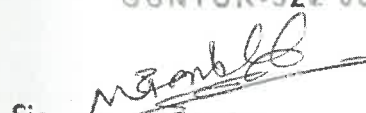
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Certified that this is the bonafide record of the
Clerkship done by VENKAT.ARTHIMALLA Regd.No: YI6PHD0107 in the V/
VI PharmD during the year 2020 - 2021 in the Department of Pharmacy
Practice, Govt. General Hospital, A Unit of Chalapathi Institute of
Pharmaceutical Sciences, Lam, Guntur.


Preceptor: -
(Dr. Ravi Nagalekhini)


Staff in charge:
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Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
GUNTUR-522 001


Signature of HOD
(Dr. N. V. Ramarao)

Head of the Department
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B-Class, IInd Floor, Inpatient Block
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Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001

Examiners: -

1. External 

2. Internal 





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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Ms. Athota Keerthi

Regd. No: Y16PHD0108



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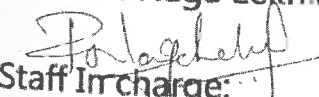
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Certified that this is a bonafide record of the
Clerkship done by "ATHOTA KEERTHI" of Regd.No:
Y16PHD0108 in the V/VI Pharm D during the year
2020-2021 in the Department of Pharmacy Practice,
Government General Hospital, A Unit of Chalapathi
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Preceptor:
(Dr. Ravi Naga Lekhini)


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GUNTUR-522 001

Examiners:

1. External 

2. Internal 


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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Mr. Atmakuri Gopal

Regd. No: Y16PHD0109



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Certified that this is a bonafide record of the **Clerkship** done by **"ATMAKURI GOPAL"** of **Regd. No: Y16PHD0109** in the V/VI Pharm D during the year 2020-2021 in the Department of Pharmacy Practice, Government General Hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.


Preceptor:
(Dr. Ravi Nagalekhini)

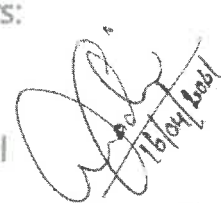

Staff In charge:
(Dr. Ravi Nagalekhini)
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GUNTUR-522 001


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GUNTUR-522 001


Examiners:

1.External

2.Internal


16/04/2021




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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Ms. Cherreddy Thanmai Chowdary

Regd. No: Y16PHD0110



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Clerkship done by "CHEREDDY THANMAI CHOWDARY" of Regd. No:
Y16PHD0110 in the V/VI Pharm D during the year 2020-2021 in
the Department of Pharmacy Practice, Government General
Hospital, A Unit of Chalapathi Institute of Pharmaceutical
Sciences, Lam, Guntur.



Preceptor:
(Dr. Ravi Naga Lekhini)

Examiners:


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Chalapathi Nagar, LAM, GUNTUR-34,

CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Ms. Chilamkuri Venkata Sai Manasa

Regd. No: Y16PHDO111



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Venkata Sai Manasa
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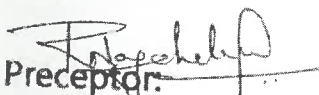
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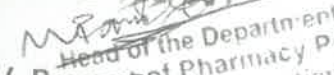
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Certified that this is a bonafide record of the **Clerkship** done by "**CHILAMKURI VENKATA SAI MANASA**" of **Regd. No: Y16PHD0111** in the V/VI Pharm D during the year 2020-2021 in the Department of Pharmacy Practice, Government General Hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.


Preceptor:
(Dr. Ravi Nagalekhini)


Staff in charge:
(Dr. Ravi Nagalekhini)

Department of Pharmacy Practice
B-Class, 11nd Floor, Inpatient Block
Govt. General Hospital
GUNTUR-522 001

HOD: 
(Dr. N. V. Rama Rao)
Head of the Department
Department of Pharmacy Practice
B-Class, 11nd Floor, Inpatient Block
Govt. General Hospital
Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001

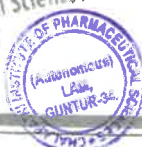
Examiners:

1.External 

2.Internal 


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(Autonomous)
Chalapathi Nagar, LAM, GUNTUR-34.



CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Mr. Mayakuntla Dinesh

REG. NO: Y16PHDO112



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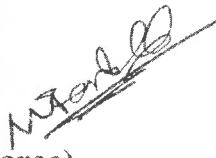
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Certified that this is the bonafide record of the Clerkship done by **MAYAKUNTLA.DINESH** Regd. No: Y16PHD0112 in the V/VI Pharm D during the year 2020 - 2021 in the Department of Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor :- 
(Dr.N.V.Ramarao)

Examiners :-

Staff In charge:
(Dr.Ravi Nagalekhini)


1. External 

Head Of the Department
(Dr.N.V.Ramarao)

2.Internal 

Department of Pharmacy Practice
Head of Department
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001




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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

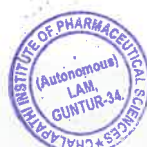
Ms. Kanaparthi. NavaKomali


Regd.No: Y16PHD0113



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in the V/VI Pharm D during the year 2020 - 2021 in the Department of
Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute
of Pharmaceutical Sciences, Lam, Guntur.


Preceptor :-
(Dr.N.V.Ramarao)


Staff-In charge :-
(Dr. Ravi Naga Lekhini)
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
GUNTUR-522 001

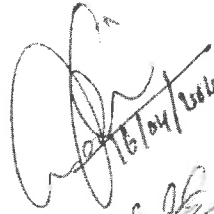

HOD :-
(Dr.N.V.Ramarao)

Head of the Department
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001




Examiners :-

1. External


16/04/2021

2. Internal


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Chalapathi Nagar LAM, GUNTUR-34.

CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Mr. SaiSivaraj kumar

Regd.No: Y16PHD0114



**DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
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Chalapathi Nagar LAM, GUNTUR-34



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in the V/VI Pharm D during the year 2020 - 2021 in the Department of
Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute
of Pharmaceutical Sciences, Lam, Guntur.

Preceptor :-

(Dr.N.V.Ramarao)

Staff in charge :-

(Dr. Ravi NagaLekhini)

Department of Pharmacy Practice

B-Class, IInd Floor, Inpatient Block

Govt. General Hospital

GUNTUR-522 001

HOD :-

(Dr.N.V.Ramarao)

Head of the Department
Department of Pharmacy Practice

B-Class, IInd Floor, Inpatient Block

Govt. General Hospital

Chalapathi Institute of Pharmaceutical Sciences

LAM, GUNTUR-522 001

Examiners :-

1. External

2. Internal



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Chalapathi Nagar LAM, GUNTUR-34.

CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Ms.L.SindhuMadhuri

Regd.No: Y16PHD0115




**DEPARTMENT OF PHARMACY PRACTICE,
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Preceptor:

(Dr. N. V. Rama Rao)


Staff in charge:

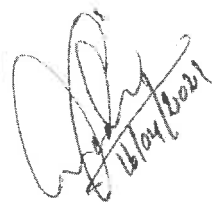
(Dr. Ravi Naga Lekhini)
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
GUNTUR-522 004

HOD:

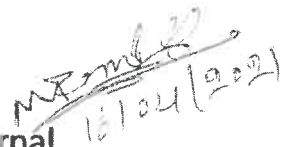
(Dr. N. V. Rama Rao)
Head of the Department
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Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 004

Examiners:

1.External


16/04/2021

2.Internal


16/04/2021




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Chalapathi Institute of Pharmaceutical Sciences
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Chalapathi Nagar, LAM, GUNTUR-34

CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by
Ms. Malempati Yogitha
Regd.No: Y16PHD0116



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Certified that this is a bonafide record of the **Clerkship** done by "**MALEMPATI YOGITHA**" of **Regd. No: Y16PHD0116** in the V/VI Pharm D during the year 2020-2021 in the Department of Pharmacy Practice, Government General Hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.


Preceptor: 
(Dr. N. V. Rama Rao)

Examiners:



Staff in charge:
(Dr. Ravi Naga Lekhini)
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
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GUNTUR-522 001

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HOD: 
(Dr. N. V. Rama Rao)
Head of the Department
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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Ms. Malineni Mounika

Regd. No: Y16PHD0117



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CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES.
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CERTIFICATE

Certified that this is a bonafide record of the **Clerkship**
done by "**MALINENI MOUNIKA**" of **Regd. No:**
Y16PHD0117 in the V/VI Pharm D during the year
2020-2021 in the Department of Pharmacy Practice,
Government General Hospital, A Unit of Chalapathi
Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor:

(Dr. N. V. Rama Rao)

Staff in charge:

(Dr. Ravi NagaLekhini)

Department of Pharmacy Practice

B-Class, IInd Floor, Inpatient Block

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HOD:

(Dr. N. V. Rama Rao)

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Govt. General Hospital

Chalapathi Institute of Pharmaceutical Sciences

GUNTUR-52

Examiners:

1. External

2. Internal

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Chalapathi Institute of Pharmaceutical Sciences

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Chalapathi Nagar LAM, GUNTUR-34.



CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Mr. Matangi Sudheer

Regd. No: Y16PHD0118



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CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES.**

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**Chalapathi Institute of Pharmaceutical Sciences
(Autonomous)**

Chalapathi Nagar LAM, GUNTUR-52



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INSTITUTE OF PHARMACEUTICAL SCIENCES

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Accredited with "A" Grade by NAAC

I.S.O. 9001: 2008 CERTIFIED INSTITUTION

CERTIFICATE

Certified that this is a bonafide record of
the **Clerkship** done by "MATANGI SUDHEER" of **Regd.**

No: Y16PHD0118 in the V/VI Pharm D during the
year 2020-2021 in the Department of Pharmacy Practice,
Government General Hospital, A Unit of Chalapathi
Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor:

Examiners:

Staff in Charge.
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
GUNTUR-522 001

Head of the Department
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
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Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001

1. External

16/04/2021

2. Internal

16/04/2021

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Chalapathi Nagar LAM, GUNTUR-34

CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Ms. Meghavath Swetha Bai

Regd. No: Y16PHD0119



**DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES.**

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Certified that this is a bonafide record of the **Clerkship**

done by **"MEGHAVATH SWETHA BAI"** of **Regd.No:**

Y16PHD0119 in the V/VI Pharm D during the year
2020-2021 in the Department of Pharmacy Practice,
Government General Hospital, A Unit of Chalapathi
Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor:

(Dr. N. V. Rama Rao)

Staff In charge:

(Dr. Ravi Naga Lekhini)

HOD:

Head of the Department
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
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Examiners:

1. External

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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Ms. Perumbuduru Naga Ramya

Regd. No: Y16PHD0121



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Preceptor: 
(Dr. N. V. Rama Rao)

Staff In charge: 

(Dr. Ravi Naga Lekhini)
Department of Pharmacy Practice
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GUNTUR-522 001

HOD: 

(Dr. N. V. Rama Rao)
Head of the Department
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GUNTUR-522 001

Examiners:

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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D

DOCTOR OF PHARMACY



Submitted by

Ms.Posam.UmaMaheswari

Regd.No: Y16PHD0122



**DEPARTMENT OF PHARMACY PRACTICE,
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Uma Maheswari
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Certified that this is the bonafide record of the
Clerkship done by **POSAM. UMA MAHESWARI**, Regd. No: Y16PHD0122
in the V/VI Pharm D during the year 2020- 2021 in the Department of
Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute
of Pharmaceutical Sciences, Lam, Guntur.

Preceptor :-
Dr.N.V.Ramarao

Staff in charge:-

Dr.Ravi Nagalekhini
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B-Class, IInd Floor, Inpatient Block

Govt. General Hospital

GUNTUR-522 001

Head Of the Department :-

Dr.N.V.Ramarao

Head of the Department

Department of Pharmacy Practice

B-Class, IInd Floor, Inpatient Block

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Chalapathi Institute of Pharmaceutical Sciences

GUNTUR-522 001

Examiners :-

1. External

2. Internal




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(Autonomous)

Chalapathi Nagar LAM, GUNTUR-34.



CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Ms. REMINISSETTY SAI MANASA

REDG. NO: Y16PHD0123



**DEPARTMENT OF PHARMACY PRACTICE,
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CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES,
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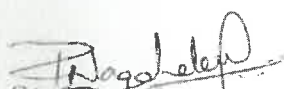
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Clerkship done by REMINISSETTY SAI MANASA , Regd. No: Y16PHD0123
in the V/VI Pharm D during the year 2019 - 2020 in the Department of
Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute of
Pharmaceutical Sciences, Lam, Guntur.

Preceptor 
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Department of Pharmacy Practice
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Examiners :-

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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Mr. SRIKANTH.BANDARUPALLI

REG. NO: Y16PHD0124



**DEPARTMENT OF PHARMACY PRACTICE,
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CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES,
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Preceptor: - 
(Dr. Y. Sravani)

Examiners: -


Staff In charge:

(Dr. Ravi Nagalekhini)

Department of Pharmacy Practice

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Govt. General Hospital

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Signature of HOD

(Dr. N. V. Ramarao)

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Chalapathi Nagar LAM, GUNTUR-522 001

CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Mr. Tamma Hemanth Kumar Reddy

Regd. No: Y16PHD0125



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CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES.
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"TAMMA HEMANTH KUMAR REDDY" Regd.No: Y16PHD0125, in the
V/VI PHARM.D during the year 2020-2021 in the Department of
pharmacy practice, Govt.General Hospital, A unit of Chalapathi Institute
of Pharmaceutical Sciences, Lam, Guntur.

Preceptor: -

Dr. Y.SRAVANI

Examiners: -

Staff In-charge: -

Dr.R.NAGA LEKHINI

Department of Pharmacy Practice

B-Class, IInd Floor, Inpatient Block

Govt. General Hospital

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HOD: -

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Head of the Department

Department of Pharmacy Practice

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Chalapathi Institute of Pharmaceutical Sciences

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Chalapathi Nagar LAM, GUNTUR-34



CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Mr. Tanniru Vamsi Narayana

REG. NO: Y16PHDO126



**DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
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Clerkship done by **TANNIRU.VAMSI NARAYANA** Regd. No: Y16PHD0126
in the V/VI Pharm D during the year 2020 - 2021 in the Department of
Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute
of Pharmaceutical Sciences, Lam, Guntur.

Preceptor :-
(Dr.Y.Sravani)

Staff in charge:

(Dr.Ravi Nagalekhini)
Department of Pharmacy Practice

B-Class, IInd Floor, Inpatient Block

Govt. General Hospital

GUNTUR-522 001

Head Of the Department:

(Dr.N.V.Ramarao)

Head of the Department
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001

Examiners :-

1. External

2. Internal

16/04/2021



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Chalapathi Institute of Pharmaceutical Sciences
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Chalapathi Nagar, LAM, GUNTUR-34

CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Ms. TANUJA. SUGGUNA

REG. NO: Y16PHD0127



DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES,
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CHALAPATHI NAGAR, LAM, GUNTUR.



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Chalapathi Institute of Pharmaceutical Sciences
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Chalapathi Nagar LAM, GUNTUR-34



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Certified that this is the bonafide record of the Clerkship done by TANUJA.SUGGUNA, Regd.No: Y16PHD0127 in the V/VI Pharm.D during the year 2020 - 2021 in the Department of Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor: -
(Dr. Y. Sravani)

Examiners:-

Staff In charge:

(Dr. Ravi Nagalekhini)

Department of Pharmacy Practice

B-Class, IInd Floor, Inpatient Block

Govt. General Hospital

GUNTUR-522 001

Signature of HOD

(Dr. N.V. Ramarao)

Head of the Department

Department of Pharmacy Practice

B-Class, IInd Floor, Inpatient Block

Govt. General Hospital

Chalapathi Institute of Pharmaceutical Sciences

GUNTUR-522 001

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Chalapathi Institute of Pharmaceutical Sciences
(Autonomous)
Chalapathi Nagar LAM, GUNTUR-34.



CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Mr. SRIHARSHA. RAVIPATI

REG. NO: Y16PHD0128



**DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES,
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Certified that this is the bonafide record of the Clerkship done by SRIHARSHA.RAVIPATI Regd.No: Y16PHD0128 in the V/VI PharmD during the year 2020 - 2021 in the Department of Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor: - Dr. Y. Sravani

Examiners: -

Staff in charge:

(Dr. Ravi Nagalekhini)

Department of Pharmacy Practice

B-Class, 2nd Floor, Inpatient Block

Govt. General Hospital

GUNTUR-522 001

1. External

Signature of HOD

(Dr. N. V. Ramarao)

2. Internal

Head of the Department
Department of Pharmacy Practice
B-Class, 2nd Floor, Inpatient Block
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Chalapathi Institute of Pharmaceutical Sciences
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PRINCIPAL

Chalapathi Institute of Pharmaceutical Sciences
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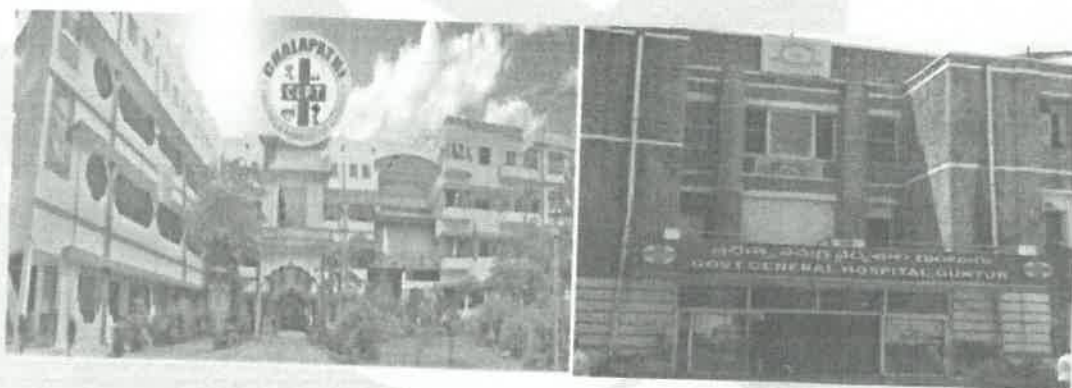


CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Mr. VUSURUMARTHI BOLA SHANKAR

REG. NO: Y16PHD0129



**DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES,**

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Certified that this is the bonafide record of the Clerkship done by "VUSURUMARTHI BOLA SHANKAR", Regd.No: YI6PHD0129, in the V/VI PHARM.D during the year 2020-2021 in the Department of pharmacy practice, Govt.General hospital, A unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor: - *Y. Sravani*
(Dr.Y. Sravani)

Staff Incharge: - *R. Naga Lekhini*
(Dr.R. Naga Lekhini)

Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
GUNTUR-522 001

HOD: - *N.V. Rama Rao*
(Dr.N.V. Rama Rao)

Head of the Department
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B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001

Examiners: -

1. External: - *[Signature]* 16/04/2021

2. Internal: - *[Signature]* 16/04/2021



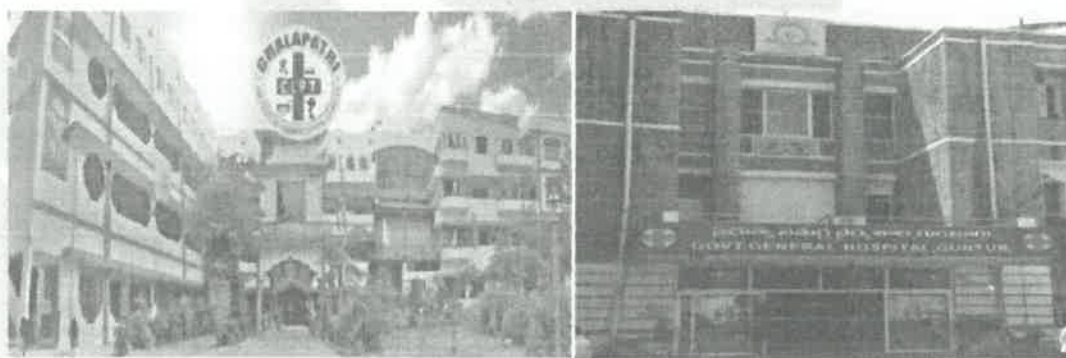
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CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm.D

DOCTOR OF PHARMACY



Submitted by

Ms.VUSURUMURTHYDURGA DEVI

REG. NO: Y16PHD0130



**DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES,
(AUTONOMOUS)
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Chalapathi Nagar LAM, GUNTUR-34.



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Certified that this is the bonafide record of the Clerkship done by "VUSURUMURTHY DURGADEVI," Regd.No: Y16PHD0130, in the V/VI PHARM.D during the year 2020-2021 in the Department of Pharmacy Practice, Govt.General hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor: -
(Dr.Y. Sravani)

Examiners: -

Staff Incharge: -

(Dr.R. Naga Lekhini)

Department of Pharmacy Practice
B-Class 11nd Floor, Inpatient Block
Govt. General Hospital
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HOD: -

(Dr.N.V. Rama Rao)

Head of the Department
Department of Pharmacy Practice
B-Class, 11nd Floor, Inpatient Block
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Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001

1. External: -

2. Internal: -



PRINCIPAL

Chalapathi Institute of Pharmaceutical Sciences
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Chalapathi Nagar / AM, GUNTUR-34

CLERKSHIP REPORT

May 2020 to February 2021
V/VI Pharm.D (PB)
DOCTOR OF PHARMACY




Submitted by
ANISETTY.NOMITHA
Redg. NO: L19PHD0131



DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES,
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Chalapathi Nagar LAM, GUNTUR-34.



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CERTIFICATE

Certified that this is the bonafide record of the Clerkship done by

ANISETTY NOMITHA, Regd. No: L19PHD0131 in the V/VI Pharm D during the year 2020 - 2021 in the Department of Pharmacy Practice, Govt. General Hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor :- *Y. Sravani*
(Dr. Y. Sravani)

Ravi Naga Lekhini
Staff in charge :-
(Dr. Ravi Naga Lekhini)
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
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GUNTUR-522 001

HOD :-
(Dr. N. V. Ramarao) *N. V. Ramarao*
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Govt. General Hospital
Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001

Examiners :-

1. External *[Signature]*
16/04/2021

2. Internal *[Signature]*
16/04/2021

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Chalapathi Institute of Pharmaceutical Sciences
(Autonomous)
Chalapathi Nagar, LAM, GUNTUR-34.



CLERKSHIP REPORT

May 2020 to February 2021

V/VI Pharm D (P.B)

DOCTOR OF PHARMACY



Submitted by

Ms. Dandibhotla. Parvathi

Regd.No: L19PHD0132



**DEPARTMENT OF PHARMACY PRACTICE,
GOVT. GENERAL HOSPITAL,
CHALAPATHI INSTITUTE OF PHARMACEUTICAL SCIENCES.**

(AUTONOMOUS)

Accredited with "A" Grade by NAAC

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Chalapathi Nagar LAM, GUNTUR-34.



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Certified that this is a bonafide record of the **Clerkship** done by "**DANDIBHOTLA.PARVATHI**" of **Regd. No: L19PHD0132** in the V/VI Pharm D during the year 2020-2021 in the Department of Pharmacy Practice, Government General Hospital, A Unit of Chalapathi Institute of Pharmaceutical Sciences, Lam, Guntur.

Preceptor: 
(Dr. Y. Sravani)


Staff in charge:
(Dr. Ravi Naga Lekhini)
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
GUNTUR-522 001


HOD: 
(Dr. N. V. Rama Rao)
Head of the Department
Department of Pharmacy Practice
B-Class, IInd Floor, Inpatient Block
Govt. General Hospital
Chalapathi Institute of Pharmaceutical Sciences
GUNTUR-522 001

Examiners:

1.External 

2.Internal 
16/04/2021




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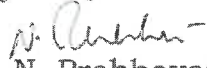
INTERNSHIP CERTIFICATE

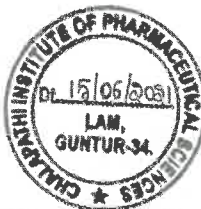
This is to certify that **Mr. KONIDANA DILEEPCHAND**, Regd. No.: Y15PHD0101, S/o. KONIDANA NAGAMALLESWARA RAO has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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Medical Superintendent,
Govt. General Hospital,
Guntur, A.P., India
**Superintendent
Govt. General Hospital
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Sciences, Lam, Guntur, A.P.
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INTERNSHIP CERTIFICATE

This is to certify that **Mr. MALEMPATI PRAVEEN**, Regd. No.: Y15PHD0102, S/o. MALEMPATI VENKATA SUBBA RAO has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

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Rama Rao Nadendla
Prof. Rama Rao Nadendla
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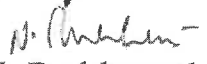
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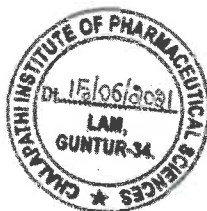
This is to certify that **Miss. SRUJANA BIRUDU**, Regd. No.: Y15PHD0103, D/o. SANKARAI AH has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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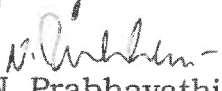
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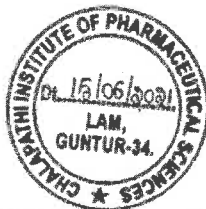
This is to certify that **Mr. VUDUTHURI MAHESHWARA REDDY**, Regd. No.: Y15PHD0104, S/o. VUDUTHURI OM PRAKASH REDDY has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

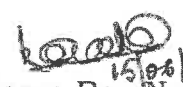
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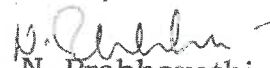
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This is to certify that **Mr. ACHYUTHA VENKATA NAGANJANEYULU**, Regd. No.: Y15PHD0105, S/o. ACHYUTHA SIVA KONDALU has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

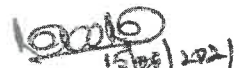
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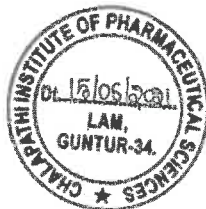
This is to certify that **Miss. AMUDALAPALLI SURYA RACHANA**, Regd. No.: Y15PHD0106, D/o. AMUDALAPALLI V DURGA PRASAD has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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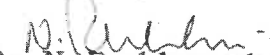
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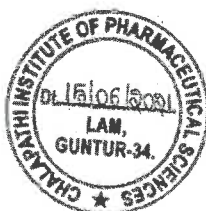
This is to certify that **Miss. BANDLA RUPASREE**, Regd. No.: Y15PHD0107, D/o. BANDLA SADA SIVA RAO has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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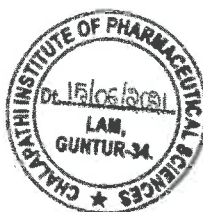
This is to certify that **Miss. BHASHYAM NAGA NEELIMA**, Regd. No.: Y15PHD0108, D/o. BHASHYAM SAMBASIVA RAO has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

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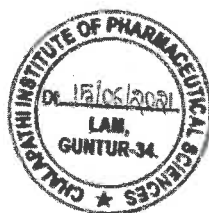
This is to certify that **Mr. DHANEKULA GOPI ABHISHEK**, Regd. No.: Y15PHD0109, S/o. DHANEKULA SIVA PRASAD has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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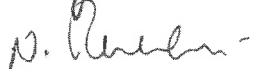
INTERNSHIP CERTIFICATE

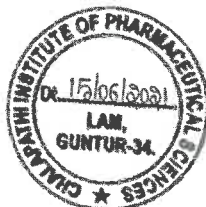
This is to certify that **Miss. GURRAM GAYATHRI**, Regd. No.: Y15PHD0110, D/o. GURRAM SATYAMA REDDY has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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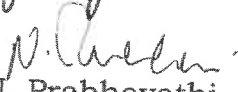
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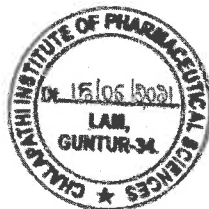
This is to certify that **Miss. JANGA ALAN ROSE**, Regd. No.: Y15PHD0111, D/o. JANGA MOHANA RAO has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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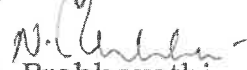
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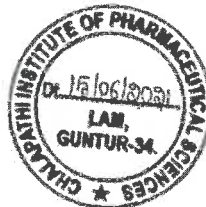
This is to certify that **Miss. KAMMELA NAGA MOUNIKA**, Regd. No.: Y15PHD0112, D/o. KAMMELA SRINIVASA RAO has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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This is to certify that **Mr. KONDAREDDY SAI PRAVEEN KUMAR**, Regd. No.: Y15PHD0116, S/o. SRINIVASA RAO has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

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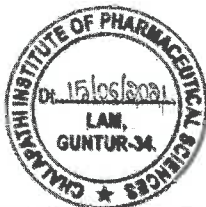
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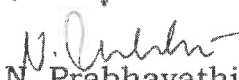
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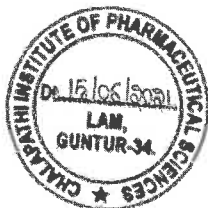
This is to certify that **Miss. MOPARTHI SWAPNA**, Regd. No.: Y15PHD0119, D/o. MOPARTHI SURI BABU has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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Superintendent
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15/06/2021
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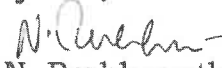
INTERNSHIP CERTIFICATE

This is to certify that **Miss. NADENDLA BALA SARASWATHI**, Regd. No.: Y15PHD0120, D/o. NADENDLA SUBBA RAO has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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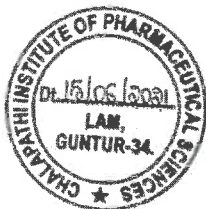
This is to certify that **Miss. NAVUDURI SRI NAGA SWATHI GOWRI**, Regd. No.: Y15PHD0122, D/o. NAVUDURI SRINIVASA RAO has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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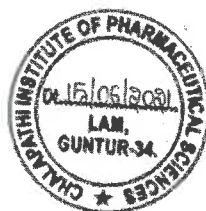
This is to certify that **Miss. PILLI OLIVE NAVANEETHAM**, Regd. No.: Y15PHD0123, D/o. PILLI VINAYA KUMAR has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

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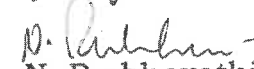
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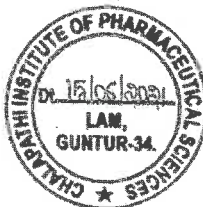
This is to certify that **Mr. PULIVARTHI VENKATA SAI SRINIVAS**, Regd. No.: Y15PHD0124, S/o. PULIVARTHI RAMANAIAH has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

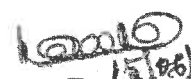
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This is to certify that **Miss. SATHINENI JYOTHI NAGA MOHANA**, Regd. No.: Y15PHD0125, D/o. SATHINENI SUBBA RAO has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

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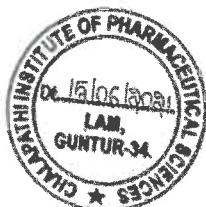
This is to certify that **Mr. SURESH DAVALA**, Regd. No.: Y15PHD0127, S/o. NAGESWARA RAO has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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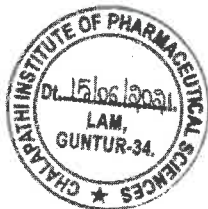
This is to certify that **Miss. VANUKURI HARIKA**, Regd. No.: Y15PHD0128, D/o. VANUKURI SUBBA REDDY has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


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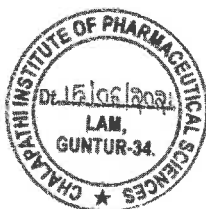
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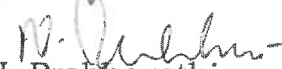
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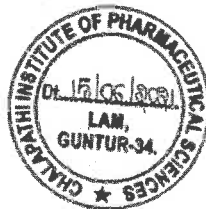
This is to certify that **Mr. YEMINENI GOPI**, Regd. No.: Y15PHD0130, S/o. YEMINENI NAGARJUNA has successfully completed his **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.

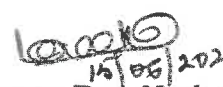
| Department | Under Doctor | Period | Duration |
|-------------------------|---------------------------|--------------------------|-----------|
| GENERAL MEDICINE | Dr. Y. V. L. NARASIMHAM | 01-05-2020 To 31-10-2020 | 06 Months |
| PEDIATRICS | Dr. C. N. MOHAN CHANDRAN | 01-11-2020 To 31-12-2020 | 02 Months |
| OBSTETRICS & GYNECOLOGY | Dr. P. CHANDRA SEKHAR RAO | 01-03-2021 To 30-04-2021 | 02 Months |
| PSYCHIATRY | Dr. P. LOKESWARA REDDY | 01-01-2021 To 28-02-2021 | 02 Months |

He is eligible for award of the Doctor of Pharmacy (Pharm.D) Degree of the Acharya Nagarjuna University, Guntur, A.P. During this period his work has been

Satisfactory.



Dr. N. Prabhavathi
Medical Superintendent,
Govt. General Hospital,
Guntur, A.P., India
**Superintendent
Govt. General Hospital
GUNTUR**




Prof. Rama Rao Nadendla
Principal,
Chalapathi Inst. of Pharma.
Sciences, Lam, Guntur, A.P.
PRINCIPAL
Chalapathi Institute of Pharmaceutical Sciences
Chalapathi Nagar, LAM, GUNTUR-34.

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**CHALAPATHI INSTITUTE OF
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DEPARTMENT OF PHARMACY PRACTICE
GOVERNMENT GENERAL HOSPITAL, GUNTUR



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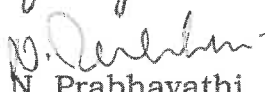
INTERNSHIP CERTIFICATE

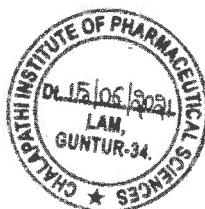
This is to certify that **Miss. MANDEPUDI MANUSHA**, Regd. No.: Y10PHD0109, D/o. MANDEPUDI BENZIMEN RAJANIKANTH has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


| Department | Under Doctor | Period | Duration |
|-------------------------|---------------------------|--------------------------|-----------|
| GENERAL MEDICINE | Dr. Y. V. L. NARASIMHAM | 01-09-2020 To 28-02-2021 | 06 Months |
| PEDIATRICS | Dr. C. N. MOHAN CHANDRAN | 01-03-2021 To 30-04-2021 | 02 Months |
| OBSTETRICS & GYNECOLOGY | Dr. P. CHANDRA SEKHAR RAO | 01-07-2020 To 31-08-2020 | 02 Months |
| PSYCHIATRY | Dr. P. LOKESWARA REDDY | 01-05-2020 To 30-06-2020 | 02 Months |

She is eligible for award of the Doctor of Pharmacy (Pharm.D) Degree of the Acharya Nagarjuna University, Guntur, A.P. During this period her work has been

Satisfactory.



Dr. N. Prabhavathi
Medical Superintendent,
Govt. General Hospital,
Guntur, A.P., India
**Superintendent
Govt. General Hospital
GUNTUR**




Prof. Rama Rao Nadendla
Principal,
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Sciences, Lam, Guntur, A.P.
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INTERNSHIP CERTIFICATE

This is to certify that **Miss. MUTTAMUSETTY KEERTHI**, Regd. No.: L18PHD0131, D/o. MUTTAMUSETTY SUBRAMANYAM has successfully completed her **INTERNSHIP** as per the Academic curriculum of **DOCTOR OF PHARMACY (PHARM.D - POST BACCALAUREATE)** prescribed by Pharmacy Council of India (Under Regulation 16 and Appendix C of Doctor of Pharmacy Council Regulation 2008), New Delhi and the Acharya Nagarjuna University, Nagarjuna Nagar, Guntur in Govt. General Hospital, Guntur, Andhra Pradesh, India from **May-2020 To April-2021**.


| Department | Under Doctor | Period | Duration |
|-------------------------|---------------------------|--------------------------|-----------|
| GENERAL MEDICINE | Dr. Y. V. L. NARASIMHAM | 01-07-2020 To 31-12-2020 | 06 Months |
| PEDIATRICS | Dr. C. N. MOHAN CHANDRAN | 01-01-2021 To 28-02-2021 | 02 Months |
| OBSTETRICS & GYNECOLOGY | Dr. P. CHANDRA SEKHAR RAO | 01-05-2020 To 30-06-2020 | 02 Months |
| PSYCHIATRY | Dr. P. LOKESWARA REDDY | 01-03-2021 To 30-04-2021 | 02 Months |

She is eligible for award of the Doctor of Pharmacy (Pharm.D) Degree of the Acharya Nagarjuna University, Guntur, A.P. During this period her work has been

Satisfactory.



Dr. N. Prabhavathi
Medical Superintendent,
Govt. General Hospital,
Guntur, A.P., India
Superintendent
Govt. General Hospital
GUNTUR




15/06/2021
Prof. Rama Rao Nadendla
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