



SS INSTITUTE OF PHARMACY

(A unit of VS Educational & Charitable Trust)

Approved by Tamilnadu Government & Pharmacy Council of India, New Delhi.
Affiliated to the Tamilnadu Dr. M.G.R. Medical University,
and The Directorate of Medical Education, Chennai.

SS INSTITUTE OF PHARMACY, SANKARI

Teaching Staff leave / Permission/OD Application form

Date : 26.06.2023

Name of the Staff : M. Praveenkumar
Designation/Department : Dept of Pharmacology
Leave/Permission/OD : OD
Date : 28.06.2023
Reason : To attend International level seminar at JKKU college of Pharmacy.
Alternate Arrangement : S. Pravin Kumar
[S. PRAVIN KUMAR]
Signature of the Applicant [Signature]
Signature of the Principal [Signature]
Signature of the Chairman [Signature]

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]
Signature of the Applicant [Signature]
Signature of the Principal [Signature]
Signature of the Chairman [Signature]



PRINCIPAL.
SS INSTITUTE OF PHARMACY
KUPPANUR (PO), SANKARI (TK).

NH-544, Kuppanur (Po), Sankari (Tk), Salem(Dt) – 637301, Tamilnadu, India

Phone : 04283 241080 | E-mail : ssip1718@gmail.com | Website : www.ssip.edu.in



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

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Teaching Staff leave / Permission/OD Application form

Date : 15-2-2024

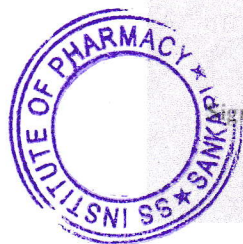
Name of the Staff : S. Prakash
Designation/Department : Dept of Pharmaceutics
Leave/Permission/OD : OD
Date : 18-19.12.24 [2 days]
Reason : To attend National level workshop at Swamy
Alternate Arrangement : S. Prakash [S. Prakash] Vivekanandha college of pharmacy
Signature of the Applicant : [Signature] Signature of the Principal : [Signature] Signature of the Chairman : [Signature]

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
Alternate Arrangement : Mrs. S. Sankaran (Mrs. S. Sankaran) Erode college of Pharmacy
Signature of the Applicant : [Signature] Signature of the Principal : [Signature] Signature of the Chairman : [Signature]



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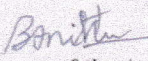
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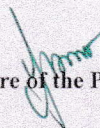
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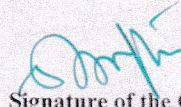
Teaching Staff leave / Permission/OD Application form

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

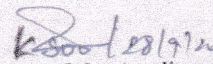

Signature of the Chairman

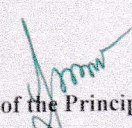
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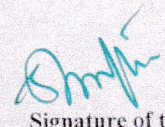
Teaching Staff leave / Permission/OD Application form

Date : 28.9.2020

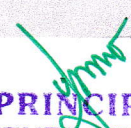
Name of the Staff : K. Soundarya
Designation/Department : Dept of Pharmaceutics
Leave/Permission/OD : OD
Date : 30.9.2020
Reason : To attend workshop at vellalar college of Pharm - ag
Alternate Arrangement : Q. Kalaiselvi


Signature of the Applicant


Signature of the Principal


Signature of the Chairman




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