SS INSTITUTE OF PHARMACY, SANKARI

Teaching Staff leave / Permission/OD Application form Date : 26.06.2023

Name of the Staff : M. Praveen kumar

Designation/Department : Dept of Pharmacology

Leave/Permission/OD : OD

Date : 28.06.2023

Reason : To attend Internation level seminar at JKKN college of Pharmacy.

Alternate Arrangement : S.P.Jeeva [S.PRAVIN KUMAR]

Signature of the Applicant | Signature of the Principal | Signature of the Chairman

SS INSTITUTE OF PHARMACY, SANKARI

Teaching Staff leave / Permission/OD Application form Date: 23.01.2022

Name of the Staff : M. Vanitha

Designation/Department : Dept of Pharmacology

Leave/Permission/OD : OD

Date : 25.01.2022

Reason : To attend seminar Kalasalingam Academy of Research and education

Alternate Arrangement : C. Kalaiselvi

Signature of the Applicant | Signature of the Principal | Signature of the Chairman

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SS INSTITUTE OF PHARMACY
KUPPANUR (PO), SANKARI (TK).
SALEM (DT) 637301.

On duty form for staff to attend the seminar/ workshop/ FDP etc

SS INSTITUTE OF PHARMACY, SANKARI

Teaching Staff leave / Permission/OD Application form Date : 15-2-2024

Name of the Staff : S. Prakash

Designation/Department : Dept of Pharmaceutics

Leave/Permission/OD : OD

Date : 18-19.12.24 [2 days]

Reason : To attend National Level Workshop at Swamy Vivekanandha College of Pharmacy

Alternate Arrangement : S. P [S. PRAVIN KUMAR]

Signature of the Applicant Signature of the Principal Signature of the Chairman

SS INSTITUTE OF PHARMACY, SANKARI

Teaching Staff leave / Permission/OD Application form Date: 13-02-24.

Name of the Staff : C. Kalaiselvi

Designation/Department : Department of Pharmaceutics

Leave/Permission/OD : OD

Date : 15-17.02.24 [3 days]

Reason : To attend National level conference at Erode college of Pharmacy

Alternate Arrangement : Mrs. V. Saundarya

Signature of the Applicant Signature of the Principal Signature of the Chairman

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KUPPANUR (PO), SANKARI
SALEM - 637301

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Teaching Staff leave / Permission/OD Application form Date : 27.09.2020

Name of the Staff : B. Anitha

Designation/Department : Department of pharmaceutical chemistry

Leave/Permission/OD : OD

Date : 30.09.2020

Reason : To attend workshop at vellalar college of pharmacy.

Alternate Arrangement : K. Soundarya

Signature of the Applicant | Signature of the Principal | Signature of the Chairman

SS INSTITUTE OF PHARMACY, SANKARI

Teaching Staff leave / Permission/OD Application form Date: 28.9.2020

Name of the Staff : K. Soundarya

Designation/Department : Dept of Pharmaceutics

Leave/Permission/OD : OD

Date : 30.9.2020

Reason : TO attend workshop at Vellalar College of Pharmacy

Alternate Arrangement : Q. Kalaiselvi

28/9/20

Signature of the Applicant | Signature of the Principal | Signature of the Chairman

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