

## NAAC Criterion 3: Research, Innovations and Extension - **DVV**

### 3.5 Collaboration

#### 3.5.1: Average number of Collaborative activities for research, faculty exchange, student exchange/ Industry-internship etc. per year for the last five years

3.5.1.1 Total number of Collaborative activities for research, faculty exchange, student exchange year wise during the last five years				
2023-24	2022-23	2021-22	2020-21	2019-20
18	15	12	4	7



**3.5.1: Average number of Collaborative activities for research, faculty exchange, student exchange/ Industry-internship etc. per year for the last five years**

**Total number of Collaborative activities for research, faculty exchange, student exchange**

**Academic Year 2023 - 24**





# PES Institute of Medical Sciences & Research

KUPPAM - 517 425, CHITTOOR DIST., ANDHRA PRADESH

Mob : 093918-33752

email : pesmed2007@yahoo.com

**Dr. H.R. KRISHNA RAO** MBBS., MS (Anatomy)  
Dean & Principal  
Professor of Anatomy

Ref: PESIMSR/ ESTAB / 2935 / 2024-25

13.03.2024

To,

The Director

NIMHANS

Hasur Road, Bangalore-560029.

Sir,

**Sub: Request for Permission to post MD-General Medicine Postgraduate students of PESIMSR, Kuppam-Training in the department of Neurology at NIMHANS, Bangalore-Reg.**

Ref: NMC Guidelines No. 11011/22/AC/guidelines/09 dated 01.08.2022.

\*\*\*

May, I bring to your kind notice that, PES institute of Medical Sciences and Research, Kuppam, Chittoor District, Andhra Pradesh, running Postgraduate courses since 2009.

As per NMC guidelines letter dated 01.08.2022, We would like to send the following MD-General Medicine 2<sup>nd</sup> Year students for training in the department of Neurology at NIMHANS, Bangalore.

S.No	Name of the student	Mob. No	E-mail ID	Period of training
1	Dr. Shaik MD Shoaib	8143359101	shoaibshak991@gmail.com	01.04.2024 To
2	Dr. M Lohith Chowdary	9949470532	lohith0510@gmail.com	30.04.2024
3	Dr.Bhaskara V Krishna Harsha	9849866112	bvkh2297@gmail.com	01.05.2024
4	Dr.Vennapusa Girish Kumar Reddy	7095982436	vennapusagirish@gmail.com	To 31.05.2024
5	Dr. Vinjamuri Anuhya	8501875645	anuhyavinjamuri@gmail.com	01.06.2024
6	Dr. Mallu Manoj Kumar Reddy	9440436351	mallumanoj777@gmail.com	To 30.06.2024
7	Dr. Koththinti Anil Kumar	9966089844	anilkoththinti@gmail.com	01.07.2024
8	Dr. Midde Deep Tejesh	8074980556	deepfejesh2015@gmail.com	To 31.07.2024
9	Dr. Shodhan Patel	9739043198	shodhan26@gmail.com	01.08.2024
10	Dr. Nukala S Prasad	9182140808	nsprasad89@gmail.com	To 31.08.2024
11	Dr. Pillarsetty Pavan Kumar	7799266512	dr.pillarsetty.pavan@gmail.com	01.09.2024
12	Dr. K P Jeswanth Kiran	8332845770	kpjeswanthkiran@gmail.com	To 30.09.2024
13	Dr. Kuppari Dinesh	8328578810	helladinesh143@gmail.com	01.10.2024
14	Dr. Shaik Fathimunni	9110551700	shiakmunni086@gmail.com	To 31.10.2024
15	Dr. Allareddy Sathvika	9502250633	sathvika111reddy@gmail.com	

May, I hereby request you to kindly permit the above PG students to do peripheral postings in department of Neurology, NIMHANS, Bangalore and allot time period for the postings, in prescribed dates. The fees & other expenses will be borne by the candidate as per your guidelines.

Thanking you,

Yours Sincerely

DEAN & PRINCIPAL

PES Institute of Medical Science & Research

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES  
(INSTITUTE OF NATIONAL IMPORTANCE), BENGALURU – 560 029**



No.NIMH:A&E:TM:TRG-NEURO:2024/ 242

Date: 20.03.2024

To  
Dr. Uma M A,  
Professor & HOD,  
Dept. of Medicine,  
PESIMSR,  
Kuppam.

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute  
Ref: Your letter dated 13.03.2024.

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your Institution to undergo training at this Institution as follows:

1	Number of trainees	15
2	Name of the trainees	Duration
	Dr. Shaik Md Shoaib Dr. M Lohith Chowdary	01.04.2024 to 30.04.2024
	Dr. Bhaskara V Krishna Harsha Dr. Vennapusa Girish Kumar Reddy	01.05.2024 to 31.05.2024
	Dr. Vinjamuri Anuhya Dr. Mallu Manoj Kumar Reddy	01.06.2024 to 30.06.2024
	Dr. Kotthinti Anil Kumar Dr. Midde Deep Tejesh	01.07.2024 to 31.07.2024
	Dr. Shodhan Patel Dr. Nukala S Prasad	01.08.2024 to 31.08.2024
	Dr. Pillarsetty Pavan Kumar Dr. K P Jeswanth Kiran	01.09.2024 to 30.09.2024
	Dr. Kuppani Dinesh Dr. Shaik Fathimunnif Dr. Allareddy Sathvika	01.10.2024 to 31.10.2024
3	Department at which training permitted	Neurology
4	Training fees	Rs.10,000/- per month per trainee

**NOTE:**

- *Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of the respective departments everyday as per the timing of the department and will not take any planned leave during the period of training.*
- The trainees should compulsorily carry their college ID Card while posted at NIMHANS
- One stamp size photo should be given at the time of joining for issue of temporary ID Card should be retained at the end of training without fail
- Trainees should carry a copy of this letter without fail
- The training fee for the whole duration of training has to be paid by SBI Collect (online) on the day of training. Training Fee/Excess payment of training fee will not be refunded.
- Going forward, you are requested to apply through online for external training/observership/visit by using this link: <https://training.nimhans.ac.in>

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However, all efforts will be made to provide hostel accommodation, but this will be subject to availability, based on Manager, Hostel report (080 2699 5841./Supervisor, Cauvery Hostel (080 2699 5092) as on the date of joining and on payment of charges as below, accommodation will not be provided to the candidate coming earlier than the scheduled date of training.

I.Hostel Rent: Rs. 100/- per day

Note: In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

  
ADMINISTRATIVE OFFICER (A&E)

Copy to: The HOD of Neurology, NIMHANS  
The Manager/Supervisor, NIMHANS Hostels

o/c  
21/03/24  
21/3/24  
21/3/24

Contact No. 080 26995015      Email: [training@nimhans.ac.in](mailto:training@nimhans.ac.in)      Website: <https://www.nimhans.ac.in>



# PES Institute of Medical Sciences & Research

KUPPAM - 517 425, CHITTOOR DIST., ANDHRA PRADESH

Mob : 093918-33752

email : pesmed2007@yahoo.com

**Dr. H.R. KRISHNA RAO** MBBS., MS (Anatomy)

Dean & Principal

Professor of Anatomy

Ref: PESIMSR/ ESTAB / 165 / 2023-24

05.04.2023

To

The Director

NIMHANS

Hosur Road, Bangalore -- 560029.

Sir,

**Sub : Request for Permission to post MD-General Medicine Postgraduate Students of PESIMSR, Kuppam - Training in the department of Neurology at NIMHANS, Bangalore - Reg.**

**Ref : NMC Guidelines No. 11011/22/AC/guidelines/09 dated 01.08.2022.**

\*\*\*

May, I bring to your kind notice that, PES Institute of Medical Sciences and Research, Kuppam, Chittoor District, Andhra Pradesh, running Postgraduate courses since 2009.

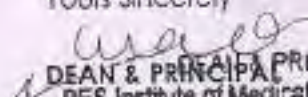
As per NMC guidelines letter dated 01.08.2022, We would like to send the following MD-General Medicine 2<sup>nd</sup> year students for training in the department of Neurology at NIMHANS, Bangalore.

S.No.	Name of the Student	Mob.No.	Email ID	Period of Training
1.	Dr.M. Krishna Sahi Reddy	9154704261	krishnasahim@gmail.com	01.05.2023 To
2.	Dr.V.Sai Nikhileshwar	9440903895	vnikhilsai@gmail.com	31.05.2023
3.	Dr. K. Sunny Sanjay	9177600296	sunnygoodboy81@gmail.com	01.06.2023 To
4.	Dr. Gunuru Srinivas	8790846847	srinivas.gunuru09@gmail.com	30.06.2023
5.	Dr.K. Shikara Reddy	9391803498	shikara.reddy.k@gmail.com	01.07.2023 To
6.	Dr.Daivala Sanjana	9515793303	daivalasanjana@gmail.com	31.07.2023
7.	Dr. J.T.V.K. Pavan Kumar	9448674111	javvajpavankumar@gmail.com	01.08.2023 To
8.	Dr. Pinjari Shaikshavali	7386747874	shaikshavali107@gmail.com	31.08.2023
9.	Dr.Chuppala Bharath	9397676995	bharath.13994@gmail.com	01.09.2023 To
10.	Dr. M. Vinusha	9533660717	vinushamulagapaka@gmail.com	30.09.2023
11.	Dr.T. Dinesh	9493947219	dineshthamma@gmail.com	01.10.2023 To
12.	Dr.Idimadakala Sai Preethi	9618641417	drsai-preethi05@gmail.com	31.10.2023
13.	Dr. M. Vijay Kumar Reddy	6300127248	vijaykumarreddymaramreddy@gmail.com	01.11.2023 To
14.	Dr. A. Bhuvan Chandra	9449966539	bhuvan1795@gmail.com	30.11.2023
15.	Dr.K.V. Sai Raghavendra	9493929966	kvraghavendra@gmail.com	

May, I hereby request you to, kindly permit the above PG students to do peripheral postings in Department of Neurology, NIMHANS, Bangalore and allot time period for the postings, in prescribed dates. The fees & other expenses will be borne by the candidate as per your guidelines.

Thanking You,

Yours Sincerely

  
DEAN & PRINCIPAL  
PES Institute of Medical Science & Research  
Kuppam, 517425, Chittoor Dist A.P.

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES  
(INSTITUTE OF NATIONAL IMPORTANCE), BENGALURU – 560 029**



No.NIMH:A&E:TM:TRG-NEURO:2023/245

Date: 20.04.2023

To  
Dean & Principal  
PES Institute of Medical Sciences & Research  
Kuppam – 517425  
Andhra Pradesh

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute  
Ref: Your letter dated 05.04.2023.

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your Institution to undergo training at this Institution as follows:

1	Number of trainees	15
2	Name of the trainees	Duration
	Dr. M. Krishna Sahi Reddy Dr. V. Sai Nikhileshwar	01.05.2023 to 31.05.2023
	Dr. K. Sunny Sanjay Dr. Gunuru Srinivas	01.06.2023 to 30.06.2023
	Dr. K. Shikara Reddy Dr. Daivala Sanjana	01.07.2023 to 31.07.2023
	Dr. J.T.V.K. Pavan Kumar Dr. Pinjari Shaikshavali Dr. Chuppala Bharath	01.08.2023 to 31.08.2023
	Dr. M. Vinusha Dr. T. Dinesh	01.09.2023 to 30.09.2023
	Dr. Idimadakala Sai Preethi Dr. M. Vijay Kumar Reddy	01.10.2023 to 31.10.2023
	Dr. Dr. A. Buvan Chandra Dr. K. V. Sai Raghavendra	01.11.2023 to 30.11.2023
3	Department at which training permitted	Neurology
4	Training fees	Rs.10,000/- per month per trainee

**NOTE:**

- Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of respective departments everyday as per the timing of the department and will not take any planned leave during the period of training.
- \*Based on COVID 19 Pandemic situation and guidelines RTCPR negative report (latest by 72 hours) or COVID 19 (02 Dose) vaccination report to be provided on the day of joining.
- The trainees should compulsorily carry their college ID Card while posted at NIMHANS
- One stamp size photo should be given at the time of joining for issue of temporary ID Card should be returned at the end of training without fail

- Trainees should carry a copy of this letter without fail
- The training fee for the whole duration of training has to be paid by SBI Collect (online) on the day of training. Training Fee/Excess payment of training fee will not be refunded.
- Going forward, you are requested to apply through online for external training/observership/visit by using this link: <https://training.nimhans.ac.in>.

I am also directed to inform you that the visiting student/trainee should make their own arrangement for accommodation. However, all efforts will be made to provide hostel accommodation, but this will be subject to availability, based on Manager, Hostel report (080 2699 5841, 080 2669 5096)/Supervisor, Cauvery Hostel (080 2699 5092) as on the date of joining and on payment of charges as below, accommodation will not be provided to the candidate coming earlier than the scheduled date of training.

11. Hostel Rent: Rs. 100/- per day

**Note:** In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainee, the college shall be directly responsible for such act of the trainee. The loss incurred has to be borne by the Institution/College deputing the trainee. Further the attendance certificate for training of such trainee will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

  
ADMINISTRATIVE OFFICER(A&E)

Copy to: The HOD of Neurology, NIMHANS  
The Manager/Supervisor, NIMHANS Hostels

Contact No. 080 26995015

Email: [training@nimhans.ac.in](mailto:training@nimhans.ac.in)

Website: <https://www.nimhans.ac.in>



**National Institute of Mental Health and Neuro Sciences**  
Bangalore - 560 029  
**External Training**  
Academic and Evaluation Section

**Application No.** : NIMHGH2024/ 08070  
**Name and Address of Applicant** : Dr Vishnupriya R  
: PES Institute of Medical Science and Research, Kuppam Andhra Pradesh, Andhra Pradesh, India  
**Purpose** : Training  
**Contact Number** : 9496775012  
**Email Id** : drvishnupriyaradhakrishnan@gmail.com  
**Type of Request** : Individual

Name of applicants	Duration From	Duration to	Department
Dr Vishnupriya R	01/04/2024	15/04/2024	Neuropathology

I certify that the above Information is true and correct

Signature of the Applicant

 27/02/24

**Dr. RAMASWAMY A S**  
**Reg.No KMC 63889**  
**Professor & HOD**  
**Department of Pathology**  
**PES Institute of Medical Science and Research, Kuppam, A.P - 517425**

**Steps to be followed:**

- The applicant has to -
1. Take a print out of this application.
  2. Get signature and seal of the HOD/ Head of the Institute.
  3. Upload the scanned copy of the signed Application in upload portal, (in PDF format only)

**Note:**

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- **Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.**



To

Date: 08/12/2023

The Principal,  
PES Institute of Medical Sciences,  
Kuppam,  
Chittoor.

Respected Sir,

**Sub** – Deployment of 1<sup>st</sup> & 3<sup>rd</sup> year postgraduates, from Department of Community Medicine for Monitoring IMI 5.0 activity in Chittoor district– DEC – 2023 – reg.

\*\*\*\*\*

The nationwide implementation of Intensified Mission Indradhanush (IMI) 5.0 aims to enhance immunization coverage for all vaccines specified in the National Immunization schedule, including **Measles and Rubella vaccines for children up to 5 years of age with an objective to eliminate Measles and Rubella by the year 2023**. IMI 5.0 will be conducted in three rounds (Aug, Sep, Dec) with 3<sup>rd</sup> round scheduled from 11<sup>th</sup> to 16<sup>th</sup> December 2023.

Hence, I request to kindly deploy below mentioned 1<sup>st</sup> & 3<sup>rd</sup> Year postgraduates from the Community Medicine Department from your esteemed institution as external monitors for monitoring IMI 5.0 vaccination activities in Chittoor District & Madanapalli District Andhra Pradesh.

Details of PGs are as below:

1. **Dr G USHA RANI** – 3<sup>rd</sup> year (Monitoring days 11<sup>th</sup> & 12<sup>th</sup> Dec 2023 – Madanapalli Dist)
2. **Dr GVS MADHU LATHA** – 1<sup>st</sup> year (Monitoring days 11<sup>th</sup> to 16<sup>th</sup> Dec 2023 – Chittoor Dist)
3. **Dr SIRI CHANDANA**– 1<sup>st</sup> year (Monitoring days 13<sup>th</sup> to 16<sup>th</sup> Dec 2023 – Chittoor Dist)
4. **Dr SWATHI SREE**– 1<sup>st</sup> year (Monitoring days 11<sup>th</sup> & 12<sup>th</sup> Dec 2023 – Chittoor Dist)

Thanking you,



Yours sincerely,

*Steff*

Dr Monica Steffi Thomas  
SMO – SPS NELLORE

Copy to:

1. The HOD Department of Community Medicine, PES Institute of Medical Sciences, Kuppam, Chittoor

**DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE**

From  
Dr. V. Vijayalakshmi, MBBS., DPH., MPH.,  
Joint Director of Public Health and  
Preventive Medicine,  
Institute of Vector Control and Zoonoses,  
Hosur - 535 126

To  
The Professor and Head,  
Department of Community Medicine,  
PESIMSR,  
Kuppam,  
Andhra Pradesh.  
Email: drchitranagarajkuppam@gmail.com

R. No. 905/A2/2023, Dated: 26.10.2023

Sir

Sub: Public Health and Preventive Medicine – Institute of Vector Control and Zoonoses, Hosur – Training on Public Health to Post Graduate students of Community Medicine – Confirmation of participation - Regarding.

Ref: Your letter dated: 08.09.2023.

\*\*\*\*\*

I wish to inform that as requested by you in the email cited, your students are permitted to participate in the Entomology training programme from 06.11.2023 to 08.11.2023 at this Institute. The fees of Rs.1200.00 per trainee have to be paid at this Institute. Further, the following charges are also applicable for each trainee.

1. Accommodation Rs.100/ day for 3 days/ trainee.
2. Food & refreshment charges Rs.300/ day/ trainee.
3. Transport charges for field visit etc.

*adhar m*  
for Joint Director  
Institute of Vector control  
and Zoonoses, Hosur.

*6/10/23*

Copy submitted to: The Director of Public Health & Preventive Medicine, Chennai-6.

To  
The Principal,  
PES Institute of Medical Sciences,  
Kuppam,  
Chittoor.

Date: 07/09/2023

Respected Sir,

**Sub** – Deployment of 2<sup>nd</sup> Year Postgraduates, from Department of Community  
Medicine for Monitoring IMI 5.0 activity in Chittoor district– SEP – 2023 – reg.

\*\*\*\*\*

The nationwide implementation of Intensified Mission Indradhanush (IMI) 5.0 aims to enhance immunization coverage for all vaccines specified in the National Immunization schedule, including **Measles and Rubella vaccines for children up to 5 years of age with an objective to eliminate Measles and Rubella by the year 2023**. IMI 5.0 will be conducted in three rounds (Aug, Sep, Oct) with 2<sup>nd</sup> round scheduled from 11 to 16 September 2023 .

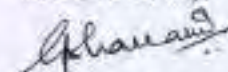
Hence, I request to kindly deploy below mentioned 2<sup>nd</sup> Year Postgraduates from the Community Medicine Department from your esteemed institution as external monitors for monitoring IMI 5.0 vaccination activities in Chittoor district, Andhra Pradesh.

Details of PGs are as below:

1. DR. MAHESH
2. DR. VIGNESH

Thanking you,

Yours sincerely,



Dr Bhavani Gunta  
**SMO – SPS Nellore (I/c)**

Copy to:

1. The HOD Department of Community Medicine, PES Institute of Medical Sciences, Kuppam, Chittoor

# P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH

KUPPAM – 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref: PESIMSR/ESTAB / 2024-25

Date : 31.05.2024


## ORDER

### (PHASE-II - DISTRICT RESIDENCY PROGRAMME)

As per Communication Coordinator, DRP, Tadipatri, the following students of II year Postgraduates (2022-23 batch) are posted to phase-II District Residency Programme from 01.06.2024 to 31.08.2024. Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Course	Name of Postgraduate	Posted @	Remarks
1	MD-GENERAL MEDICINE	KUPPAM DINESH	Home town	
2	MD-GENERAL MEDICINE	VENNAPUSA GIRISH KUMAR REDDY	AH, Dharmavaram	
3	MD-GENERAL MEDICINE	ALLAREDDY SATHVIKA	CHC, Veldurthy	
4	MD-GENERAL MEDICINE	SHAIK FATHI MUNNI	Home town	
5	MD-DWL	CHESA PRIYA G	Area Hospital, Kuppam	
6	MD-PSYCHIATRY	PAVAN KUMAR S	Area Hospital, Nagari	
7	MD-PSYCHIATRY	SURYA A	Home town	
8	MD-PAEDIATRICS	YADLAPALI PALLAVI	CHC, Kovuru	
9	MD-PAEDIATRICS	KORIVI NARESH KUMAR	Area Hospital, Kuppam	
10	MS-GENERAL SURGERY	DIVYA B	Home town	
11	MS-GENERAL SURGERY	KUMARA GHANAYADHATA SAI MOHICA	AH, Tadipatri	
12	MS-GENERAL SURGERY	DEEPANRAJ M	Area Hospital, Kuppam	
13	MS-ORTHOPEDICS	M MD SAQLAIN	CHC, Panyam	
14	MS-ORTHOPEDICS	SURIYAN A M	Area Hospital, Kuppam	
15	MS-ORTHOPEDICS	SHAIK SADDAMHUSSAIN	Home town	
16	MS-OPTHALMOLOGY	DOMURU SANJANA REDDY	CHC, Veldurthy	
17	MS-OPTHALMOLOGY	PALABOINA RUPANJALI YADAV	CHC, Panyam	
18	MS-ENT	BANMELA NEERAJA	CHC, Panyam	
19	MS-ENT	BURUJULA SUSHMA	CHC, Kadumur	
20	MS-OBG	KALAHASTI SARANYA	Area Hospital, Kuppam	
21	MS-OBG	SOLLETI VENKATA SUSRUTHA	Home town	
22	MS-OBG	SUNKESULA NAGA POOJITHA	Home town	
23	MS-OBG	GADIGE LAKSHMI SRAVANI	Home town	
24	MD-ANAESTHESIOLOGY	GAJULA SUDESHNA	Home town	
25	MD-ANAESTHESIOLOGY	PATCHAYA ALBHYA	AH, Kavali	
26	MD-ANAESTHESIOLOGY	RAMANAN S	Area Hospital, Kuppam	
27	MD-RADIOLOGY	VISHAL KAURA	Area Hospital, Palamaner	
28	MD-RADIOLOGY	RACHARLA SINDHU BARGAVI	Area Hospital, Kuppam	
29	MD-PATHOLOGY	GINGILPALEM POOJITHA	Area Hospital, Srikalahasti	
30	MD-PATHOLOGY	VISHNUPRIYA R	Area Hospital, Kuppam	
31	MD-COMMUNITY MEDICINE	SINGIRI MAHESH	Area Hospital, Kuppam	

Note : Students who opted for the home town postings should report as per the DCHS of the concern District.

  
DEAN & PRINCIPAL  
Dean & Principal  
PES Institute of Medical Science & Research  
Kuppam - 517 425 Chittoor Dist. A.P.

CC to:

MD/AMD/Medical Superintendent/Vice Principal (Academics/Admin)/Concern HoDs/Concern Students Whatsapp Groups /Nodal Officer- DRP , PESIMSR/ PG Coordinator / Accounts Section / HRD/O/c

**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
**KUPPAM – 517 425, CHITTOOR DIST, ANDHRA PRADESH.**

Ref: PESIMSR/ESTAB / 88/2024-25

Date : 28.02.2024

**ORDER**

**(PHASE-I - DISTRICT RESIDENCY PROGRAMME)**

As per Communication from the District Coordinator of Hospital Services, Chittoor, Tirupathi and Annamayya Districts, the following students of II year Postgraduates are posted to phase-I District Residency Programme from 01.03.2024 to 31.05.2024.

Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Course	Name of Postgraduate	Posted @	Remarks
1	MD-GENERAL MEDICINE	KOTTHINTI ANIL KUMAR	AH, Piler, Dist- Annamayya	
2	MD-GENERAL MEDICINE	MIDDE DEEP TEJESH	CHC, Panyam, Dist- Kurnool.	
3	MD-GENERAL MEDICINE	NUKALA S PRASAD	CHC, Kamalapuram, Dist -Kodapa.	
4	MD-GENERAL MEDICINE	SHODHAN PATEL	AH, Kuppam	
5	MD-DVL	G KISHORE KUMAR	AH, Kuppam	
6	MD-PSYCHIATRY	P SINDHURA	AH, Srialahasthi	
7	MD-PAEDIATRICS	SANDHYA K	CHC, Puttur	
8	MD-PAEDIATRICS	SHARMILA L	AH, Kuppam	
9	MS- GENERAL SURGERY	KOMERLA PRADEEP KUMAR	AH, Kuppam	
10	MS-GENERAL SURGERY	THATCHANAMOORTHY P R	AH, Kuppam	
11	MS-GENERAL SURGERY	PULA VINEETHA	AH, Giddalur, Dist- Prakasam	
12	MS-ORTHOPEDICS	VEERAPOGU RAINY PHILONA	CHC, Yemmiganur, Dist- Kurnool	
13	MS-ORTHOPEDICS	BEKKEM MANI DINAKAR REDDY	AH, Kuppam	
14	MS-ORTHOPEDICS	ARIJALLA KARTEEK	DH, Tenali, Dist- Guntur	
15	MS-OPHTHALMOLOGY	MAKKENA MANI SHANKAR	DH, Narasaraopet	
16	MS-ENT	MANEESH P	AH, Kuppam	
17	MS-OBG	SWETHA MEKALA	AH, Gudur	
18	MS-OBG	R JASWITHA	AH, Kuppam	
19	MS-OBG	PRARTHANA B	AH, Kuppam	
20	MD-ANAESTHESIOLOGY	MADANA MADHURI	AH, Kuppam	

Contd..2

Sl No	Course	Name of Postgraduate	Posted @	Remarks
21	MD-ANAESTHESIOLOGY	PACHURU KISHORE	AH, Kuppam	
22	MD-ANAESTHESIOLOGY	LEBAKU SWARUPARANI	AH, Gudur	
23	MD-RADIOLOGY	BATHULA SOUJANYA YADAV	AH, Kuppam	
24	MD-RADIOLOGY	JAYASREE S	AH, Kuppam	
25	MD-EMERGENCY MEDICINE	BALA MURUGAN S	AH, Kuppam	
26	MD-PATHOLOGY	HARISH VENKATESH	AH, Kuppam	
27	MD-PATHOLOGY	TIRUMALASETTY PAVITHRA	AH, Kuppam	

Note : Students who opted for the home town postings should report as per the DCHS of the concern Districts.



**DEAN & PRINCIPAL**

DEAN & PRINCIPAL  
T-22 Institute of Medical Science & Research  
Kuppam-517425, Chittoor Dist. A.P.

CC to:MD/AMD/Medical Superintendent/Vice Principal/Concern HoDs/Concern Students Whatsapp Groups /Nodal Officer- DRP , PESIMSR/ PF Coordinator / Accouts Section / HRD/O/c

# P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH

KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref : PESIMSR/ESTAB/83/2023-24

06.12.2023

## ORDER

(PHASE-IV - DISTRICT RESIDENCY PROGRAMME)

As per Communication from Dr.Sunitha.S., co-ordinate-DRP & Prof & HoD of SPM, SV Medical College, Tirupati, the following students of Postgraduates (2021-22 batch) are posted to phase-IV District Residency Programme w.e.f. 06.12.2023.

Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
1	MD - General Medicine	Dr. CHUPPALA BHARATH	CHC, Midthur	
2	MD - General Medicine	Dr. DAIVALA SANJANA	A H,Pendurthi	
3	MD - General Medicine	Dr. PINJARI SHAIK SHAVALI	A H,Yemmiganur	
4	MD - General Medicine	Dr. M VIJAY KUMAR REDDY	A H,Allagadda	
5	MD - Paediatrics	Dr. MARADANA PRIYANKA	A H,Parvathipuram	
6	MS - Orthopaedics	Dr. BADHRI NARAYANA BOLISETTY	AH, Narasannapeta	
7	MS - Orthopaedics	Dr. KUNA HEMANTH	AH, Narasannapeta	
8	MD/MS - OBG	Dr. SARMA ARSHIYA PARVEEN	AH, Kadiri	
9	MD/MS - OBG	Dr. NARREDDY ANUSHA	AH, Tadipathri	
10	MD - Anaesthesiology	Dr. MD. AYESHA SHABREEN	AH, Dharmavaram	
11	MD - Anaesthesiology	Dr. NAKKALA KAVYA SREE	CHC, Panyam	
12	MD - Pathology	Dr. KAVITHA REDDY GADE	AH, Sattenapalli	
13	MD - Pathology	Dr. VADDAVALLI VIDHYA DHARI	AH, Chirala	

The concern HoDs are hereby requested to kindly permit them for the same.

  
**DEAN & PRINCIPAL**

DEAN & PRINCIPAL  
PES Institute of Medical Science & Research  
Kuppam-517425, Chittoor Dist, A.P.

Cc to

MD/AMD

Medical Superintendent


Concern HoDs

Nodal Officer - DRP, PESIMSR, Kuppam

Concern Students Whatsapp Groups

O/c

DISTRICT RESIDENCY PROGRAMME PHASE-4( 06-12-2023 TO 06-03-2023 )				
POST GRADUATES OPTED FOR HOME TOWN				
S. NO.	NAME OF THE COLLEGE	NAME OF THE POST GRADUATE	NAME OF THE DEPARTMENT	HOME TOWN
1	PESIMSR, KUPPAM	Dr.KUNA HEMANTH	ORTHOPAEDICS ✓	AREA HOSPITAL, NARASANNAPETA, SRIKAKULAM ✓
2	PESIMSR, KUPPAM	Dr.BADHRI NARAYANA BOLISETTY	ORTHOPAEDICS ✓	AREA HOSPITAL, NARASARAOPETA, GUNTUR ✓
3	PESIMSR, KUPPAM	Dr.SARMA ARSHIYA PARVEEN	OBSTETRICS AND GYNAECOLOGY ✓	AREA HOSPITAL, KADIRI, SRI SATYA SAI ✓
4	PESIMSR, KUPPAM	Dr.MARAMREDDY VIJAY KUMAR REDDY	GENERAL MEDICINE ✓	CHC, ALLAGADDA, KURNOOL ✓
5	PESIMSR, KUPPAM	Dr.C.BHARATH	GENERAL MEDICINE ✓	CHC, MIDTHUR, KURNOOL ✓
6	PESIMSR, KUPPAM	Dr.PINJARI SHAIK SHAVALI	GENERAL MEDICINE ✓	AREA HOSPITAL, YEMMIGANUR, KURNOOL DISTRICT ✓
7	PESIMSR, KUPPAM	Dr. MARADANA PRIYANKA	PEDIATRICS ✓	AREA HOSPITAL, PARVATHIPURAM, PARVATHIPURAM MANYAM DIST ✓
8	PESIMSR, KUPPAM	Dr.VADDAVALLI VIDHYA DHARI	PATHOLOGY ✓	AREA HOSPITAL, CHIRALA, BARATLA DISTRICT ✓
9	PESIMSR, KUPPAM	Dr.KAVITHA REDDY GADE	PATHOLOGY ✓	AREA HOSPITAL, SATTENAPALLI, PALNADU DISTRICT ✓
10	PESIMSR, KUPPAM	DR MOHAMMAD AYESHA SHABREEN	ANAESTHESIA ✓	AREA HOSPITAL DHARMAVARAM, ANANTAPUR DIST ✓
11	PESIMSR, KUPPAM	Dr.NARREDDY ANUSHA	OBSTETRICS AND GYNAECOLOGY ✓	AREA HOSPITAL, TADIPATRI, ANANTAPUR ✓
12	PESIMSR, KUPPAM	DR DAIVALA SANJANA	MD GENERAL MEDICINE ✓	AREA HOSPITAL PENDURTHI, VISAKHAPATNAM DISTRICT ✓
13	PESIMSR, KUPPAM	DR.KAVYA SREE	ANAESTHESIA ✓	CHC, PANYAM, KURNOOL ✓

  
 DEAN & PRINCIPAL  
 PES Institute of Medical Science & Research  
 Kuppam-517425, Chittoor Dist, A.P.

**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref : PESIMSR/ESTAB/ /2023-24

05.12.2023

**ORDER**  
**(PHASE-IV - DISTRICT RESIDENCY PROGRAMME)**

In continuation of letter dated 05.12.2023 from the District Coordinator of Hospital Services, Chittoor & Tirupathi Districts, the following students of Postgraduates (2021-22 batch) are posted to phase-IV District Residency Programme w.e.f. 06.12.2023.

Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
1	MD - General Medicine	Dr.MULAGAPAKA VINUSHA	A H, Kuppam	
2	MD - General Medicine	Dr.THAMMANNAGARI DINESH	A H, Srikalahasti	Allotted to CHC, Naravaripalli
3	MD - Psychiatry	Dr.C LEKHASREE	A H, Kuppam	
4	MD - Psychiatry	Dr.MITIKIRI YASHODA	A H, Kuppam	
5	MD - Paediatrics	Dr.SIDDAGUNTA PUJITHA	A H, Srikalahasti	Allotted to CHC, Pullur
6	MD - Paediatrics	Dr.MANNEM AMANI	A H, Srikalahasti	
7	MS - General Surgery	Dr.N MONICA	A H, Kuppam	
8	MS - General Surgery	Dr.B KRISHNA MITHRA	A H, Kuppam	
9	MD/MS - Ophthalmology	Dr.ERLA MANASA	A H, Kuppam	
10	MD/MS - OBG	Dr.C NIKHITHA	A H, Kuppam	
11	MD/MS - OBG	Dr.PUNUGUNTA KEERTHY PRIYA	A H, Palamaner	Allotted to CHC, V.Kota
12	MD - Anaesthesiology	Dr.UGRAM SRAVANI	A H, Kuppam	
13	MD - Anaesthesiology	Dr.VATURI SATISH KUMAR	A H, Kuppam	
14	MD - Radio Diagnosis	Dr.DARBAR SAI KIRAN	A H, Kuppam	
15	MD - Emer Medicine	Dr.BOTCHU SRIKAR YADAV	A H, Kuppam	
16	MD - Pathology	Dr.CHINTHAKAYALA HARITHA	A H, Kuppam	
17	MD - SPM	Dr.S SRIKANTH	A H, Kuppam	

The concern HoDs are hereby requested to kindly permit them for the same.

  
**DEAN & PRINCIPAL**  
PES Institute of Medical Science & Research  
Kuppam-517-425, Chittoor DL A.P.

Cc to  
MD/AMD  
Medical Superintendent  
Concern HoDs  
Nodal Officer - DRP, PESIMSR, Kuppam  
Concern Students Whatsapp Groups  
O/c

**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
KUPPAM – 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref: PESIMSR/ESTAB / 2023-24

Date : 05.09.2023

**ORDER**

**(PHASE-III - DISTRICT RESIDENCY PROGRAMME)**

In continuation of letter dated 03.09.2023 from the District Coordinator of Hospital Services, Chittoor, Tirupathi and Annamayya Districts, the following students of II year Postgraduates are posted to phase-III District Residency Programme from 06.09.2023 to 05.12.2023.

Concerned Head of the departments at PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
	MD - General Medicine	Dr.MARITHA KRISHNA SAHI REDDY	Indukurpet, Nellore	
2	MD - General Medicine	Dr.KUNDAVARAM SHIKARA REDDY	AH, Kuppam	
3	MD - General Medicine	Dr.GUNURU SRINIVAS	CHC, V.Kota	
4	MD - General Medicine	Dr.KALAGADDA SUNNY SANJAY	CHC, V.Kota	
5	MD - Psychiatry	Dr.SUPRIYA GANGADEVI	Guntakal	
6	MD - Psychiatry	Dr.S JAYA SREE	AH, Kuppam	
7	MD - Paediatrics	Dr.HUSSAINZAIMALIK AAMIR ALI KHAN	AH, Kuppam	
8	MD - Paediatrics	Dr.KANTIPULI HEMSAI	AH, Palamaner	
9	MS - General Surgery	Dr.DASARI KAVYA	AH, Kuppam	
10	MS - General Surgery	Dr.MD.REHAN FARAZ	Orvakal, Kurnool	
11	MS - General Surgery	Dr.G VENKATA DAKSHINYA	AH, Madanapalli	
12	MS - General Surgery	Dr.PUDOTA MITHUN CHAKRAVERTHY	AH, Kuppam	
13	MS - Orthopaedics	Dr.DUDEKULA SALEEM	AH, Kuppam	
14	MS - Orthopaedics	Dr.SANTOSH KIRAN	AH, Kuppam	
15	MS - Ophthalmology	Dr.VEMAVARAM JOYCEE SUMALATHA	AH, Kuppam	
16	MS - ENT	Dr. VISWANADHAPALLI VENKATA PASI	AH, Kuppam	
17	MS - ENT	Dr. SENTHIL RAJA S	AH, Kuppam	
18	MS - OBG	Dr. JAYA KUMARI SINHA	CHC, V.Kota	
19	MS - OBG	Dr. SATARLA APARNA	AH, Kuppam	
20	MS - OBG	Dr. KULURU MOUNIKA	Siddavaram, KAdapa	

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
21	MS - OBG	Dr. THATUKURU CHANDINI	AH, Kuppam	
22	MD - Anaesthesiology	Dr. K M NITHISH	AH, Kuppam	
23	MD - Anaesthesiology	Dr. JEETHURI SOWJANYA	AH, Kuppam	
24	MD - Anaesthesiology	Dr. BADAYATH SINDHUJA	AH, Kuppam	
25	MD - Anaesthesiology	Dr. KAVYA MITTA	CHC, V.Kola	
26	MD-Radiodiagnosis	Dr. HARISH KUMAR	AH, Kuppam	
27	MD-Radiodiagnosis	Dr. GOWTHAM RAJ	AH, Kuppam	
28	MD - Emergency Medicine	Dr. GOPICHAND	AH, Kuppam	
29	MD - Pathology	Dr. G. RAMYA KUMARI	AH, Kuppam	
30	MD - Pathology	Dr. Y. GURUSEKHAR	Dharmavaram	

  
**DEAN & PRINCIPAL**

DEAN & PRINCIPAL  
PES Institute of Medical Science & Research  
H.O. / C.O. / S.P.

- CC to: MD/AMD/Medical Superintendent/Vice Principal/Concerned Heads/Concerned Students
- Whatsapp Groups / Nodal Officer- DRP, PESIMSR/ O/c

1)

Fwd: Link for online attending the Training on ICD-11 in India on 18th – 19th March, 2024 at New Delhi.

Inbox

Search for all messages with label Inbox

Remove label Inbox from this conversation

R

Senior Regional Director rhobng@nic.in via nic.in

Fri, Mar 15,  
2:50 PM

to CBHI, suhas, me, CBHI, CBHI, CBHI, CBHI, CBHI, CBHI, Madhusudan, CBHI, siddalingsh, abhilasha, CB

Sir \ Madam,

Please find the link below for joining online ICD 11 workshop / Training on 18th & 19th March 2024 to be held at New Delhi.

We request all the faculties who are engaging in topic ICD to kindly join without fail.

Follow the instruction given below for registering of participants in advance.

Kind Regards,

Senior Regional Director (H&FW)  
Regional Office for Health & FW, Govt of India,  
II Floor, 'F' Wing, Kendriya Sadan, Koramangala,  
Bangalore - 560034  
Ph: 080-25537688, 080- 25537310  
Fax: 080-25539249

---

**From:** "R K SHARMA" <[rk.sharma26@nic.in](mailto:rk.sharma26@nic.in)>  
**To:** "Senior Regional Director" <[rhobng@kar.nic.in](mailto:rhobng@kar.nic.in)>, "SENIOR REGIONAL DIRECTOR, ROH and FW" <[rohfwbho@mp.nic.in](mailto:rohfwbho@mp.nic.in)>, [rohfwbbs@rediffmail.com](mailto:rohfwbbs@rediffmail.com), "SRD RAJASTHAN" <[rdrhojp-rj@nic.in](mailto:rdrhojp-rj@nic.in)>, "SRD RAJASTHAN" <[rdrhojp@raj.nic.in](mailto:rdrhojp@raj.nic.in)>, [srrldko@yahoo.com](mailto:srrldko@yahoo.com), "Dr. Kailash Kumar Regional Director" <[srdhfw-pat-bih@gov.in](mailto:srdhfw-pat-bih@gov.in)>, "DIKSHA SACHDEVA" <[diksha.sachdeva@nic.in](mailto:diksha.sachdeva@nic.in)>, [srdchandigarh@gmail.com](mailto:srdchandigarh@gmail.com), "rohfw chd" <[rohfw\\_chd@yahoo.com](mailto:rohfw_chd@yahoo.com)>, "Deputy Director CBHI Lucknow"

<[ddfsulko@cbhidghs.nic.in](mailto:ddfsulko@cbhidghs.nic.in)>, "cbhi lucknow" <[cbhi.lucknow@gmail.com](mailto:cbhi.lucknow@gmail.com)>, "CBHI BHOPAL" <[ddsubho@nic.in](mailto:ddsubho@nic.in)>, "Dr Nilam Manoharrao Somalkar" <[nilam.80@gov.in](mailto:nilam.80@gov.in)>, "Senior Regional Director" <[rhobng@nic.in](mailto:rhobng@nic.in)>, "SENIOR REGIONAL DIRECTOR, ROH and FW" <[rohfwbho@nic.in](mailto:rohfwbho@nic.in)>, "DD CBHI PATNA" <[ddpatna@cbhidghs.nic.in](mailto:ddpatna@cbhidghs.nic.in)>, "DD Jaipur CBHI" <[ddjaipur@cbhidghs.nic.in](mailto:ddjaipur@cbhidghs.nic.in)>, "g ramchandra" <[g.ramchandra@gov.in](mailto:g.ramchandra@gov.in)>  
**Cc:** "Director CBHI" <[dircbhi@nic.in](mailto:dircbhi@nic.in)>, "S P Srivastava" <[sp.srivastava76@nic.in](mailto:sp.srivastava76@nic.in)>, "MAHESH CHANDRA SHUKLA" <[mcsbukla.edu@nic.in](mailto:mcsbukla.edu@nic.in)>, "Bhawana Joshi" <[bhawana.joshi@nic.in](mailto:bhawana.joshi@nic.in)>, "AJAY RAWAT INVESTIGATOR, MOSPI" <[ajay.rawat@nic.in](mailto:ajay.rawat@nic.in)>, "Ram Dayal" <[ram.dayal65@gov.in](mailto:ram.dayal65@gov.in)>, "Mamta Gupta" <[mamta.goyal91@gov.in](mailto:mamta.goyal91@gov.in)>, "Sunita Tyagi" <[sunita.tyagi@nic.in](mailto:sunita.tyagi@nic.in)>  
**Sent:** Friday, March 15, 2024 2:14:00 PM  
**Subject:** Link for online attending the Training on ICD-11 in India on 18th – 19th March, 2024 at New Delhi.

Dear Sir / Madam,

In continuation to the trailing e-mail, it is informed that the zoom Webinar has been scheduled.

Please register yourself or participants on the following registration link to attend the "**National level workshop on transition from ICD-10 to ICD-11 in India**" online.

**Topic of workshop: National level workshop on transition from ICD-10 to ICD-11 in India**

**Date of Workshop: 18-19th March , 2024 09:00 AM Mumbai, Kolkata, New Delhi**

**Register in advance for this webinar:**

**[https://who.zoom.us/webinar/register/WN\\_QtfnNSLhTNOF21XZeCgeOQ](https://who.zoom.us/webinar/register/WN_QtfnNSLhTNOF21XZeCgeOQ)**

**After registering, you will receive a confirmation email containing information about joining the webinar.ks**

--

Regards

(R.K.Sharma)  
Assistant Director  
9810658634

---

**From:** "R K SHARMA" <[rk.sharma26@nic.in](mailto:rk.sharma26@nic.in)>  
**To:** "Senior Regional Director" <[rhobng@kar.nic.in](mailto:rhobng@kar.nic.in)>, "SENIOR REGIONAL DIRECTOR, ROH and FW" <[rohfwbho@mp.nic.in](mailto:rohfwbho@mp.nic.in)>, "rohfwbbs" <[rohfwbbs@rediffmail.com](mailto:rohfwbbs@rediffmail.com)>, "SRD RAJASTHAN" <[rdrhojp-rj@nic.in](mailto:rdrhojp-rj@nic.in)>, "SRD RAJASTHAN" <[rdrhojp@raj.nic.in](mailto:rdrhojp@raj.nic.in)>, "srrdlko" <[srrdlko@yahoo.com](mailto:srrdlko@yahoo.com)>, "Dr. Kailash Kumar Regional Director" <[srdhfw-pat-bih@gov.in](mailto:srdhfw-pat-bih@gov.in)>, "DIKSHA SACHDEVA" <[diksha.sachdeva@nic.in](mailto:diksha.sachdeva@nic.in)>, "srdchandigarh" <[srdchandigarh@gmail.com](mailto:srdchandigarh@gmail.com)>, "rohfw chd" <[rohfw\\_chd@yahoo.com](mailto:rohfw_chd@yahoo.com)>, "Deputy Director CBHI Lucknow" <[ddfsulko@cbhidghs.nic.in](mailto:ddfsulko@cbhidghs.nic.in)>, "cbhi lucknow" <[cbhi.lucknow@gmail.com](mailto:cbhi.lucknow@gmail.com)>, "CBHI BHOPAL" <[ddsubho@nic.in](mailto:ddsubho@nic.in)>, "Dr Nilam Manoharrao Somalkar" <[nilam.80@gov.in](mailto:nilam.80@gov.in)>, "Senior Regional Director" <[rhobng@nic.in](mailto:rhobng@nic.in)>, "SENIOR REGIONAL DIRECTOR, ROH and FW" <[rohfwbho@nic.in](mailto:rohfwbho@nic.in)>, "DD CBHI PATNA" <[ddpatna@cbhidghs.nic.in](mailto:ddpatna@cbhidghs.nic.in)>, "DD Jaipur CBHI" <[ddjaipur@cbhidghs.nic.in](mailto:ddjaipur@cbhidghs.nic.in)>, "g ramchandra" <[g.ramchandra@gov.in](mailto:g.ramchandra@gov.in)>  
**Cc:** "Director CBHI" <[dircbhi@nic.in](mailto:dircbhi@nic.in)>, "S P Srivastava" <[sp.srivastava76@nic.in](mailto:sp.srivastava76@nic.in)>, "MAHESH CHANDRA SHUKLA" <[mcsbukla.edu@nic.in](mailto:mcsbukla.edu@nic.in)>, "Bhawana Joshi" <[bhawana.joshi@nic.in](mailto:bhawana.joshi@nic.in)>, "AJAY RAWAT INVESTIGATOR, MOSPI" <[ajay.rawat@nic.in](mailto:ajay.rawat@nic.in)>  
**Sent:** Monday, March 11, 2024 6:07:00 PM  
**Subject:** National Level Workshop for transition from ICD-10 to ICD-11 in India on 18th – 19th March, 2024 at New Delhi.

Dear Sir / Madam,

The undersigned is directed to refer to this office email dated 14<sup>th</sup> February, 2024 regarding 2 days workshop from 18<sup>th</sup> & 19<sup>th</sup> March, 2024 on transition from ICD – 10 to ICD – 11 in India at New Delhi.

The venue for the said workshop is “National Institute of Health and Family (NIHFW) Welfare, Baba Gang Nath Marg, Munirka, New Delhi – 110067”. Tentative schedule is also attached herewith for ready reference.

This Training / Workshop will be in hybrid mode. 30 Experts / Master Trainers are invited to join this meeting / workshop physically (list enclosed). However, as training is in hybrid mode, you are requested to invite the ICD faculty associated with your FSU / Training Centre and experts from various medical colleges to join this training / workshop virtually. Link of the same will be shared separately in due course of time.

Further, Sr. Regional Directors of concerned FSUs / Training Centre and Deputy Directors are requested to attend the aforesaid workshop physically.

With kind regards

Ajay Rawat  
Senior Statistical Officer,  
CBHI, DGHS

2)



INDIA NON JUDICIAL



IN-AP07385375332348W

Government of Andhra Pradesh

e-Stamp

Certificate No. : IN-AP07385375332348W  
 Certificate Issued Date : 30-Jul-2024 02:23 PM  
 Account Reference : NEWIMPACC (SV) ap16046504/ AP-CTRV/ AP-KPM/aprsudhrav  
 DDO Code : 11052308001 SRO KUPPAM  
 Unique Doc. Reference : SUBIN-APAP1604650402814291053713W  
 Purchased by : DR SUBRAMANYA  
 Description of Document : Article 00 Not Mentioned  
 Property Description : Not Applicable  
 Consideration Price (Rs.) : 0  
 (Zero)  
 First Party : DR SUBRAMANYA  
 Second Party : Not Applicable  
 Paid By (For Whom) : DR SUBRAMANYA  
 Stamp Duty Amount(Rs.) : 100  
 (One Hundred only)



Placeholder for word below this line

**ADDENDUM TO MEMORANDUM OF UNDERSTANDING DATED 30-07-2024 BETWEEN**

**P.E.S. INSTITUTE OF MEDICAL SCIENCES AND RESEARCH (PESIMSR), KUPPAM**

**AND**

**R. L. JALAPPA HOSPITAL & RESEARCH CENTER of**

**SRI DEVARAJ URS MEDICAL COLLEGE (SDUAHER)- TAMAKA, KOLAR.**

This Memorandum of Understanding (the MOU) Agreement at is made on 30/07/2024, between P.E.S. Institute of Medical Sciences And Research, Kuppam – 517425, represented by its Medical Superintendent here in after referred to as PESIMSR, KUPPAM (which expression shall unless it be repugnant to the context or meaning thereof shall deem to mean and include its successors and assigns) of the ONE PART

**AND**

R. L. Jalappa Hospital & Research Centre a constituent college of Sri Devaraj Urs Medical College (SDUAHER)- Tamaka, Kolar – 563103, Karnataka represented by its Medical Superintendent here in after referred to as RLJH & RC (which expression Unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the SECOND PART.

For the purposes of referring the patients in case of machine breakdown (CT & MRI only) at PESIMSR, KUPPAM for maintaining continuity of patient care.

0013513815

Page 1 of 1

**MEDICAL SUPERINTENDENT**

PES Institute of Medical Sciences & Research  
Kuppam, Chittoor Dist. A.P-517425

*[Signature]*  
**Medical Superintendent**  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.

## WHEREAS,

PESIMSR, KUPPAM is providing various health related services to their clients which includes amongst them insured individuals and groups, corporate, self – funded groups, foreign travelers and insurance companies and for this purpose PESIMSR, KUPPAM has created a network of service providers.

RLJH & RC one of the reputed Institute near Kolar city has agreed to provide the CT (Computed Tomography) and MRI (Magnetic Resonance Imaging) services as specified PESIMSR, KUPPAM with the following terms and conditions:

1. RLJH & RC will be responsible for providing its the CT (Computed Tomography) and MRI (Magnetic Resonance Imaging) services as specified PESIMSR, KUPPAM.
2. RLJH & RC shall transmit the reports in the specific format as forwarded and strictly abide by the guidelines laid down by PESIMSR, KUPPAM and further should retain such data for next three years from the date of reporting without tampering the same.
3. RLJH & RC shall maintain utmost confidentiality of such data and shall not share the same with any third party unless and otherwise authorised by PESIMSR, KUPPAM.
4. RLJH & RC shall maintain Turnaround Time (TAT) as agreed by them and should inform PESIMSR, KUPPAM about any change s in Facility, Personnel and Address that they undergo.

### QUALITY OF SERVICE:

1. The provider shall ensure delivery of the highest quality standards and shall strictly adhere to all medical and ethical practices.
2. RLJH & RC will be held responsible for any errors / omissions related to procedures, processes and / or methodologies pursued by them, in providing Health / Medical Services.

### CRITICAL RESULTS REPORTING: -

RLJH & RC will report all urgent & critical results on priority basis through phone call ( Mobile no:- 9391833739 / 08570-256666, 256655). All critical results will be communicated by Health service provider (HSP) to PESIMSR, KUPPAM and same record will be maintained by RLJH & RC.

S.NO	CT CRITICAL ALERTS	MRI CRITICAL ALERTS
	Acute intracranial bleed	Acute intra cerebral infract
	Signs of raised intracranial tension like cerebral edema associated with herniations	Cortical venous thrombosis
	Hyperacute and acute infracts.	Spinal injuries with cord involvement
	Flail chest, Lung contusions.	Extra dural haemorrhage
	Pneumothorax and / or Mediastinal emphysema	Sub dural haemorrhage
	Pulmonary thromboembolism	Sub arachnoid haemorrhage
	Pulmonary edema	Intra cerebral aneurysm
	ARDS	Meningitis / Meningoencephalitis
	Acute thrombotic occlusion of arteries	Calculus / Acalculus cholecystitis
	Solid organ injuries	Or any other alert the physician feels reporting immediately
	Pneumoperitoneum	

**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Kuppam, Chittoor Dist. A.P.-517425

*[Signature]*  
Medical Superintendent  
R.L. Jaiappa Hospital & Research Centre  
Tirumala, Kolar-563103.

	Any arterial dissection.	
	Intestinal Obstruction	
	Acute mesenteric ischemia	
	Acute appendicitis	
	Retro peritoneal Haemorrhage	
	Or any other alert the physician feels reporting immediately	

**PERIODIC VISITS: -**

Visit to RLJH & RC by PESIMSR, KUPPAM radiology staff every once in six months for quality evaluation will be made available.

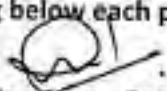
**BILLS & PAYMENTS:**

Remains the same existing cost offered by RLJH & RC.

R. L. Jalappa hospital & research centre hereby represents, warrants and covenants that it holds all the required licenses and / or registration under the applicable laws and has sufficient qualified manpower, adequate infrastructure (with capacity amiability to augment all that may be necessary to render its Services), testing equipment, devices and tools to provide such Services in accordance with the highest professional standards and shall hold and maintain all such licenses / approval / registrations at least for the entire Term of this Agreement.

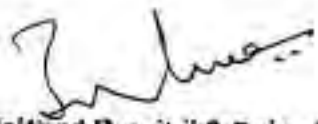
**PERIOD OF CONTARCT: -** This MOU will be valid for five years from the date of issue of this MOU i.e., 30/07/2024 to 29/07/2029.

By signing below each party agrees to the terms of this agreement.

  
For PES Institute of Medical Sciences & Research, KUPPAM.

Name: Dr. Subramanya N.K.  
**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Kuppam, Chittoor Dist. A.P. - 517425


Designation

  
For R. L. Jalappa Hospital & Research Center, TAMAKA, KOLAR Research Center  
TAMAKA, KOLAR  
Tamaka, Kolar-563103.

Name: Dr. KRISHNAPPA J

Designation:

Witness 1:

  
Name: K. R. S. Kumar

Designation: MANAGER HR, PESIMSR, KUPPAM

Witness 2:

Name :

Designation:

**RENEWAL OF MEMORANDUM OF UNDERSTANDING**

Date: **30<sup>th</sup> July 2024**




Corp Id: **1378**

Dr Suresh Krishnamurthy  
(Medical Director)  
PES Institute of Medical Sciences and Research  
Chittoor District Andhra Pradesh  
Kuppam - 517425

Dear Sirs,

This has reference to the Memorandum of Understanding Entered into between Neuberg Anand Reference Laboratory a Unit of Neuberg Diagnostics Pvt Ltd and **PES INSTITUTE KUPPAM**, dated 13<sup>th</sup> July 2023. The said agreement expires/expired on 13<sup>th</sup> July 2024. And Renewal of Memorandum Understanding extend on 13<sup>th</sup> July 2024 to 30<sup>th</sup> July 2024. The parties have agreed to extend the Renewal of Memorandum Understanding agreement up to 30<sup>th</sup> July 2025.

All other terms and conditions of the Memorandum of Understanding dated 30<sup>th</sup> July 2025, shall remain in force including the cost of all tests.

for and on behalf of: <b>Neuberg Anand Reference Laboratory (a Unit of Neuberg Diagnostics Pvt Ltd)</b>	For And on behalf: <b>PES INSTITUTE KUPPAM</b>
 	
Name : <b>Ms Aishwarya Vasudevan</b>	Name : <b>Dr. Suresh Krishnamurthy</b> <small>Dr. Suresh, MD, FRCP(UK), FACC(USA) PES Institute of Medical Sciences &amp; Research Kuppam 517 425, Chittoor Dist. A.P.</small>
Title : <b>Group Coo</b>	Title : <b>Medical Director</b>

**RENEWAL OF MEMORANDUM OF UNDERSTANDING**

Date: **17/04/2024**


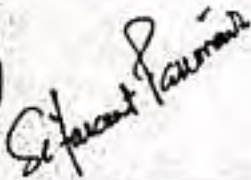

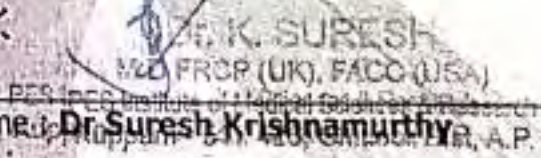
Corp Id: **1378**

Dr Suresh Krishnamurthy  
 (Medical Director)  
 PES Institute of Medical Sciences and Research  
 Chittoor District Andhra Pradesh  
 Kuppam - 517425

Dear Sirs,

This has reference to the Memorandum of Understanding Entered into between Neuberg Anand Reference Laboratory a Unit of Neuberg Diagnostics Pvt Ltd and **PES INSTITUTE KUPPAM**, dated 13<sup>th</sup> July 2021. The said agreement expires/expired on 13<sup>th</sup> July 2023. And Renewal of Memorandum Understanding extend on 30<sup>th</sup> Oct 2023 to 16<sup>th</sup> April 2024. The parties have agreed to extend the Renewal of Memorandum Understanding agreement up to 30<sup>th</sup> July 2024.

All other terms and conditions of the Memorandum of Understanding dated 30<sup>th</sup> Oct 2023, shall remain in force including the cost of all tests.

for and on behalf of: <b>Neuberg Anand Reference Laboratory (a Unit of Neuberg Diagnostics Pvt Ltd)</b>	For And on behalf: <b>PES INSTITUTE KUPPAM</b>
 	 
Name : <b>Mr. Sitakant Pattanaik</b>	Name : <b>Dr Suresh Krishnamurthy</b>
Title : <b>GM-Finance</b>	Title : <b>Medical Director</b>




**National Institute of Mental Health and Neuro Sciences**  
Bangalore - 560 029  
**External Training**  
Academic and Evaluation Section

**Application No.** : NIMHGH2024/ 08070  
**Name and Address of Applicant** : Dr Vishnupriya R  
: PES Institute of Medical Science and Research, Kuppam Andhra  
Pradesh, Andhra Pradesh, India  
**Purpose** : Training  
**Contact Number** : 9496775012  
**Email Id** : drvishnupriyaradhakrishnan@gmail.com  
**Type of Request** : Individual

Name of applicants	Duration From	Duration to	Department
Dr Vishnupriya R	01/04/2024	15/04/2024	Neuropathology

I certify that the above Information is true and correct

Signature of the Applicant

  
**Dr. RAMASWAMY A S**  
**Reg.No KMC 63889**  
**Professor & HOD**  
**Department of Pathology**  
**PES Institute of Medical Science and Research, Kuppam, A.P - 517425**

**Steps to be followed:**

- The applicant has to -
1. Take a print out of this application.
  2. Get signature and seal of the HOD/ Head of the Institute.
  3. Upload the scanned copy of the signed Application in upload portal, (in PDF format only)

**Note:**

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- **Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.**

**3.5.1: Average number of Collaborative activities for research, faculty exchange, student exchange/ Industry-internship etc. per year for the last five years**

**Total number of Collaborative activities for research, faculty exchange, student exchange**

**Academic Year 2022 - 23**



No :  
NIMHGH2023/  
05180Date :  
11/05/2023

Name and Address of Applicant : Kavitha Reddy Gade  
 Purpose(Requested) : PESIMSR, KUPPAM chittoor district Andhra Pradesh, 517425, Andhra Pradesh, India  
 Type of Request : Training  
 Request Number : Individual  
 Request Number : NIMHGH2023/ 05180  
 Contact Number : 9309977429  
 Email Id : kavithagade95@gmail.com

## Permission Details

No. of Candidates(Requested)	2
No. of Candidates(Permitted)	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
Kavitha Reddy Gade	16/08/2023 to 31/08/2023	01/01/2001 to 01/01/2001	Rejected - Slot is full	Neuropathology
Kavitha Reddy Gade	01/08/2023 to 15/08/2023	01/08/2023 to 15/08/2023	Accepted	Neuropathology

Fee Details : Rs. 10,000/- per month per trainee

## Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

## Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

## NOTE:

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.  
 The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, training would not be imparted.  
 In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees,



# National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029

## External Training

Academic and Evaluation Section

Application No. : NIMHANS/2023/ 10938  
 Name and Address of Applicant : Dr. Vaddavalli vidhya dhari  
 : PESIMSR, kuppam, Pes pg hostel, kuppam, Andhra Pradesh, India  
 Purpose : Training  
 Contact Number : 9392640122  
 Email Id : vidhyavaddavalli994@gmail.com  
 Type of Request : Individual

Name of applicants	Duration From	Duration to	Department
Dr. Vaddavalli vidhya dhari	01/08/2023	15/08/2023	Neuropathology

I certify that the above Information is true and correct

Vidhya Dhari  
 Signature of the Applicant

*[Signature]*  
 PROFESSOR & H.O.D.  
 DEPARTMENT OF PATHOLOGICAL ANATOMY  
 PESIMSR  
 KUPPAM - 517 425 A.P.

### Steps to be followed:

- The applicant has to -
1. Take a print out of this application.
  2. Get signature and seal of the HOD/ Head of the Institute.
  3. Upload the scanned copy of the signed Application in upload portal. (in PDF format only)

### Note:

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.



# National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029.

## External Training

Academic and Evaluation Section



No :  
NIMHGH2023/  
05018

Date :  
31/03/2023

Name and Address of Applicant : Dr Ramya kumari.G  
: Pes medical college ,Kuppam, andhrapradesh,517425,Andhra Pradesh,  
India  
Purpose(Requested) : Training  
Type of Request : Individual  
Request Number : NIMHGH2023/ 05018  
Contact Number : 7306166320  
Email Id : beingramya753@gmail.com

### Permission Details

No. of Candidates(Requested)	1
<b>No. of Candidates(Permitted)</b>	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
Dr Ramya kumari.G	01/04/2023 to 15/04/2023	01/04/2023 to 15/04/2023	Accepted	Neuropathology

**Fee Details** : Rs.10,000/- per month per trainee

### Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

### Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. **Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.**

**NOTE:**

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting. [Print this page](#)  
The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, [Cancel](#) training would not be imparted.

In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the concerned departments, for further needful.

[Click here to access SB Collect for online payment of the Training/observership/visiting fee.](#)

**Assistant Administrative Officer (A&E)**

\*\* This is a Computer generated copy. No need of Signature. \*\*

\*\* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) or COVID Vaccination report to be provided on the day of joining.

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National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029.

External Training

Academic and Evaluation Section



No :  
NIMHGH2023/  
05401

Date :  
31/03/2023

Name and Address of Applicant : B LAVANYA  
: JAYARAMIREDDY BUILDING NEAR NARESH SUPER MARKET ,OPP TO  
PESIMSR KUPPAM 517425,Andhra Pradesh, India

Purpose(Requested) : Training

Type of Request : Individual

Request Number : NIMHGH2023/ 05401

Contact Number : 7349109763

Email Id : karteekv89@gmail.com

Permission Details

No. of Candidates(Requested)	1
No. of Candidates(Permitted)	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
B LAVANYA	01/04/2023 to 15/04/2023	01/04/2023 to 15/04/2023	Accepted	Neuropathology

Fee Details : Rs.10,000/- per month per trainee

Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. **Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.**

NOTE:

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that

*all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.*

*The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, training would not be imparted.*

*In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld. On arrival, the trainees must contact the concerned departments, for further needful.*

[Click here to access SB Collect for online payment of the Training/observership/visiting fee.](#)

**Assistant Administrative Officer (A&E)**

**\*\* This is a Computer generated copy. No need of Signature. \*\***

**\*\* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) or COVID Vaccination report to be provided on the day of joining.**

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**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref: PESIMSR/ESTAB/203/2023-24

Date : 05.06.2023

**ORDER**

**(PHASE-II - DISTRICT RESIDENCY PROGRAMME)**

In continuation of letter dated 02.06.2023 from the District Coordinator of Hospital Services, Chittoor, Tirupathi and Annamayya Districts, the following students of II year Postgraduates are posted to phase-II District Residency Programme w.e.f. 06.06.2023.

Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
1	MD - General Medicine	KANDULA VENKATA SAI RAGHAVENDRA	CHC, V.Kota	<i>Only</i>
2	MD - General Medicine	V SAI NIKHILESHWAR	CHC, V.Kota	<i>V.Sai Nikhileshwar</i>
3	MD - General Medicine	ANNAPAREDDY BHUVAN CHANDRA	AH, Kuppam	<i>Bhuvan</i>
4	MD - DVL	PRIYANKA K C	AH, Kuppam	<i>KC Priyanka</i>
5	MD - DVL	BALLA PREETHI	AH, Nagari	<i>Preethi</i>
6	MD - Paediatrics	PULI SUDEEPTI	AH, Kuppam	<i>Sudeepti Puli</i>
7	MD - Paediatrics	TEERUPATI.PRASUNA YADAV	CHC, V.Kota	<i>Prasuna</i>
8	MS - General Surgery	N R REDDY HEMANTH	AH, Srikalahasti	<i>Hemant</i>
9	MS - General Surgery	GONA BHAGYA LALITHA	AH, Kuppam	<i>Bhagya Lalitha</i>
10	MS - General Surgery	B PRANATHI	AH, Srikalahasti	<i>Pranathi</i>
11	MS - General Surgery	G SREEMEENU	AH, Nagari	<i>G. Sreemeenu</i>
12	MS - Orthopaedics	S MD SALAUDDIN	AH, Kuppam	<i>S. Md Salauddin</i>
13	MS - Orthopaedics	PAPAKUNNA POOJITHA	AH, Srikalahasti	<i>Poojitha</i>
14	MS - Orthopaedics	J M VYSHNAVI	AH, Piler	<i>J.M. Vyshnavi</i>
15	MD/MS - Ophthalmology	GAJJALA MANASA REDDY	AH, Kuppam	<i>Manasa</i>
16	MS - ENT	POLI POOJITHA	AH, Kuppam	<i>P. Poojitha</i>
17	MS - ENT	CLINTON ROY	AH, Kuppam	<i>Clinton Roy</i>
18	MD/MS - OBG	PASUMARTHI MOUNICA	AH, Eluru	<i>P. Mounica</i>
19	MD/MS - OBG	BAVIGADDA CHANDRIKA	AH, Guntakal	<i>B. Chandrika</i>
20	MD/MS - OBG	J VENNELA	AH, Tadipathi	<i>J. Vennela</i>
21	MD - Anaesthesiology	SADAM HARI PRIYA	AH, Srikalahasti	<i>Sadam Hari Priya</i>
22	MD - Pathology	B LAVANYA	DH, Madanapalli	<i>B. Lavanya</i>
23	MD - SPM	G USHARANI	AH, Kuppam	<i>G. Usha Rani</i>



*Arav*  
**DEAN & PRINCIPAL**  
PES Institute of Medical Science & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

CC to: MD/AMBY Medical Superintendent/Vice Principal/Concern HoDs, Concern Students WhatsApp Groups / No. Officer- DRP, PESIMSR/ O/c

# P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH

KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref: PESIMSR/ESTABL/ 454 / 2022-23

01.03.2023

## CIRCULAR

As per telephonic communication from the Principal, S.V. Medical College, Tirupati, the following 3 year postgraduate students are hereby directed to attend a meeting at 10.00 am tomorrow i.e., on 02.03.2023 at SV Medical College, Tirupati for counseling and further postings for District Residency Programme (DRP).

Sl No	Name of the Dept	Name of Postgraduate	Remarks
1	MD - General Medicine	J.T.V.KRISHNA RAVAN KUMAR	✓ Kuppam
2	MD - General Medicine	'DIMADAKALA SAJ' PREETHI	✓ - Kuppam
3	MD - Psychiatry	TAMILCHELVAN SHALINI	✓ - Pala.
4	MD - DVL	G BHANU PRAKASH	X
5	MD - DVL	VARSHA S	X
6	MD - Paediatrics	SAJJA CHENCHU ROOPA DEVI	✓ - Pala.
7	MS - General Surgery	A.POOJA	✓ - Pala.
8	MS - General Surgery	ARJUNKARTHIK M V	✓ - Kuppam
9	MS - Orthopaedics	SHESHACHALA S	✓ - Pala.
10	MS - ENT	RAVIPATI HARIKA	✓ - Pala.
11	MD - Anaesthesiology	VIGHNAJIT G L	✓ - Pala.
12	MD - Radio Diagnosis	SHAIK SHAFREEN	X
13	MD - Radio Diagnosis	KODURU HIMA BINDU	X

The concern HoDs are hereby requested to kindly permit them for the same.

Cc:

MD/AMD

Principal, SV Medical College, Tirupati

Medical Superintendent, PESIMSR

Concern HoDs of PESIMSR

Nodal Officer, DRP, PESIMSR

Concern Student's WhatsApp Groups of PESIMSR

O/s

DEAN & PRINCIPAL

*[Handwritten Signature]*

DEAN & PRINCIPAL  
P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.



1

# ANDHRA PRADESH MEDICAL COUNCIL

2nd Floor, Dr. Y.S.R. University of Health Sciences, VIJAYAWADA - 520 008, A.P.

E-mail : contact@apmedicalcouncil.in Website : apmc.ap.gov.in

Ph : 0866-2455280, 2455281

**Dr. B.S. SIVA REDDY, M.Ch., (Neuro Surgery)**  
CHAIRMAN

**Dr. I. RAMESH**  
REGISTRAR

**Letter No. APMC/FMGs/1392/JRA/2023; dated 19-05-2023**

To  
The Principals  
Of all the Medical Colleges in the Andhra Pradesh State.  
(with the individual list of FMGs allotted to the College)

Sir / Madam,

**Sub:** APMS - Foreign Medical Graduates – Posting of the FMGs for Internship to your Medical College – List of the FMGs allotted to your Medical College – Intimation – Regarding.

**Ref:** 1) The Regulations issued by the NMC vide. Notification No. UGMEB/NMC/Rules & Regulations/2021 dated 18-11-2021 i.e. the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, and the National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.

2) From the National Medical Commission Undergraduate Medical Education Board Circular No.U.15024/01/2022-UGMEB, dated 19th May, 2022.

3) From the National Medical Commission Undergraduate Medical Education Board Notification No.U.15024/17/2022-UGMEB/026177, dated 14th July, 2022.

4) From the National Medical Commission Undergraduate Medical Education Board Public Notice No. NMC/20659(Legal)/2022/UGMEB dated 28th July, 2022.

5) From the National Medical Commission Undergraduate Medical Education Board Notification No.U.15024/9/2023-UGMEB, dated 22nd Feb, 2023.

\*\*\*\*\*

On behalf of the Andhra Pradesh Medical Council, I am directed to inform you that the "Counseling" of the Foreign Medical Graduates, as per merit, has been successfully conducted by the Andhra Pradesh Medical Council on the 17th and 18th of May, 2023.

wef - 1/6/23  
to all  
affiliates  
1 of  
22/5/23

I am to enclose herewith the list of Foreign Medical Graduates allotted to your esteemed Institution for undergoing their Compulsory Rotating Medical Internship for ONE / TWO YEARS as per their eligibility, apropos to the Instructions issued by the NMC from time to time.

I request you to kindly admit these FMGs for undergoing their Compulsory Rotating Medical Internship in your Medical College and report compliance, to enable the Andhra Pradesh Medical Council to submit a report to the National Medical Commission, UGMEB in this regard, at the earliest.

With regards;

Yours faithfully,



*J. Nageswara*  
REGISTRAR  
REGISTRAR  
Andhra Pradesh Medical Council  
VIJAYAWADA-520 004.

**OFFICE OF THE DISTRICT CO.ORDINATOR OF HOSPITAL SERVICES TIRUPATI DISTRICT**

**Re.No.DRP/DCHS/TPT/2023**

**Dt: 02.06.2023**

**ORDERS**

Sub: APVVP-DCHS-Tirupati-DRP Programme- PG students allotted to certain APVVP Hospitals in Annamayya district for 03 months from the date of joining- Orders-issued.

Ref: NATIONAL MEDICAL COMMISSION POSTGRADUATE MEDICAL EDUCATION BOARD Preket 14, Sector 8, Dwarka, NEW DELHI.

\*\*\*\*\*

As per the reference cited that, PG (2 year students are allotted for three months from the date of joining to APVVP Hospitals pertaining to Tirupati district / Chittoor district and Annamayya district under DRP (II phase) (list enclosed).

Hence, the concerned Principals / Deans are requested to relieve individuals on the AN of 06.06.2023 to work at their allotted APVVP Hospitals in Annamayya district.

All allotted DRP students are instructed to report before their allotted APVVP Hospitals Medical Superintendents and Medical Officers on the FN of 06.06.2023 without fail.

The Medical Superintendents and Medical Officers of Dist. Hospital Madanapalli, Area Hospital, Piler are instructed to admit individuals and send attendance to the Concerned Dean / principals on or before 10<sup>th</sup> of every month for drawl of their salary and enrolled their names in FRs portal of concerned APVVP Hospital.

**Encl: Students allotment list**

**T. Dawn**  
**DISTRICT CO-ORDINATOR**  
**OF HOSPITAL SERVICES**  
**ANNAMAYYA**  
**APVVP, RAYACHOTY,**  
**ANNAMAYYA DISTRICT**

To  
The Dean, SVIMS, Tirupati and Principals of S.V.Medical College, Tirupati / Apollo Medical College,  
Tirupati/ PES Medical College, Kuppam  
Copy to the Medical Superintendents of Dist Hospital, Madanapalli, Area Hospital, Piler  
Copy submitted to the DCHS Chittoor for kind information.  
Copy submitted to the Commissioner, A.P.Vaidya Vidhana Parishad, Vijaya

**OB**  
**5/6/23**

OFFICE OF THE DISTRICT COORDINATOR OF HOSPITAL SERVICES CHITTOOR DISTRICT

Re.No.DR/DC/HS/CTR/2023

Di: 02.05.2023

**ORDERS**

Sub: APVVP-DC/HS-Chittoor-DRP Programme- PG students allotted to certain APVVP Hospitals in Chittoor district for 03months from the date of joining. Orders-Issued

Ref: NATIONAL MEDICAL COMMISSION POSTGRADUATE MEDICAL EDUCATION BOARD Packet 14, Sector 8, Dwarka, NEW DELHI

\*\*\*\*\*

As per the reference cited that, PG 02 year students are allotted for three months from the date of joining to APVVP Hospitals pertaining to Chittoor district under DRP (II phase) (list enclosed)

Hence, the concerned Principals / Deans are requested to relieve individuals to work at their allotted APVVP hospitals in Chittoor district

The Medical Superintendents and Medical Officers of Area Hospitals, Kuppam, Nagari and Palamaner and Community Health Center, V.Kota are instructed to admit the individuals and send attendance to the Concerned Dean / principals on or before 10<sup>th</sup> of every month for drawl of their stipend.

Encl: Students allotment list

3/6  
3/6/23  
3/6/23  
3/6/23  
3/6/23

To  
The Principals of S.V Medical College, Tirupati / PES Medical College, Kuppam.  
Copy to the Medical Superintendents of AHs, Kuppam, Nagari and Palamaner CHC, V.Kota.  
Copy submitted to the Commissioner, A.P. Vaidya Vidhana Parishad, Vijayawada for favour of information.

5/6/23

**OFFICE OF THE DISTRICT CO.ORDINATOR OF HOSPITAL SERVICES TIRUPATI DISTRICT**

**Re.No.DRP/DCHS/TPT/2023**

**Dt: 02.06.2023**

**ORDERS**

Sub: APVVP-DCHS-Tirupati-DRP Programme- PG students allotted to certain APVVP Hospitals in Tirupati district for 03months from the date of joining- Orders-Issued.

Ref: NATIONAL MEDICAL COMMISSION POSTGRADUATE MEDICAL EDUCATION BOARD Pocket 14, Sector 8, Dwarka, NEW DELHI

\*\*\*\*\*

As per the reference cited that, PG 02 year students are allotted for three months from the date of joining to APVVP Hospitals pertaining to Tirupati district / Chittoor district and Annamayya district under DRP (II phase) (list enclosed).

Hence, the concerned Principals / Deans are requested to relieve individuals on the AN of 05.06.2023 to work at their allotted APVVP hospitals in Tirupati district.

All allotted DRP students are instructed to report before their allotted APVVP Hospitals Medical Superintendents and Medical Officers on the FN of 06.06.2023 without fail.

The Medical Superintendents and Medical Officers of Area Hospital and Community Health Centers, Chandragiri and Puttur are instructed to admit individuals and send attendance to the Concerned Dean / principals on or before 10<sup>th</sup> of every month for drawl of their stipend and enrolled their names in FRs portal of concerned APVVP Hospital.

  
The District Co-ordinator of  
Hospital Services  
Tirupati

To  
The Dean, SVIMS, Tirupati and Principals of S.V.Medical College, Tirupati / Apollo Medical College,  
Tirupati/ PES Medical College, Kuppam  
Copy to the Medical Superintendents of AH, Srikalahasti, CHC, Chandragiri, Puttur.  
Copy submitted to the Commissioner, A.P.Vaidya Vidhana Parishad, Vijaya

68  
5/6/23

No :  
NIMHGH2023/  
05180Date :  
11/05/2023

Name and Address of Applicant : Kavitha Reddy Gade  
 Purpose(Requested) : PESIMSR, KUPPAM chittoor district Andhra Pradesh, 517425, Andhra Pradesh, India  
 Type of Request : Training  
 Request Number : Individual  
 Request Number : NIMHGH2023/ 05180  
 Contact Number : 9309977429  
 Email Id : kavithagade95@gmail.com

## Permission Details

No. of Candidates(Requested)	2
No. of Candidates(Permitted)	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
Kavitha Reddy Gade	16/08/2023 to 31/08/2023	01/01/2001 to 01/01/2001	Rejected - Slot is full	Neuropathology
Kavitha Reddy Gade	01/08/2023 to 15/08/2023	01/08/2023 to 15/08/2023	Accepted	Neuropathology

Fee Details : Rs. 10,000/- per month per trainee

## Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

## Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

## NOTE:

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.  
 The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, training would not be imparted.  
 In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees,



National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029.

External Training

Academic and Evaluation Section

Save Paper  
Save Trees

No :  
NIMHGH2023/  
05401

Date :  
31/03/2023

Name and Address of Applicant : B LAVANYA  
: JAYARAMIREDDY BUILDING NEAR NARESH SUPER MARKET ,OPP TO  
PESIMSR KUPPAM 517425,Andhra Pradesh, India

Purpose(Requested) : Training

Type of Request : Individual

Request Number : NIMHGH2023/ 05401

Contact Number : 7349109763

Email Id : karteekv89@gmail.com

Permission Details

No. of Candidates(Requested)	1
No. of Candidates(Permitted)	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
B LAVANYA	01/04/2023 to 15/04/2023	01/04/2023 to 15/04/2023	Accepted	Neuropathology

Fee Details : Rs.10,000/- per month per trainee

Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. **Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.**

NOTE:

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that

*all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.*

*The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, training would not be imparted.*

*In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld. On arrival, the trainees must contact the concerned departments, for further needful.*

[Click here to access SB Collect for online payment of the Training/observership/visiting fee.](#)

**Assistant Administrative Officer (A&E)**

**\*\* This is a Computer generated copy. No need of Signature. \*\***

**\*\* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) or COVID Vaccination report to be provided on the day of joining.**

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# National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029.

## External Training

Academic and Evaluation Section



No :  
NIMHGH2023/  
05018

Date :  
31/03/2023

Name and Address of Applicant : Dr Ramya kumari.G  
: Pes medical college ,Kuppam, andhrapradesh,517425,Andhra Pradesh,  
India  
Purpose(Requested) : Training  
Type of Request : Individual  
Request Number : NIMHGH2023/ 05018  
Contact Number : 7306166320  
Email Id : beingramya753@gmail.com

### Permission Details

No. of Candidates(Requested)	1
<b>No. of Candidates(Permitted)</b>	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
Dr Ramya kumari.G	01/04/2023 to 15/04/2023	01/04/2023 to 15/04/2023	Accepted	Neuropathology

**Fee Details** : Rs.10,000/- per month per trainee

### Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

### Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. **Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.**

**NOTE:**

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting. [Print this page](#)  
The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, [Cancel](#) training would not be imparted.

In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the concerned departments, for further needful.

[Click here to access SB Collect for online payment of the Training/observership/visiting fee.](#)

**Assistant Administrative Officer (A&E)**

\*\* This is a Computer generated copy. No need of Signature. \*\*

\*\* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) or COVID Vaccination report to be provided on the day of joining.

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# National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029

## External Training

Academic and Evaluation Section

Application No. : NIMHANS/2023/ 10938  
 Name and Address of Applicant : Dr. Vaddavalli vidhya dhari  
 PESIMSR, kuppam, Pes pg hostel, kuppam, Andhra Pradesh, India  
 Purpose : Training  
 Contact Number : 9392640122  
 Email Id : vidhyavaddavalli994@gmail.com  
 Type of Request : Individual

Name of applicants	Duration From	Duration to	Department
Dr. Vaddavalli vidhya dhari	01/08/2023	15/08/2023	Neuropathology

I certify that the above Information is true and correct

Vidhya Dhari  
 Signature of the Applicant

*[Signature]*  
 PROFESSOR & H.O.D.  
 DEPARTMENT OF PATHOLOGICAL ANATOMY  
 PESIMSR  
 KUPPAM - 517 425 A.P.  
 15/08/2023

### Steps to be followed:

- The applicant has to -
1. Take a print out of this application.
  2. Get signature and seal of the HOD/ Head of the Institute.
  3. Upload the scanned copy of the signed Application in upload portal. (in PDF format only)

### Note:

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

Serial No: 20834  
Purchased By :  
SURESH.K  
S/O KRISHNAMURTHY  
PESIMSR CAMPUS

Denomination: 100  
For  
\*\*SELF\*\*

Date 14-11-2022

Sub Registrar  
Ex. Office Stamp Vendor  
SRO Kuppam

DC 844737  
DC 844737

## Memorandum of Understanding

This Memorandum of Understanding (the "MoU") is made as of the 25<sup>th</sup> day of May 2023 and between.

M/s. PES Institute of Medical Sciences & Research, Hospital, represented by Dr. Suresh. K, its Medical Director and having its registered head office at 50 feet road, Hanumantha Nagar, Bangalore-560019, and its PESIMSR is situated in the premises of PESIMSR campus, Beggilapalli Revenue village, Gudupalli Mandal, Kuppam- 517425, Chittoor Dt., AP, herein after called the "PESIMSR" (Which expression unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the ONE PART.

Dr. Suresh, MD., FRCP(UK), FACC(USA)  
Medical Director  
PES Institute of Medical Science & Research  
Kuppam-517 425, Chittoor Dist, A.P.

Medical Superintendent  
P.L. Jeyappa Hospital & Research Centre  
Taramata, Kolar-563103.

## 1. Definitions

The following terms shall unless the context otherwise requires, have the meaning ascribed to them below

1	CT	Computed Tomography
2	MRI	Magnetic Resonance Imaging
3	CTPA	Computed Tomography Pulmonary Angiography
4	HRCT	High Resolution Computed Tomography
5	KUB	Kidney, Ureter, Bladder
6	USG	Ultrasonography
7	CDI	Color Doppler Imaging
8	TIFFA	Targeted Imaging for Fetal Anomalies
9	MRA	Magnetic Resonance Angiography
10	MRV	Magnetic Resonance Venography
11	AP; TR; CC	Anteroposterior; Transverse; Cranio-caudal

## 2. Responsibilities

- a) Department of Radio diagnosis, PES IMSR shall select imaging studies from their database from all the modalities.
- b) Department of Radio diagnosis, PES IMSR shall forward the selected imaging Studies to RLJH & RC for their interpretation and reporting.
- c) Department of Radio diagnosis, PESIMSR shall perform the radiological investigation and finalize the reports before sending the imaging studies to RLJH & RC.
- d) Department of Radio diagnosis, PESIMSR shall be responsible for delivering proper patient credentials, history and imaging studies to RLJH & RC.
- e) Department of Radio diagnosis, PESIMSR shall supply to RLJH & RC for documentation purpose, a copy of its valid AERB license.
- f) Department of Radio diagnosis, PESIMSR warrants that the imaging studies to be supplied to RLJH on a quarterly basis.
- g) Department of Radio diagnosis, PESIMSR shall be responsible to provide the


**And**

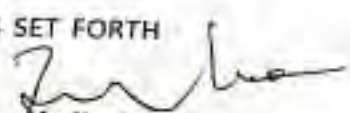
M/s R.L. Jalappa Hospital & Research Center, represented by its Medical superintendent, attached to Sri Devaraj Urs Medical College, a constituent college of Sri Devaraj Urs Academy of Higher Education and Research with its office at Tamaka, Kolar, Karnataka-563101, (hereinafter referred to as "RLJH & RC (Which expression, unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the ONE PART.

**WHEREAS:**

- A. Department of Radio diagnosis in PESIMSR has represented to RLJH & RC that Department of Radio diagnosis, PESIMSR is managed by PES Society, PES IMSR Campus, Beggilapalli Revenue village, Gudupalli Mandal, Kuppam-517425, Chittoor Dt., AP
- B. Department of Radio diagnosis, PESIMSR has represented to PESIMSR that they possess expertise, adequate resources, manpower and infrastructure in performing and reporting Radiological investigations including X-rays, fluoroscopic procedures, Ultrasound, CT (Computed Tomography) and MRI (Magnetic Resonance Imaging).
- C. Department of Radio diagnosis, PESIMSR also possesses expertise and adequate in resources, manpower & infrastructure in performing the above mentioned Radiological investigations.
- D. PES IMSR Radio diagnosis department will select reported cases among all the above mentioned modalities and forward it to RLJH & RC for their interpretation and reporting on a quarterly basis. Any differences/deficiencies in the interpretation and reporting will be evaluated, discussed and accordingly utilized to improve the quality of Radiological reports in PES IMSR Radio diagnosis department.
- E. Based on the representations made by PESMSR Radio diagnosis department, RLJH & RC's Radio diagnosis has agreed to receive and report PES IMSR imaging studies on the terms & conditions as listed here under.

IN CONSIDERATION OF THE COVENANTS AND CONDITIONS SET FORTH  
HEREIN, THE PARTIES AGREE TO THE FOLLOWING:

  
Dr. Suresh, MB, FRCP(UK), FACC(USA)  
Medical Director  
PES Institute of Medical Science & Research  
Village: 517 425 Chittoor Dist., A.P.

  
Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.

## 7. Intellectual Property Rights.

All rights to inventions or discoveries arising from imaging studies supplied by Radio diagnosis, PESIMSR to RLJH & RC shall solely vest with RLJH & RC.

## 8. Term:

This Agreement shall commence on the date of signing by both the parties & shall continue for a period the **Five Years** from the Effective Date, until terminated by either parties giving not less than two (2) months' notice in writing without assigning any reason thereof. The parties have the option to extend the Agreement at terms mutually agreed upon by both the parties.

## 9. Increment:

No expenses to be incurred.

## 10. Termination:

Either party may terminate this Agreement by giving a prior notice of two months to the other party without giving any reasons whatsoever.

## 11. Amendments


Any amendments or modifications of this Agreement may only be made upon mutual consent and must be made in writing.


## 12. Arbitration

In case, any dispute or difference arises at any time between the parties hereto as to the construction, meaning or effect of this Agreement or any clause or matter herein contained, the same shall be referred to the arbitration in accordance with the Indian Arbitration & Conciliation Act, 1996 or any statutory modification or enactment thereof for the time being in force. The Arbitration will be held in Bangalore, India

## 13. Governing Law & Jurisdiction

This Agreement shall be governed by and construed in accordance with Indian Law. It is mutually agreed by and between the parties hereto that only an appropriate court of jurisdiction shall be entitled to entertain and try any disputes arising of or in connection with the Arbitration under Article 14 hereto.

  
Dr. Suresh M.K. FRCP(UK), FACC(USA)  
Medical Director  
PES Institute of Medical Science & Research  
Kuppam-517 425, Chittoor Dist, A.P.

  
Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.

list of imaging studies supplied.

- h) Department of Radio diagnosis, PESIMSR shall supply imaging studies for interpretation and reporting exclusively to RLJH & RC during the term of the Agreement.

### 3. Financial Arrangements;

- a) No expenses to be incurred.

### 4. Logistics

The imaging studies will be delivered via e-mail/films with reports from Department of Radio diagnosis, PESIMSR to Department of Radio diagnosis, RLJH & RC on a quarterly basis for reporting.

### 5. Representations and Warranties by Radio diagnosis, PESIMSR

- a) Radio diagnosis, PESIMSR, is a valid and subsisting duly by NMC and accredited by the NABH and is not extinguished either by the Settler or by any other statutory authority.
- b) Radio diagnosis, PESIMSR is entitled and has authority to enter in to this Agreement.
- c) Radio diagnosis, PESIMSR has not done anything or omitted to the anything which would in any manner affect or prejudice the rights and obligations of PESIMSR under this Agreement.
- d) Radio diagnosis, PESIMSR has obtained all the necessary permissions from the authorities concerning as are required from entering this agreement.
- e) If terms & conditions are revised during the term of this agreement both parties will agree to all revisions prior to implementation.
- f) Imaging studies provided to RLJH & RC hereunder are not Adulterated/misbranded/manipulated by any means.

### 6. General Provisions

- a) All imaging studies shall be accompanied by the following a) Patient credentials and clinical history
- b) List on PESIMSR letter head duly signed by the authorized person.
- c) RLJH & RC is entitled to refuse to report cases with suboptimal image quality. In case of discrepancy between the imaging studies received and the list of studies provided by PESIMSR, RLJH & RC shall inform PESIMSR for that and Radio diagnosis. PESIMSR would entitle to give clarification for this.

## 14. Notices

All notices in context of this Agreement will be served to the following persons as per the address detailed.

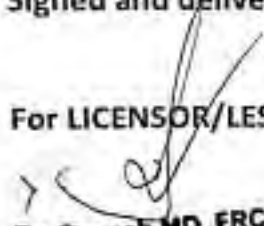
## 15. Quality Assurance:

- After reporting of cases by PESIMSR, the final reports by both RLJH & RC and PESIMSR will be compared, analyzed and evaluated as a part of this external quality assurance programme initiative to help in improvement of quality of reports.
- If any deficiencies, it will be clarified and/or rectify by both the parties (PESIMSR & RLJH & RC)

IN WITNESS WHEREOF, by the signature of the parties this Memorandum of Understanding is made effective on 10.06.2023

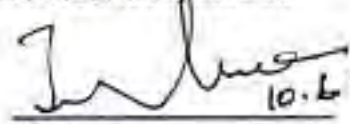
Signed and delivered by the within named:

For LICENSOR/LESSOR

  
Dr. Suresh M. Sridhar Murthy,  
Medical Director,  
PES Institute of Medical Science & Research  
Medical Director,  
Kuppam-517425, Chittoor Dist, A.P.

PESIMSR, Kuppam-517425, AP

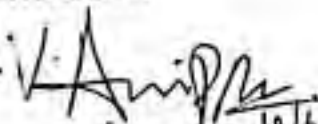
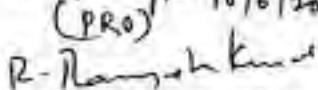
For LICENSEE/LESSEE

  
10.6.23  
Medical Superintendent  
R.L. Medical Superintendent  
Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.

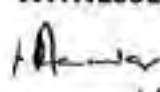
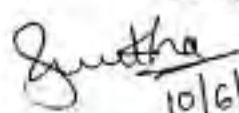
R.L. Jalappa Hospital & Research Centre

Tamaka, Kolar

WITNESSES:

1.   
(PRO) 10/6/2023
2.   
PROFESSOR & HOD  
DEPT OF RADIO-DIAGNOSIS  
PES INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM-517425 CHITTOOR DIST. A.P.

WITNESSES:

1.   
10.6.23  
Prof. & HOD  
Dept. of Radiodiagnosis  
Sri Devara Urs Medical College  
Tamaka, Kolar-563101.
2.   
10/6/23  
Quality Department  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.




And

M/s. PES Institute of Medical Sciences & Research, Hospital, represented by Dr. Suresh. K, its Medical Director and having its registered head office at 50 feet road, Hanumantha Nagar, Bangalore-560019, and its PESIMSR is situated in the premises of PESIMSR campus, Beggilapalli Revenue village, Gudupalli Mandal, Kuppam- 517425, Chittoor Dt., AP, herein after called the "PESIMSR" (Which expression unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the SECOND PART.

**WHEREAS:**

- A. Department of Radio diagnosis in RLJH & RC has represented to PESIMSR that Department of Radio diagnosis, RLJH & RC is a constituent college of Sri Devaraj Urs Academy of Higher Education and Research with its office at Tamaka, Kolar, Karnataka-563101.
- B. Department of Radio diagnosis, RLJH & RC has represented to RLJH & RC that they possess expertise, adequate resources, manpower and infrastructure in performing and reporting Radiological investigations including X-rays, fluoroscopic procedures, Ultrasound, CT (Computed Tomography) and MRI (Magnetic Resonance Imaging).
- C. Department of Radio diagnosis, RLJH & RC also possesses expertise and adequate in resources, manpower & infrastructure in performing the above mentioned Radiological investigations.
- D. RLJH & RC Radio diagnosis department will select reported cases among all the above mentioned modalities and forward it to PESIMSR for their interpretation and reporting on a quarterly basis. Any differences/deficiencies in the interpretation and reporting will be evaluated, discussed and accordingly utilized to improve the quality of Radiological reports in RLJH & RC Radio diagnosis department.
- E. Based on the representations made by RLJH & RC Radio diagnosis department, PESIMSR's Radio diagnosis has agreed to receive and report RLJH & RC imaging studies on the terms & conditions as listed here under.

  
Dr. Suresh, MD, FRCP(UK), FACC(USA)  
Medical Director  
PES Institute of Medical Science & Research  
Kuppam-517 425, Chittoor Dist. A.P.

IN CONSIDERATION OF THE COVENANTS AND CONDITIONS SET FORTH HEREIN, THE PARTIES AGREE TO THE FOLLOWING:

**1. Definitions**

The following terms shall unless the context otherwise requires, have the meaning ascribed to them below

1	CT	Computed Tomography
2	MRI	Magnetic Resonance Imaging
3	CTPA	Computed Tomography Pulmonary Angiography
4	HRCT	High Resolution Computed Tomography
5	KUB	Kidney, Ureter, Bladder
6	USG	Ultrasonography
7	CDI	Color Doppler Imaging
8	TIFFA	Targeted Imaging for Fetal Anomalies
9	MRA	Magnetic Resonance Angiography
10	MRV	Magnetic Resonance Venography
11	AP; TR; CC	Anteroposterior; Transverse; Cranio-caudal

**2. Responsibilities**

- a) Department of Radio diagnosis, RLJH & RC shall select imaging studies from their database from all the modalities.
- b) Department of Radio diagnosis, RLJH & RC shall forward the selected imaging studies to PESIMSR for their interpretation and reporting.
- c) Department of Radio diagnosis, RLJH & RC shall perform the radiological investigation and finalize the reports before sending the imaging studies to PESIMSR.
- d) Department of Radio diagnosis, RLJH & RC shall be responsible for delivering proper patient credentials, history and imaging studies to PESIMSR.
- e) Department of Radio diagnosis, RLJH & RC shall supply to PESIMSR or documentation purpose, a copy of its valid AERB license.
- f) Department of Radio diagnosis, RLJH & RC warrants that the imaging studies to be supplied to PESIMSR on a quarterly basis.

X

Dr. Suresh, MD, EBCCP(UK), FACC(USA)  
Medical Director

**7. Intellectual Property Rights.**

All rights to inventions or discoveries arising from imaging studies supplied by Radio diagnosis, RLJH & RC to PESIMSR shall solely vest with PESIMSR.

**8. Term:**

This Agreement shall commence on the date of signing by both the parties & shall continue for a period the **Five Years** from the Effective Date, until terminated by either parties giving not less than two (2) months' notice in writing without assigning any reason thereof. The parties have the option to extend the Agreement at terms mutually agreed upon by both the parties.

**9. Increment:**

No expenses to be incurred.

**10. Termination:**

Either party may terminate this Agreement by giving a prior notice of two months to the other party without giving any reasons whatsoever.

**11. Amendments**


Any amendments or modifications of this Agreement may only be made upon mutual consent and must be made in writing.

**12. Arbitration**

In case, any dispute or difference arises at any time between the parties hereto as to the construction, meaning or effect of this Agreement or any clause or matter herein contained, the same shall be referred to the arbitration in accordance with the Indian Arbitration & Conciliation Act, 1996 or any statutory modification or enactment thereof for the time being in force. The Arbitration will be held in Kolar, Karnataka, India

**13. Governing Law & Jurisdiction**

This Agreement shall be governed by and construed in accordance with Indian Law. It is mutually agreed by and between the parties hereto that only an appropriate court of jurisdiction shall be entitled to entertain and try any disputes arising of or in connection with the Arbitration under Article 14 hereto.

  
Dr. Suresh MD, FRCP(UK), FACCH (re.),

- g) Department of Radio diagnosis, RLJH & RC shall be responsible to provide the list of imaging studies supplied.
- h) Department of Radio diagnosis, RLJH & RC shall supply imaging studies for Interpretation and reporting exclusively to PESIMSR during the term of the Agreement.

**3. Financial Arrangements;**

- a) No expenses to be incurred.

**4. Logistics**

The imaging studies will be delivered via e-mail/films with reports from Department of Radio diagnosis, RLJH & RC to Department of Radio diagnosis, PESIMSR on a quarterly basis for reporting.

**5. Representations and Warranties by Radio diagnosis, PESIMSR**

- a) Radio diagnosis, RLJH & RC, is a valid and subsisting duly by NMC and accredited by the NABH and is not extinguished either by the Settler or by any other statutory authority.
- b) Radio diagnosis, RLJH & RC is entitled and has authority to enter in to this Agreement.
- c) Radio diagnosis, RLJH & RC has not done anything or omitted to the anything which would in any manner affects or prejudice the rights and obligations of RLJH & RC under this Agreement.
- d) Radio diagnosis, RLJH & RC has obtained all the necessary permissions from the authorities concerning as are required from entering this agreement.
- e) If terms & conditions are revised during the term of this agreement both parties will agree to all revisions prior to implementation.
- f) Imaging studies provided to PESIMSR hereunder are not Adulterated/ misbranded/ manipulated by any means.

**6. General Provisions**

- a) All imaging studies shall be accompanied by the following a) Patient credentials and clinical history
- b) List on RLJH & RC letter head duly signed by the authorized person.
- c) PESIMSR is entitled to refuse to report cases with suboptimal image quality. In case of discrepancy between the imaging studies received and the list of studies provided by RLJH & RC, PESIMSR shall inform RLJH & RC for that and Radio diagnosis. RLJH & RC would entitle to give clarification for this.

X

4  
Dr. Suresh.M.D., FRCR(UK), FACC(USA)  
Medical Director

**14. Notices**

All notices in context of this Agreement will be served to the following persons as per the address detailed.

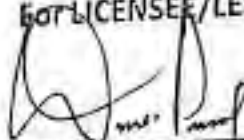
**15. Quality Assurance:**

- ☐ After reporting of cases by RLJH & RC, the final reports by both PESIMSR and RLJH & RC will be compared, analyzed and evaluated as a part of this external quality assurance programme initiative to help in improvement of quality of reports.
- ☐ If any deficiencies, it will be clarified and/or rectify by both the parties (RLJH & RC & PESIMSR)

IN WITNESS WHEREOF, by the signature of the parties this Memorandum of Understanding is made effective on 12<sup>th</sup> June 2023

Signed and delivered by the within named:

For LICENSEE/LESSEE



Dr.D.V.L.N Prasad 14/06/2023  
Registrar, SDUAHER  
Tamaka, Kolar-563103

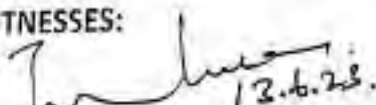
For LICENSOR/LESSOR

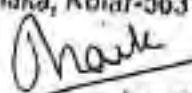


Dr. Suresh Krishnamurthy,  
Medical Director,  
PESIMSR, Kuppam-517425, AP

Dr. Suresh, MD., FRCP(UK), FACC(USA)  
Medical Director  
PES Institute of Medical Science & Research  
Kuppam-517425, Chittoor Dist, A.P.

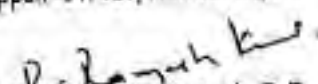
WITNESSES:

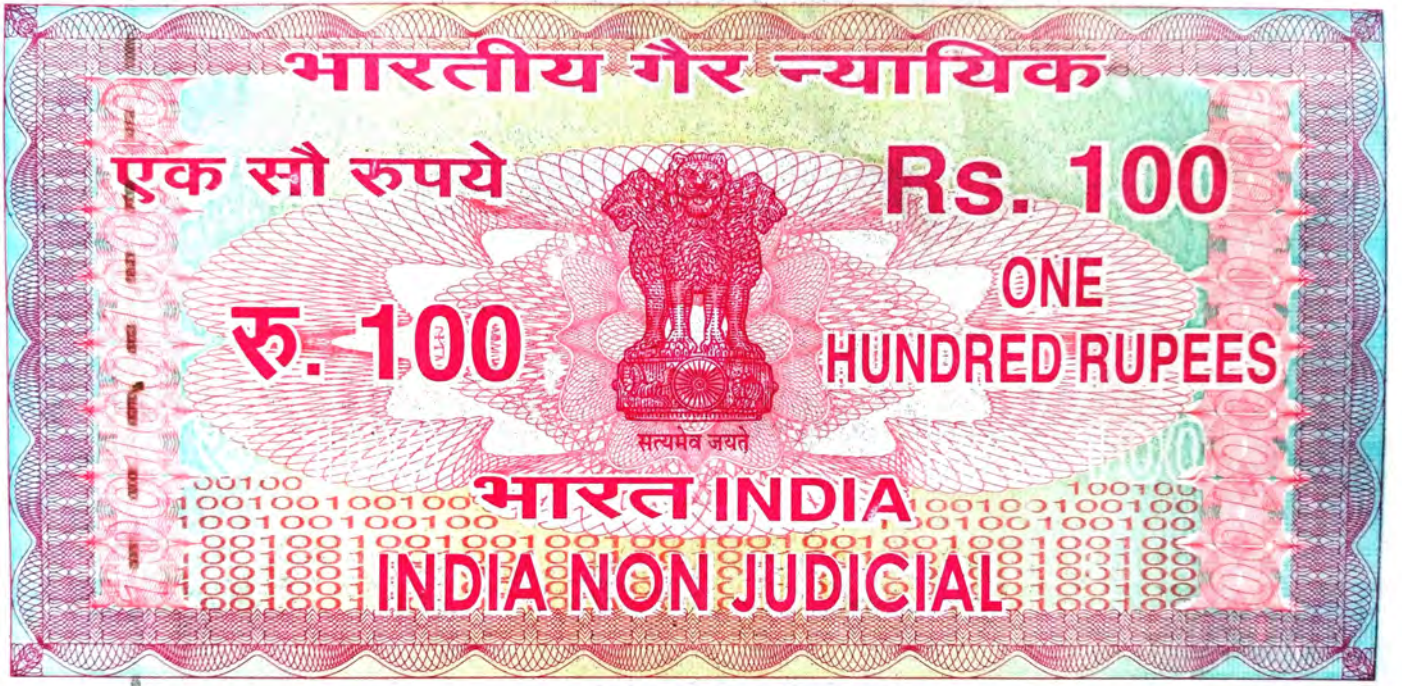
1.  13.6.23.  
Medical Superintendent  
R.L. Jalappa Hospital & Research Centre  
Tamaka, Kolar-563103.

2.  13/06/2023  
Prof. & HOD  
Dept. of Radiodiagnosis  
Sri Devaraj Urs Medical College  
Tamaka, Kolar-563103.

WITNESSES:

1.   
MEDICAL SUPERINTENDENT  
PES Institute of Medical Science & Research  
Kuppam-517425, Chittoor Dt, A.P.

2.   
PROFESSOR & HOD  
DEPT. OF RADIO DIAGNOSIS  
PES INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM-517425 CHITTOOR DIST. A.P.



ఆంధ్ర ప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

CX 155918

Serial No:6281  
Purchased By :  
Dr. H.R. KRISHNA RAO  
PES IMSR,  
KUPPAM, CHITTOOR, A.P

Denomination: 100

Date :21.04.2023

Stamp S. no CX 155918

For  
\*\*SELF\*\*

G. R. S.  
Sub Registrar  
Ex. Officio Stamp Vendor  
SRO Kuppam

## MEMORANDUM OF UNDERSTANDING (MOU)

Between

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

(Organization A)

and

Dr. Bhatia's Medical Coaching Institute

(Organization B)

### Preamble:

The purpose of this Memorandum of Understanding (MOU) is to clarify the expectations, roles, and responsibilities of the collaboration between our two organizations on NEET PG . This is not a legally binding agreement.

### Intent to Collaborate

It is the intent of the Parties to jointly collaborate on the implementation of the Project.

The Project has the following purpose:

- Provided online training and guidance for competitive examinations
- Career online and offline counseling



1

# ANDHRA PRADESH MEDICAL COUNCIL

2nd Floor, Dr. Y.S.R. University of Health Sciences, VIJAYAWADA - 520 008, A.P.

E-mail : contact@apmedicalcouncil.in Website : apmc.ap.gov.in

Ph : 0866-2455280, 2455281

**Dr. B.S. SIVA REDDY, M.Ch., (Neuro Surgery)**  
CHAIRMAN

**Dr. I. RAMESH**  
REGISTRAR

**Letter No. APMC/FMGs/1392/JRA/2023; dated 19-05-2023**

To

The Principals

Of all the Medical Colleges in the Andhra Pradesh State.

(with the individual list of FMGs allotted to the College)

Sir / Madam,

**Sub:** APMS - Foreign Medical Graduates – Posting of the FMGs for Internship to your Medical College – List of the FMGs allotted to your Medical College – Intimation – Regarding.

**Ref:** 1) The Regulations issued by the NMC vide. Notification No. UGMEB/NMC/Rules & Regulations/2021 dated 18-11-2021 i.e. the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, and the National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.

2) From the National Medical Commission Undergraduate Medical Education Board Circular No.U.15024/01/2022-UGMEB, dated 19th May, 2022.

3) From the National Medical Commission Undergraduate Medical Education Board Notification No.U.15024/17/2022-UGMEB/026177, dated 14th July, 2022.

4) From the National Medical Commission Undergraduate Medical Education Board Public Notice No. NMC/20659(Legal)/2022/UGMEB dated 28th July, 2022.

5) From the National Medical Commission Undergraduate Medical Education Board Notification No.U.15024/9/2023-UGMEB, dated 22nd Feb, 2023.

\*\*\*\*\*

On behalf of the Andhra Pradesh Medical Council, I am directed to inform you that the "Counseling" of the Foreign Medical Graduates, as per merit, has been successfully conducted by the Andhra Pradesh Medical Council on the 17th and 18th of May, 2023.

wef - 1/6/23  
to all  
affidavit  
1 of  
22/5/23

I am to enclose herewith the list of Foreign Medical Graduates allotted to your esteemed Institution for undergoing their Compulsory Rotating Medical Internship for ONE / TWO YEARS as per their eligibility, apropos to the Instructions issued by the NMC from time to time.

I request you to kindly admit these FMGs for undergoing their Compulsory Rotating Medical Internship in your Medical College and report compliance, to enable the Andhra Pradesh Medical Council to submit a report to the National Medical Commission, UGMEB in this regard, at the earliest.

With regards;

Yours faithfully,



*J. Nageswara*  
REGISTRAR  
REGISTRAR  
Andhra Pradesh Medical Council  
VIJAYAWADA-520 004.

**3.5.1: Average number of Collaborative activities for research, faculty exchange, student exchange/ Industry-internship etc. per year for the last five years**

**Total number of Collaborative activities for research, faculty exchange, student exchange**

**Academic Year 2021 - 22**





ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

CX 153133

Serial No:1621  
Purchased By :

Dr. H.R. Krishna Rao  
PES Institute of Medical Sciences &  
Research, Kuppam

Denomination: 100

For  
\*\*SELF\*\*

Date :20.05.2022

Stamp S. no CX 153133

Sub Registrar  
Ex. Offico Stamp Vendor  
SRO Kuppam

## MEMORANDUM OF UNDERSTANDING (MOU)

Between

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

(Organization A)

and

Dr. Bhatia's Medical Coaching Institute

(Organization B)

### Preamble:

The purpose of this Memorandum of Understanding (MOU) is to clarify the expectations, roles, and responsibilities of the collaboration between our two organizations on NEET PG . This is not a legally binding agreement.

### Intent to Collaborate

It is the intent of the Parties to jointly collaborate on the implementation of the Project.

The Project has the following purpose:

- Provided online training and guidance for competitive examinations
- Career online and offline counseling

**Timeline:**

- The overall project will take place between 01/06/2022 and 31/05/2023

The Project has the following key milestones

1. Complete the entire study material
2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
8. Develop an action plan for achieving goals
9. Identify potential obstacles and develop contingency plans
10. Make a final decision on a career path

**Roles and Responsibilities****Both organizations will:**

- Communicate as needed about the implementation and progress of the project

**Organization B will provide:**

- Training/orientation/counseling
- Online portal for the students

**Organization A will provide:**

- Lecture hall or library for Training/orientation
- Internet connection

**Coordination and Communication:**

Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

**Organization A -**

**Name:** Dr. H R Krishna Rao:  
**Phone:** 9391833752  
**Email:** pesmed2007@yahoo.com

**Organization B -**

**Name:** Dr. Bhatia's Medical Coaching Institute  
**Phone:** 099860 08632  
**Email:** dbmcibangalore1@gmail.com

**Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:


**Organization A:**

Organization Name: PES IMSR, Kuppam

Signature:  \_\_\_\_\_ Date: 23.05.2022

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  \_\_\_\_\_ Date: 23.05.2022



## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered on this 10th day of November 2021 at Bangalore by and between:

**ONCORE DIAGNOSTIS**, having its diagnostic centre at No. #69/1-1, Shankara Mutt Road, Shankarapuram Bangalore-560004. Hereinafter referred to as "**ONCORE**" which term shall mean and include the representatives, assignees and successors in office on the First part;

**AND**

**"P. E. S, Institute of Medical Science and Research.** having it's at, NH 219, kuppam Andhra Pradesh 517425. Hereinafter referred to as "**P. E. S.** Which term shall mean and include the representatives, assignees and Successors in office on the Second part.

**P. E. S.** and, shall be collectively referred to as "Parties" and individually as "Party" Whereas is a Company engaged in providing healthcare services.

Whereas ONCORE, which is an **NABL** accredited lab agree to undertake **IHC** Staining services to "**P. E. S**" for all their IHC Testing needs at mutually agreed terms and conditions as mentioned below:

### **1. Scope of services**

- a. **Only Formalin Fixed, Paraffin embedded tissue blocks will be accepted for IHC Staining.**
- b. **"P. E. S, Institute of Medical Science and Research" should use separate requisition form for different blocks.**
- c. **Depleted Specimen, specimen submitted with non-representative tissue type will not be accepted by ONCORE.**
- d. **Stained slides will be returned on Two working day if the blocks are submitted before 2pm**
- e. **Price/slide will be revised after one year from the date of this contract.**

2. **Term** The parties have intended to start this arrangement by a signing this memorandum of understanding (MOU) on mutually agreed terms and conditions as mentioned herein; and this MOU will remain in force until and unless terminated by either party as per termination clause (Clause-8).

DR. K. SURESH  
M D FRCP (H)  
PES Institute of  
Kuppam

MEDICAL SUPERINTENDENT





**3. Payment and discount terms**

- a) "Stain only" cost per slide – Rs 700.
- b) Special Marker price will be provided at the time of Request.
- c) ONCORE shall submit the bills of that particular month in one lot with full details before 1<sup>st</sup> of the succeeding month. Consolidated Bill should be settled by "P. E. S, Institute

**of Medical Science and Research " Relationship of the Parties:**

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties here by agree not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

**4. Law and Arbitration**

- a) The provisions of this MOU shall be governed by, and construed in accordance with Indian law.
- b) Any dispute, controversy or claims arising out of or relation to this MOU or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.

**5. Non-Exclusivity**

Parties understand this MOU and the activities proposed to be undertaken by parties are on a non-exclusive basis.

**6. Confidentiality:**

- a) Both Parties shall maintain almost confidentiality and take all due and reasonable care and diligence in ensuring the protection of all Confidential Information, which in no case shall be less than the degree of care taken to protect and safeguard confidential or proprietary information.
- b) Both Parties shall not use/disclose/publish/sell/transfer any of Confidential Information for any purpose whatsoever during the term of this MOU except as agreed between the Parties in writing for the performance of its obligations under the MOU and/or with the prior written consent of the Disclosing Party. However, this clause shall not apply to any Confidential Information that is (a) In the possession of, or was known to, the recipient prior to its receipt, without an obligation to maintain its confidentiality; (b) becomes generally known to the public without violation of this MOU; (c) obtained by recipient from a third party having the right to disclose it, without the obligation to keep such information confidential; and (d) independently developed by recipient without the use of Confidential Information.





# ONCORE DIAGNOSTICS

A Digital IHC LAB

# 69/H-1, Shankara Muttia Road,  
Near Shankarapuram Police Station,  
Shankarapuram, Bengaluru - 560 004  
Mobile : +91 99727 00113  
E-mail : oncore14@gmail.com

## 7. Termination:

This MOU shall be terminated upon the occurrence of any of the following events:

- a) Either Party may terminate this MOU, without assigning any reasons with perior notice (in writing) of One month or;
- b) Either Party may terminate this MOU by giving thirty (30) days prior written notice to the other Party in case that other Party breaches any terms and conditions of this MOU and fails to rectify the same during such notice period or;
- c) If the Parties mutually decide to terminate this MOU without assigning any reasons.

## 8. Contact Information

For <b>ONCORE Diagnostics</b>	For <b>P. E. S, Institute of Medical Science and Research.</b>
<b>Ms Ashwini K Manager</b> MOB:9972700113 Ph:080-41137284 E-mail: oncore14@gmail.com	

**IN WITNESS WHERE OF ONCORE and P. E. S, Institute of Medical Science and Research.** Through their duly authorized representatives have subscribed and seal their respective signatures to this MOU on the day, month and year above written.

For: <b>ONCORE Diagnostics.</b>	For: <b>P. E. S, Institute of Medical Science and Research.</b>
 <b>Dr Yathindra S.</b> Consultant Histopathology's & Managing Partner.	

MEDICAL SUPERINTENDENT  
PESIMSR KUPPAH-SITAGS  
CHITTOOR DIST. A.P.



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH CW 881530  
Serial No: 11970 Denomination: 100 Date: 13-09-2021 Stamp S. no CW 881530  
Purchased By: K.VIJAY KUMAR For \*\*SELF\*\*  
S/O LATE KRISHNAMURTHY Sub Registrar  
PESIMSR CAMPUS Ex. Offico Stamp Vendor  
KUPPAM SRO Kuppam

LEASE AGREEMENT

This Lease Agreement made and entered into this 1<sup>st</sup> day of October Two Thousand Twenty One (2021) between:

**Peoples Education Society**, a registered society under the provisions of the Societies Registration Act and having its registered office at 50 Feet Road, Hanumantha Nagar, Bangalore 560050, represented by its authorized and representative Dr.Suresh Krishnamurthy, (Aadhar No:5518 8405 7134) Medical Director, PES Institute of Medical Sciences & Research, Nalagampalli Village, PES Post, Gudupalli Mandal, Kuppam-517425, Chittoor District, Andhra Pradesh, hereinafter called the LESSOR.

AND

Mr. K Vijaykumar (Aadhar No: 3820 5864 8075)  
Aged 48 years,  
S/o. Mr.G Krishnamurthy (Late)

Director of M/s Rohini Healthcare Private Limited, residing at 67, Gajapathy street, Shenoy Nagar, Chennai - 600 030. Tamilnadu.  
hereinafter called the LESSEE.

Dr. K. SURESH  
M D FRCP (UK), FACC (USA)  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

For ROHINI HEALTH CARE PVT.LTD  
*[Signature]*  
Director Cum Authorized Signature

i. The Lessor is an Educational Society and is engaged in rendering medical and educational services to the larger community. The Lessor has a right to lease the property under the said lease agreement. Hence the Lessor has entered into this agreement with the Lessee.

ii. The Lessee has agreed to take in the following areas as :

i) PES General Hospital, Ground floor	Room No-13	= 161 sqm,
ii) PES General Hospital, Ground floor	Room No- 14& 15	= 208.62 sqm
iii) PES Specialty Hospital ground floor	Room No-02	= 22.63 sqm
iv) PES Rural Health Centre, V.Kota	Room No-10	= 12.08 sqm
<b>Total lessee area</b>		<b>= 404.33 sqm</b>

(Morefully described in Schedule- I , II , III & IV hereunder and hereinafter referred to as Schedule -I , II,III & IV property). A copy of the sketch showing the leased premises which the Lessee is taking on lease from the Lessor is here to as Annexure I, II ,III & IV respectively.

#### **NOW THIS AGREEMENT WITNESSETH:**


That in consideration of the rents hereby reserved and if terms, conditions and covenants of the lease contains and on the part of the parties to be observed and performed the Lessor hereby agrees to grant and the Lessee hereby agrees to accept a lease of the scheduled premises.

#### **1. Lease amount**

The Rent payable by the Lessee for the all scheduled lease premises shall be a sum of Rs. 30, 00,000/- per month (Thirty Lakhs only), Inclusive of Maintenance by 5<sup>th</sup> day of every month by way of cheque /electronic transfer or cash to the Lessor. The lessee shall deposit 10 months rental/lease advance of Rs 3,00,00,000 (Three Crores) as security, returnable without interest at the end of this agreement, or the monthly rent also will be adjusted from the security deposit in case the lessee fail to pay the monthly rental/maintenance charges.

#### **2. Duration:**

The lease shall commence on or from the 1<sup>st</sup> October 2021 and shall be in force initially for a period of three years until 30<sup>th</sup> September 2024. If the Lessee vacates the premises within 6 months of possession, there will be a deduction of 1 Month Rent from the Advance money paid by the lessee to the lessor.

  
Dr. K. S. Reddy  
M.D. FRCP (UK), FACC (USA)  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

For ROHINI HEALTH CARE PVT.LTD  
  
Director Cum Authorized Signature

**3. Taxes, Deposit, Assessment charges:**

The Lessor shall pay all taxes, deposits and assessment charges and other outgoing whatsoever of every description including corporation/municipalities charges which under that statutory primarily leviable unto the Lessor and shall keep the premises free from all encumbrances.

**4. Electricity Charges:**

The lessor shall pay directly to the concerned authorities the Electricity charges utilized from his own use as per the actual meter reading during the period of lease.

**5. Water Charges:**

The lessor shall pay directly to the concerned authorities the water charges utilized, if called upon to pay by the concerned authorities.

**6. Nature of use permitted:**

The lessee shall be entitled and permitted to use the scheduled premises for operating a pharma outlet and related activities only and shall not use or permit use of the scheduled premises for any unlawful purposes likely to endanger the building/Hospital.

**7. Telephone:**

The lessee will pay directly the telephone charges to the concerned authorities.

**8. Sub Lease:**


The lessee shall not be entitled or permitted to assign, underlet or sublet the scheduled premises or any part thereof to anybody whatsoever.

**9. Maintenance:**

The Lessee shall keep the scheduled premises in a fit or proper state subject to normal wear and tear by day-to-day maintenance including the fittings and fixtures etc provided that the Lessee shall permit the lessor or his representatives to enter into the premises for inspection with prior permission. **The Lessor will pay the monthly Maintenance charges if called upon to the concerned authorities directly.**

**10. Lessor Covenant:**

The Lessee paying the rents hereby reserved and observing the performing the terms, conditions and covenants of the Lessee herein contain shall be entitled to quit possession and peaceful enjoyment of the schedule premises without any manner or let, hindrance, interruption or disturbance by or from the Lessor, her heirs or by any other person(s) claiming through under or in trust for the Lessor or his representatives.

  
**Dr. K. SURESH**  
M D FRCP (UK), FACC (USA)  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

**For ROHINI HEALTH CARE PVT.LTD**  
  
**Director Com Authorized Signature**

11. The Lessee shall deliver back peaceful vacant possession of the Said Premises at or before the expiry of the lease, with all fixtures and fittings therein belonging to the Lessor in good, workable and tenantable condition subject to normal wear and tear.

12. If any lawful claim exists then lessor can recover it as debt due from lessee or deduct in the refundable security deposit. In case the Lessee commits two consecutive defaults in paying the rent / lease amount to the Lessor, the Lessee shall be liable to pay interest at the rate of 24% per annum on the outstanding rent and the Lessor shall also have the right to terminate the Lease. In which case, the Lessee shall be liable to immediately hand over peaceful possession of the premises to the Lessor.

**13. Termination of Lease:**

The Lease shall be determinable under all or any of the following circumstances, namely,

- (A) By efflux of Time
- (B) In the event of non payment of rent by the Lessee for a period of TWO consecutive months
- (C) In the event of breach by either parties of the terms, conditions a covenants hereof.
- (D) By giving 2 Months prior notice from either party.

**14. Handing over the possession:**

The Lessee shall deliver back the vacant possession of the scheduled premises to the Lessor immediately upon the expiry of the said terms or on earlier termination if any in good and tenantable conditions, and subject to reasonable wear and tear upon which the Lessor shall return the security deposit free of interest, the parties shall carry out a joint inspection of the premises and assess the extent of damage, if any, caused to the Said Premises and/or the fittings, fixtures and furniture (details of inventory in annexure-1), which the Lessor are entitled to deduct from the advance rent/deposit, if any, and which shall be mutually worked out by the parties and amount towards damages assessed shall be payable by the Lessee to the Lessor forthwith. The lessee shall arrange the painting works to the schedule premises at the time of vacating or otherwise such expenses will be deducted from the advance amount.

Dr. K. SURESH

M D FRCP (UK), FACC (USA)

PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

ROHINI HEALTH CARE PVT.LTD

Director Cum Authorized Signature

## SCHEDULE -I

The leased premises of Lessor is as under:

PES General Hospital, Room No-13, Beggilipalli Village Paynchayathi limits - PES Medical college post, Gudupalli Mandal, Chittoor Dt, Andhra Pradesh in Survey No-117 of 35/1,35/3.

### Leased premises

- i. East - Hospital Premises Road,
- ii. West - Corridor road
- iii. North - Male Medicine OPD
- iv. South - Room No-14(Rohini Healthcare Pvt, Ltd whole sale shop)

The premises from East to West measuring is - 16.4m

The premises from North to South is - 9.86m

The total leased premise is - 161.11 sqm

## SCHEDULE -II

The leased premises of Lessor is as under:

PES General Hospital, Ground floor, Room No-14 & 15, Beggilipalli Village Paynchayathi limits, PES Medical college post, Gudupalli Mandal, Chittoor Dt, Andhra Pradesh in Survey No-117 of 35/1,35/3.

### 1. Leased premises

- v. East - Hospital Premises Road,
- vi. West - Corridor
- vii. North - Room No-13(Rohini Healthcare Pvt, Ltd retail shop)
- viii. South - Pediatric OPD Room

The premises from East to West measuring is - 16.11m

The premises from North to South is - 12.95m

The total leased premise is - 208 sqm

## SCHEDULE -III

The leased premises of Lessor is as under:

PES Specialty Hospital, ground floor, Room No-02, Beggilipalli Village Paynchayathi limits, PES Medical college post, Gudupalli Mandal, Chittoor Dt, Andhra Pradesh in Survey No-117 of 35/1,35/3.

### 1. Leased premises

- i. East - Room No-03
- ii. West - Patients waiting hall
- iii. North - Road
- iv. South - Corridor

The premises from East to West measuring is - 6.6m

The premises from North to South is - 3.43m

The total leased premise is - 22.63sqm

Dr. R. SURESH

M.D. (P) D.O., FACC (USA)  
PES Institute of Health Care & Research  
Kuppam - 517 420, Andhra Pradesh

ROHINI HEALTH CARE PVT.LTD

Director Cum Authorized Signature

Page - 05

## SCHEDULE -IV

The leased premises of Lessor is as under:  
PES Rural Health Centre, ground floor, Room No-10, Mudimadugu, V.KOTA, Chittoor  
Dt, Andhra Pradesh.

### Leased premises

- |           |   |            |
|-----------|---|------------|
| iv. East  | - | Open Place |
| v. West   | - | Passage    |
| vi. North | - | Room No-11 |
| iv. South | - | Room No-09 |

The premises from East to West measuring is - 3.05m

The premises from North to South is - 3.96m

The total leased premise is - 12.08sqm

### ANNEXURE -I

The sketch plan of the leased premises in the PES IMSR Hospital,

Copy enclosed.

### ANNEXURE -II

The sketch plan of the leased premises in the PES Specialty Hospital

Copy enclosed.

### ANNEXURE-III

The sketch plan of the leased premises in the PES Specialty Clinic

Copy enclosed

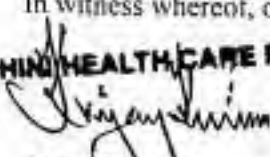
### ANNEXURE-IV

The sketch plan of the leased premises in the PES Specialty Clinic

Copy enclosed

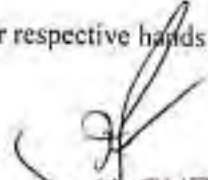
In witness whereof, of the parties hereto have set their respective hands on :

For **ROHINI HEALTH CARE PVT.LTD**

  
LESSEE  
Director Cum Authorized Signatory

Witness :

1.

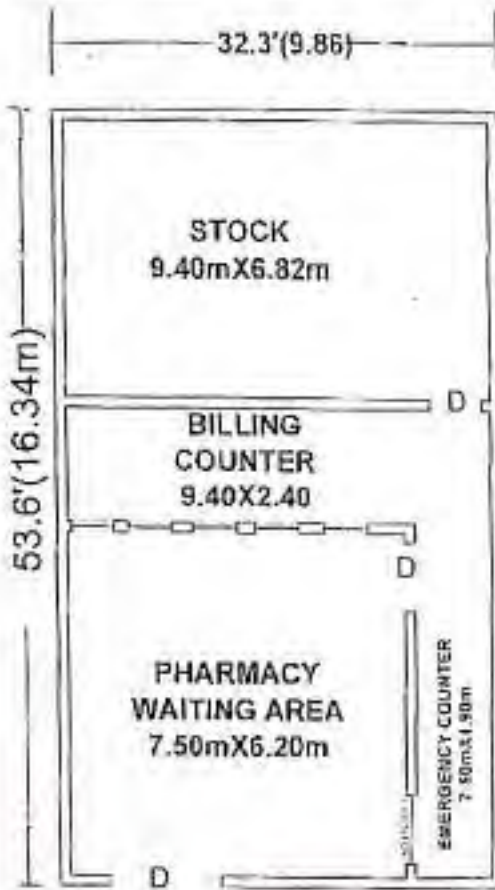
  
LESSOR/OWNER  
M D FRCP (UK), FACC (USA)  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

Witness

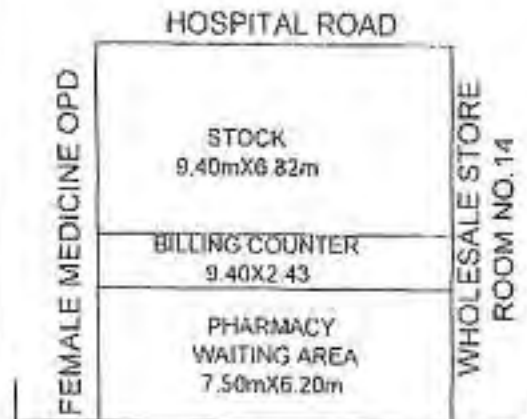
1.

# ANNEXURE - I

PLAN SHOWING THE "ROHINI HEALTH CARE PVT LTD" ROOM NO 13 IN THE PREMISES OF GROUND FLOOR, PES GENERAL HOSPITAL, PES MEDICAL COLLEGE CAMPUS, BEGGILIPALLI VILLAGE, PES POST, GUDUPALLI MANDAL, CHITTOOR DIST AP.



**ROOM NO. 13**



**KEY PLAN  
SCALE (1:200)**

**INDEX:-**

DOOR D-1.05X2.10  
COUNTER 2 10X1.35  
WALL THICK 0.23  
ALL DIMENSIONS ARE IN "METRES"

**AREA DETAILS:-**

AREA OF PHARMACY 1733.28 Sqft ( or) 161.11 Sqm

**OCCUPIER:-**

**OWNER:-**

**ENGINEER:-**

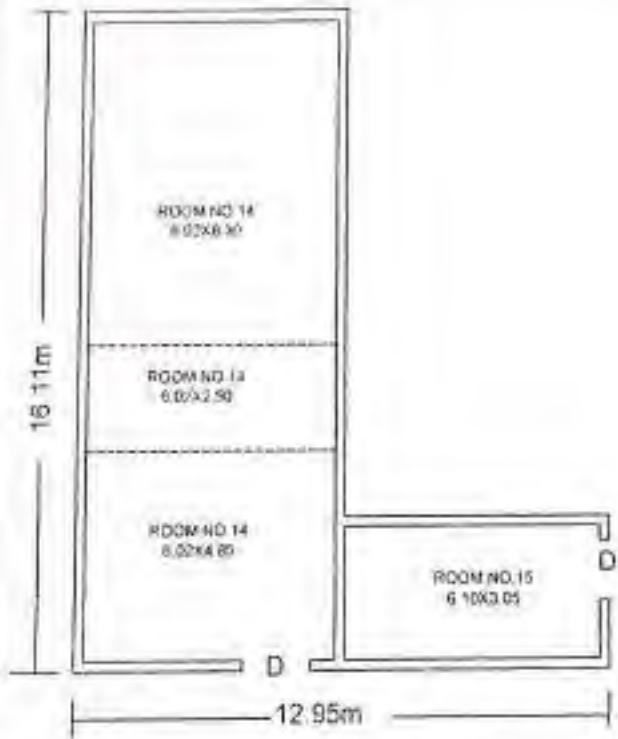
R. ANJASHREE DCE  
IP No. 1 LICENSED PROFESSIONAL SURVEYOR  
14-117 AP, CHITTOOR DIST, SEIT'S REGD  
M.P. No. 14/2017/12  
CHITTOOR DIST, AP  
Mob: 991007823

**OFFICE USE**

Department of Biological Sciences & Research  
Kuppam - 517 451  
Chittoor Dist, A.P.

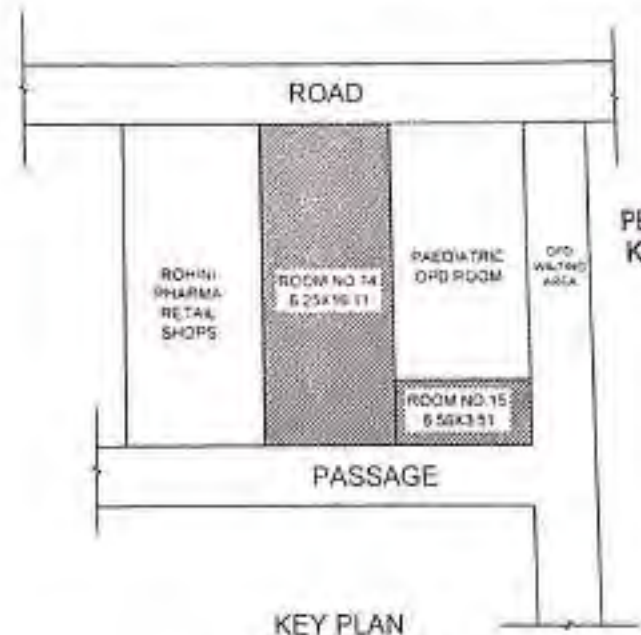
# ANNEXURE - II

PLAN SHOWING THE "ROHINI HEALTH CARE PVT LTD" AT SURVER NO.117 OF 35/01,35/3, ROOM NO.14 & 15 IN THE PREMISES OF GROUND FLOOR PES GENERAL HOSPITAL PES MEDICAL COLLEGE CAMPUS, BEGGILIPALLI VILLAGE, PES POST, GUDUPALLI MANDAL, CHITTOOR DIST., AP



PLAN

NO   
 SCALE 1:100



KEY PLAN  
(SCALE 1:200)

OPENINGS

<b>DOOR</b>	D - 1.20 X 3.00 m	
<b>AREA DETAILS:-</b>	<u>Sqm</u>	<u>Sqft</u>
SITE AREA	126.60	1362.01
PLINTH AREA OF -		
ROOM NO.14	104.39	1123.06
ROOM NO.15	22.21	238.94
<b>TOTAL</b>	<u>126.60</u>	<u>1362.01</u>

OWNER:-

M.D. PRASAD  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

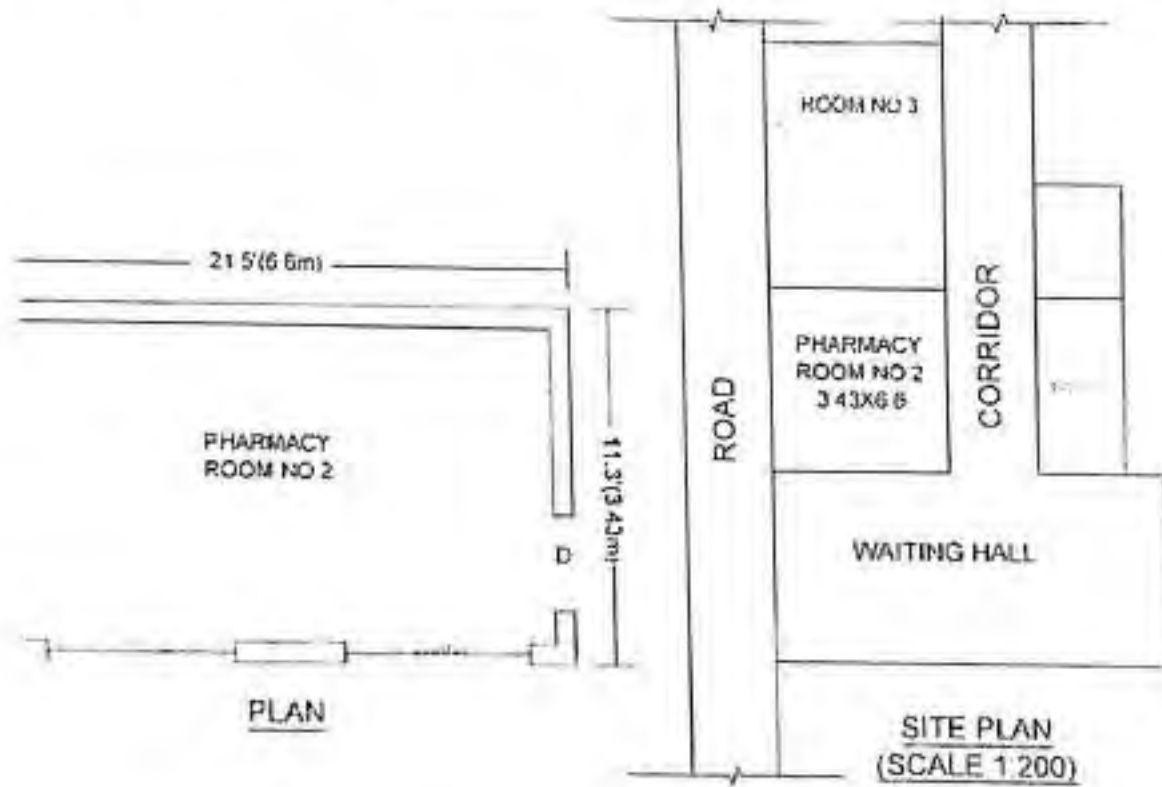
ENGINEER:-

R. JAYASHREE, D.C.E  
LTP No 4 LICENCED BUILDING SURVEYOR  
14-117, AP VAJRAVELU SETTY STREET  
KUPPAM MUNICIPALITY, 517 425  
CHITTOOR (DIST), A.P  
Mobile: 9550978329

OFFICE USE:-

# ANNEXURE - III

IN SHOWING THE "ROHINI HEALTH CARE PVT LTD" ROOM NO.2 IN THE PREMISES OF  
 GROUND FLOOR, PES SPECIALITY HOSPITAL, PES MEDICAL COLLEGE CAMPUS, BEGGILIPALLI  
 VILLAGE, PES POST, GUDUPALLI MANDAL, CHITTOOR DIST, AP



**INDEX -**

DOOR D-1 05X2.10  
 COUNTER 2 10X1.35  
 WALL THICK 0.23  
 ALL DIMENSIONS ARE IN 'METRES'

**AREA DETAILS:-**

AREA OF PHARMACY 242.95 Sqft (or) 22.83 Sqm

**OCCUPIER -**

*[Handwritten Signature]*

**OWNER -**

*[Handwritten Signature]*

**ENGINEER -**

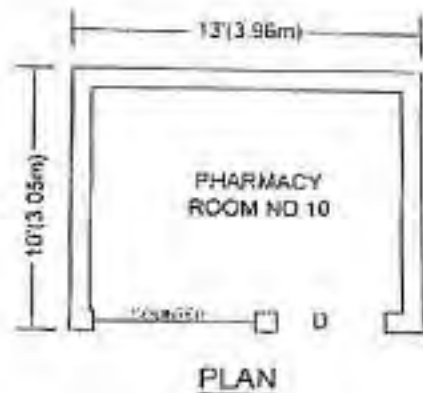
*[Handwritten Signature]*  
 R. JAYASREE O.C.E  
 CIVIL ENGINEER  
 CHITTOOR DIST. AP

PES Institute of Medical Sciences & Research  
 Kuppam - 517 425, Chittoor Dist, A.P.

50-18001

# ANNEXURE - IV

PLAN SHOWING THE "ROHINI HEALTHCARE PVT LTD" SITUATED AT ROOM NO.10, IN THE PREMISES OF GROUND FLOOR PES RURAL HEALTH CENTER, MUDDIMADUGU VILLAGE, V.KOTA POST AND MANDAL, CHITTOOR DIST AP.,



**INDEX -**

DOOR D-1 05X2.10  
 COUNTER 2 10X1.35  
 WALL THICK 0.23  
 ALL DIMENSIONS ARE IN "METRES"

**AREA DETAILS:-**

AREA OF PHARMACY 130 Sqft (or) 12.08 Sqm

**OCCUPIER -**

*[Signature]*

**ENGINEER -**

*[Signature]*  
 R. JAYASHREE DCE  
 LICENSED PLANNING SURVEYOR  
 14-107 2P PURAVI, 56TH STREET  
 KUPPAM, VILLAGE, POST, 517 425  
 CHITTOOR DIST, AP.  
 MOBILE: 985675129

**OWNER -**

*[Signature]*  
**Dr. K. SURESH**  
 M.D. FRGP (UK), FACC (USA)  
 PES Institute of Medical Sciences & Research  
 Kuppam, 517 425, Chittoor Dist, A.P.



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH  
Serial No: 11987 Denomination: 100 Date: 13-09-2021 Stamp S. no: CW 881527  
Purchased By: K.VIJAY KUMAR For "SELF" Sub Registrar  
S/O LATE KRISHNAMURTHY PESIMSR CAMPUS KUPPAM Ex. Offico Stamp Vendor SRO Kuppam

### MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the "MoU") is made as of the 14<sup>th</sup> day of September-2021 and between

**M/s. PESIMSR Hospital**, represented by Dr. Suresh Krishnamurthy, its Medical Director and having its registered office at its registered/head office 50 feet road, Hanumantha Nagar, Bangalore-560019, and its Hospital is situated in the premises of PESIMSR, Nalagampalli village, Gudupalli Mandal, Kuppam-517425, Chittoor Dt., AP, herein after called the "Licensor" (which expression, unless it be repugnant to the context or meaning thereof, shall deem to mean and its successors and assigns) of the ONE PART.

AND

Mr. K.Vijay Kumar, S/o G.Krishnamurthy, aged 52 years, Director cum Authorized signatory of M/s Rohini Healthcare Pvt, Ltd, residing at New No-67, Gajapathi street,

1 | Page

M.D. P.C.P. (UK)  
PES Institute of Medical Sciences & Research

For ROHINI HEALTHCARE PVT. LTD.  
Director Cum Authorized Signatory

Nagar, Chennai-600030, Tamil Nadu, herein after called the "Licensee" (which expression, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns) of the OTHER PART.

The Licensor and the Licensee are hereinafter referred to as the "Party" individually and collectively as the "Parties"

#### WHEREAS

- A. The Licensor is a Medical College running hospital at the above-mentioned premises (hereinafter the "Premises").
- B. The Licensee approached the Licensor and Licensor has agreed to grant on license the right to operate a pharmacy / pharmaceutical business on its premises to the Licensee here under.
- C. The Parties set forth their understanding under in this MOU for the establishment and operation of a pharmaceutical business (hereinafter the "Business") in the said hospital premises with following terms and conditions.

#### 1. DURATION

1. The Parties hereby agree that the Effective date of the Agreement shall be the date on which the Agreement is signed.
2. The Agreement shall commence on or from the **01.10.2021** and shall be in force initially for a period of **three years until 30<sup>th</sup> September 2024**.

#### 2. GRANT OF LICENSE


That in consideration of the license fee hereby reserved and of the terms, conditions and covenants of the License contained and on the part of the Parties to be observed and performed, the Licensor hereby agrees to grant License to the Licensee the right to operate a pharmacy on the Premises.

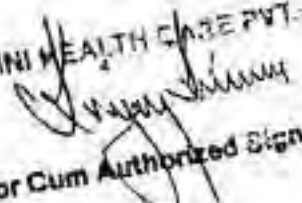
#### 3. TERMS OF OPERATION

The Parties set forth their understanding under in this MOU for the operation of the Business in the Premises with following terms and conditions:

1. The Licensee's management shall ensure compliance in all its scopes and services with the applicable laws and regulations including Drugs And Cosmetics Act 1940, Pharmacy Act 1958, Narcotic Drugs and Psychotropic Substances Act 1985, Drugs and Magical Remedies Act 1954 and any other laws governing the business and all its amendments and rule and orders of Indian Medical Association
2. The Licensee shall ensure that they follow the documented policy and procedure for pharmacy services and medication usage approved by Pharmacy and Therapeutics Committee and top management.
3. The Licensee shall ensure that the medication is dispensed only by a registered pharmacist.
4. The Licensee shall ensure that sufficient stock level of medications, consumables and disposables as per approved Hospital Formulary is maintained.
5. The Licensee shall ensure that the process defined by top management is being followed for acquisition of medications including vendor selection, vendor evaluation, indenting process, generation of purchase order and receipt of goods.
6. The Licensee shall ensure that the prescribed modes to obtain medications not listed in the formulary from local purchases are followed.
7. The Licensee shall ensure that the separate documented policy and procedure are put forth and followed for storage of medications.
8. The Licensee shall ensure that the medications are stored in a clean, safe and secure environment and incorporating manufacturer's recommendation(s).
9. The Licensee shall ensure that the storage area and the Licensee premises are maintained with utmost cleanliness.
10. The Licensee shall ensure that vaccines are kept in vaccine refrigerator (which shall be an Ice Lined Refrigerator).
11. The Licensee shall ensure that a separate list for the refrigerator drugs is maintained and those medications should be kept in the pharmacy

3 | Page

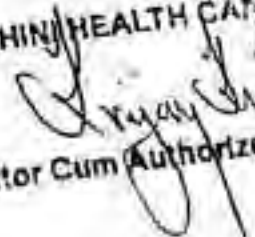
  
K. SURESH  
M.D. B.P.C.P (UK), F.P.C.C. (USA)  
PES Institute of Medical Sciences & Research  
Krinam - 517 425, Chittoor Dist., A.P.

For ROHINI HEALTH CARE PVT.-  
  
Director Cum Authorized Signature

refrigerator at the drug manufacture prescribed temperature and also ensure that temperature of the storage area/ refrigerator is monitored and recorded at least twice a day.

12. The Licensee shall conduct audits at regular intervals to check the loss or theft of items and good in the Licensee.
13. The Licensee shall ensure that they follow inventory control practices for storage of the medications (such as ABC, VED, FIFO).
14. The Licensee shall ensure that the medications are stored in uniform and easily obtainable manner in storage place of the Licensee and shall also ensure that the lists of look-alike and sound-alike, High Risk Medications, Emergency medications are defined and stored separately in a uniform manner.
15. The Licensee shall ensure that it follows documented policy and procedures and there is a proper record kept for procurement, storage/stocking, issuance and usage of Implantable prosthesis and Narcotic Drugs and Psychotropic Substances incorporating manufacturing recommendation(s).
16. The Licensee shall ensure that Narcotic Drugs and Psychotropic Substances are stored in double lock and key in a secure manner.
17. The Licensee shall ensure that emergency medications are available with easy access at any given point of time.
18. The Licensee shall maintain the minimum re-order level for all the drugs and also make sure that all drugs are made available all the time i.e. no medication shall be out of stock at any point in time. If at all a medication is out of stock when a patient/customer requests, such medication shall be procured by the pharmacy within one day's time for purchase by the patient/customer.
19. The Licensee shall ensure that a prescribed documented protocol and procedures are followed to the safe dispensation of medications.
20. The Licensee shall ensure that the billing consists of full name, UHID No. of the patient, Batch number and expiry date of the medications and all the other necessary details as prescribed.

  
Dr. K. SURGEN  
M.B.F.R.C.P (UK), F.A.C.S (USA)  
and Institute of Medical Research & Research

For ROHINI HEALTH CARE PVT.LTD.  
  
Director Cum Authorized Signature

21. The Licensee shall ensure that a separate procedure to be followed for the address medication recall.
22. The Licensee shall ensure that expiry dates of the medications are checked and listed prior to dispensing.
23. The Licensee shall ensure that a near expiry date is maintained for each medication depending on the nature of the drug preferably three months prior to the expiry date.
24. The Licensee shall ensure that labeling requirements are fulfilled and these must include the drug name, strength, frequency of administration (in a language that the customer / patient understand) and expiry dates.
25. The Licensee shall ensure that cut strips of medicines are placed in pouches with name of the drug, dose, batch number and expiry date.
26. The Licensee shall ensure that high-risk medication orders are verified prior to dispensing.
27. The Licensee shall ensure that all patients are educated regarding time of administration possible drug-drug interactions and drug-food interactions, possible side Effects.
28. The Licensee Shall ensure that quality indicators relevant to pharmacy are checked at regular intervals as prescribed here:
- Percentage of drugs and consumables procured by local purchase.
  - Percentage of stock outs including emergency drugs.
  - Percentage of drugs and consumables rejected before preparation of goods receipt note.
  - Percentage of variations from the procurement process.
29. The Licensee shall ensure that all the expired drugs are disposed safely after taking necessary precautions accordance with prescribed rules, regulations, procedure and protocols as prescribed in the Bio-Medical Waste (Management and Handling) Rules, 1998.
30. The Premises has been given to license Rohini Healthcare Pvt, Ltd for supply all the Drugs including Narcotic drugs, exclusively to the PESIMSR Hospital, Begglapalli Village, Gudupalli Mandal, Chittoor Dt, Andhra Pradesh only. They shall not sell any drugs to the outsiders.

#### 4. COMMERCIAL TERMS

All commercial terms and other provisions as per the rental agreement dated 15.09.2018, modified from time to time.

#### 5. CONFIDENTIALITY

Except as may be required by law, both Parties shall not use or disclose confidential information obtained/ collected/shared/disclosed, either directly or indirectly, from the other Party or in relation to the other Party from any other source, as the case may be, concerning the Licensor's business development and strategy, internal operations, financing or business activities.

#### 6. REMEDIES

The Licensee acknowledges and agrees that it would be difficult to fully compensate the Licensor for damages resulting from the breach or threatened breach of the ongoing provisions, and, accordingly, agrees that the Licensor shall be entitled to temporary and injunctive relief, including temporary restraining orders, preliminary injunctions, permanent injunctions, to enforce that such provisions upon proving that it has suffered or that there is a substantial probability that it will suffer irreparable harm, and without the necessity of posting any bond or other undertaking in connection therewith. This provision with respect to injunctive relief shall not however, diminish the Licensor's right to claim and recover damages.

#### 7. PHARMACY'S DUTIES

The Licensee shall adhere to the following duties:

1. The Licensee, will, in a timely fashion, provide the Licensee with sufficient data concerning the Products / Business.
2. The Licensee shall ensure timely disbursement of commission payments;
3. The Licensee shall equip the Licensor / Its representatives with the appropriate marketing collaterals and sales tools

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Dr. S. SURESH  
M.D. FRCR (UK), FACC (USA)  
PEB Institute of Medical Sciences & Research  
Chennai, India

For ROHINI HEALTH CARE PVT. LTD.  
Director Cum Authorized Signature

4. The Licensee shall appoint adequate sales support staff to manage the Licensor support and relationships.
5. The Licensee shall extend all reasonable cooperation to the Licensor under this MoU.

## 8. TERMINATION AND WORK-IN-PROGRESS

1. Except as otherwise provided herein, either party may terminate this MoU by giving the other party written notice of at least 3 months.
2. Upon receipt of notice of termination the Licensee shall not commence work on any new solicitation, unless specifically agreed to between the parties, but it shall complete such negotiations as it has at that time undertaken.
3. All of the rights and duties of the parties shall continue during such notice period. If either the Licensor or the Licensee desires to terminate all work-in-progress on solicitations commenced before receipt of the notice of termination, it may do so only upon the parties' mutual consent and the determination and payment of any residual obligations between the parties, except as otherwise provided herein, either party may terminate this MoU.

## 9. MODIFICATION

This contract contains the entire agreement of the parties. No representations were made or relied upon by the other party, other than those that are expressly set forth. No Partner, employee or other representative of either parties are empowered to alter any term of this MoU, unless done in writing and signed by an executive officer of each of the respective parties.

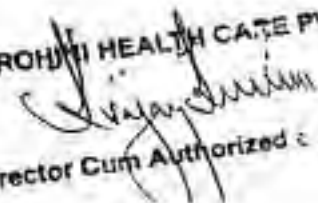
## 10. GOVERNING LAW AND JURISDICTION

The validity, interpretation, and performance of this MoU shall be governed by and construed under the laws of the Republic of India. The courts at Bangalore shall have exclusive jurisdiction over all disputes arising from this MoU.

## 11. ARBITRATION

7 | Page

  
DR. SURESH  
M.D. FRCP (UK), FACC (USA)  
Associate Professor of Medical Science & Research

For ROHINI HEALTH CARE PVT.LTD  
  
Director Cum Authorized Signatory

Any dispute between the Parties hereto arising out of this MoU or related to this MoU shall be settled by Arbitration in accordance with Arbitration and Conciliation Act, 1996. The Arbitration shall be conducted by one Arbitrator, to be appointed by the mutual consent of the Parties. The seat of Arbitration shall be Bangalore, India. The proceedings and the Award shall be in English.

## 12: NO WAIVER

Any waiver or the failure of either party to this MoU to object to or take affirmative action with respect any conduct of the other which is in violation of the terms of this MoU shall not be construed as a waiver of the violation breach, or of any future violation, breach or wrongful conduct.

## NOTICES

All notices, consents, demands or other communications ("**Notices**") made pursuant to this MoU shall be in writing, in the English language and signed and correctly dated by the Party sending same. Except as otherwise expressly provided herein, all Notices shall be delivered personally (by courier or otherwise), or by electronic mail to the receiving Party at the address given below:

### If to the Licensor

#### Addressed to:

Dr.Suresh Krishnamurthy,  
Medical Director,  
PESIIMSR,  
Kuppam-517425,  
Chittoor Dt. AP

### If to the Licensee

#### Addressed to:

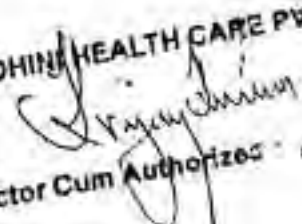
K.Viyay Kumar,  
S/o.Krishnamurthy,  
New No-67,Gajapathi street,  
Shenoy Nagar,Chennai-600030,  
Tamilnadu

## 14. BINDING EFFECT

The provisions of this MoU shall be binding upon and inure to the benefit of each of the parties and their respective successors and assigns executed as of the date and year above written.

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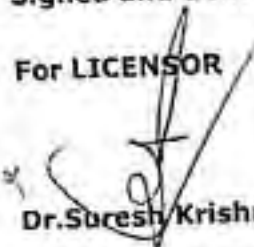
  
DR. K. SURESH  
FRCP (M), MCh (PS)  
PESIIMSR

FOR ROHINI HEALTH CARE PVT.LTD  
  
Director Cum Authorizes : Signature

IN WITNESS WHEREOF, by the signature of the parties this Memorandum of Understanding is made effective on 26.06.2018.

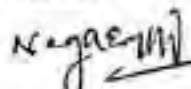
Signed and delivered by the within named:

For LICENSOR


  
Dr. Suresh Krishnamurthy,  
Medical Director,

**PESIMSR, Kuppam-517425, AP**  
M.D FRCP (UK), FAOC (USA)  
PES Institute of Medical Science & Research  
Kuppam - 517 425, Chittoor Dist., A.P.


WITNESSES:

1.  NAGESH  
HR Executive  
PESIMSR
- 2.

For LICENSEE  
For ROHINI HEALTHCARE PVT.LTD.

  
Director, Authorized Signature  
M/s Rohini Healthcare Pvt, Ltd

WITNESSES:

1.  DR. KISHOR KUMAR  
INCHARGE OF PHARMACY  
PESIMSR.
- 2.



- ★ Rotary Bangalore Blood Centre
- ★ HLA Lab ★ Tissue Bank ★ Thalassemia Services

**ADDENDUM #1 to the existing MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**Bangalore Medical Services Trust**

**And**

**PES Institute of Medical Sciences & Research**

1. With reference to the existing arrangement, this renewal will be valid till it is terminated by either party after due notice is provided. Either party may terminate this agreement with one month's notice in writing, provided the party seeking termination has fulfilled its obligations in full.
2. The new operational details and the recovery charges will be in the form of addendums
3. The existing processing charges are subject to periodic revision & are as below since January 1<sup>st</sup> 2020

Blood / Blood Components	Bulk issue	Patient issue
Packed Red Blood Cells (RBC)	1,750	1,950
Leuco Reduced Human Red Cells (RBC)	2,750	2,950
Fresh Frozen Plasma (FFP)	980	1,020
Cryoprecipitate	250	250
Platelet Concentrates (RDP)	700	700
Single Donor Platelets with Additive Solution	11,650	11,650

Ravindra C  
Manager – Strategic Partnership



Date: 14<sup>th</sup> September 2021

**Dr. Suresh, MD., FRCP(UK), FACC(USA)**  
Medical Director  
PES Institute of Medical Science & Research  
Kuppam-617 425, Chittoor Dist, A.P.



**3.5.1: Average number of Collaborative activities for research, faculty exchange, student exchange/ Industry-internship etc. per year for the last five years**

**Total number of Collaborative activities for research, faculty exchange, student exchange**

**Academic Year 2020 - 21**





GOVERNMENT OF INDIA  
Regional Office for Health & Family Welfare  
(Directorate General of Health Services, Ministry of Health and FW)

2<sup>nd</sup> Floor 'F' Wing, Kendriya Sadan  
Koramangala, Bangalore - 560 034  
Phone Direct : 25537310  
Office : 25537688  
Fax : (080) 25539249  
Email: rhobng@nic.in  
Date: 28.07.2021

Senior Regional Director (H & FW)  
No.ROH:&FW/FSU/ TR/2-5/ 2019-20

To,  
Dr. Chitra Nagaraj,  
Associate Professor,  
PESMC,  
Kuppam,  
Andhra Pradesh.

**Sub: CRHI Virtual Training on Family of International Classification (ICD-10 & ICF) for Non-Medical Personnel - 30-07-2021. - reg.**

Madam,

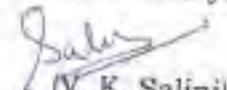
This office is organizing training on Family of International Classification (ICD-10 & ICF) on 30-07-21. The Virtual training is imparted to the Officers involved in the work of Medical Records / Health Statistics.

You are invited as a resource faculty for the said training programme as per the schedule given below:

Date	Time	Topic
30-07-21	03.00 to 04.00PM	ICD-10 Coding of cardiovascular and respiratory system.

Kindly make it convenient and deliver lecture in the training program.

Yours faithfully,

  
(V. K. Salini)  
Deputy Director

## ICD-10 Virtual Training on 30-07-2021

ICD 10 Presentations

Search for all messages with label ICD 10 Presentations

Remove label ICD 10 Presentations from this conversation



**Regional Health Office, B lore rhobng@nic.in via nic.in**

Wed, Jul 28, 2021,  
5:58 PM

to me

Madam,

Please find attached herewith the virtual training schedule on the subject " ICD-10 coding of Cardiovascular and Respiratory System" on 30.07.2021 at 3.00 - 4.00 PM

Kind Regards,

Senior Regional Director (H&FW)  
Regional Office for Health & FW, Govt of India,  
II Floor, 'F' Wing, Kendriya Sadan, Koramangala,  
Bangalore - 560034  
Ph: 080-25537688, 080- 25537310  
Fax: 080-25539249

1378



सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

Rs. 200

e-Stamp

**Certificate No.** : IN-KA45181705758803T  
**Certificate Issued Date** : 13-Jul-2021 09:57 AM  
**Account Reference** : SHCIL (FI)/ ka-shcil/ MALLESHWARAM1/ KA-BA  
**Unique Doc. Reference** : SUBIN-KAKA-SHCIL56179667270987T  
**Purchased by** : ANAND LAB AND NEUBERG ANAND  
**Description of Document** : Article 37 Note or Memorandum  
**Description** : M O U  
**Consideration Price (Rs.)** : 0  
 (Zero)  
**First Party** : ANAND LAB AND NEUBERG ANAND  
**Second Party** : PESIMSR CENTRAL LABORATORY  
**Stamp Duty Paid By** : ANAND LAB AND NEUBERG ANAND  
**Stamp Duty Amount(Rs.)** : 200  
 (Two Hundred only)

सत्यमेव जयते



Authorised Signatory  
 for Stock Holding Corporation of India Ltd



Please write or type below this line

**THIS STAMP PAPER IS AN INTEGRAL PART OF THE CONTRACT FOR  
 LABORATORY SERVICES ENTERED INTO BY THE CLIENT WITH ANAND  
 DIAGNOSTIC LABORATORY & NEUBERG ANAND REFERENCE  
 LABORATORY DATED 13<sup>th</sup> JULY 2021.**



ADL 10/01/21



NARC Initials

Page 1 of 10

Client Initials

**Statutory Alert:**

1. The authenticity of this Stamp certificate should be verified at [www.shcilstamp.com/](http://www.shcilstamp.com/) or using e-Stamp Mobile App of Stock Holding Corporation of India Ltd. Any discrepancy in the details on this Certificate and as available on the website / Mobile App renders it invalid.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

ANAND DIAGNOSTIC LABORATORY & NEUBERG ANAND REFERENCE LABORATORY IS A LEGAL ENTITY OF KARNATAKA GOVT. REGISTERED WITH THE REGISTRAR OF COMPANIES, BANGALORE.

## CONTRACT FOR PROVISION OF DIAGNOSTIC LABORATORY SERVICES

This Contract for Provision of Diagnostic Laboratory Services ("**Contract**") has been entered into on this **13<sup>th</sup> July 2021** ("**Execution Date**")

### BY AND BETWEEN

**ANAND DIAGNOSTIC LABORATORY**, a partnership duly registered under the Partnership Act, 1932, having its office at Bowring Tower, 54 Bowring Hospital Road, Shivajinagar, Bangalore 560 001, and represented herein by its Chief Financial Officer, **Nagarajan. S** (hereinafter referred to as "**ADL**" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

### AND

**NEUBERG ANAND REFERENCE LABORATORY**, a partnership firm duly registered under the provisions of the Indian Partnership Act, 1932, having its office at Bowring Tower, 54 Bowring Hospital Road, Shivajinagar, Bangalore - 560001, and represented herein by its Chief Financial Officer **Nagarajan. S** (hereinafter referred to as "**NARL**" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators, successors and permitted assigns);

ADL and NARL shall jointly be referred to "**ADL/NARL**" or "**NARL/ADL**"

### AND

The person(s) whose details are specified under Part A of **ANNEXURE A** (hereinafter referred to as a "**Client**" which expression shall, unless repugnant to the context thereof, mean and include their respective heirs, legal representative, administrators, executors, successor and permitted assigned).

ADL/NARL and the Client shall hereinafter, wherever the context permits, jointly be referred to as "**Parties**" and individually as "**Party**".

### WHEREAS:

- A. ADL is, *inter alia*, engaged in the business of providing reliable, fast, affordable and specialized pathological diagnostic services, hospital outsourcing services, preventive care services and medical research services to its customers.
- B. The Client has requested ADL to provide its Services (as defined hereunder), for the Fees (as defined hereunder) and ADL has agreed to the same. In furtherance of the same, the Parties are desirous of entering into this Contract to record the terms and conditions subject to which ADL shall provide its Services, and the Client shall pay the Fees.

### THIS CONTRACT WITNESSTH AS FOLLOWS:

#### 1. DEFINITIONS & INTERPRETATION

- 1.1. In this Contract, unless repugnant to the context thereof, the following terms shall have the meaning ascribed to them hereunder:
  - a) "**ADL Directory of Services [DoS]**" shall mean its laboratory manual, a copy of which is available at <http://www.anandlabreports.com/dos>, and the terms of which are deemed incorporated into this Contract by reference.
  - b) "**Client Confidential Information**" shall mean (i) the Deliverables, Samples and the Client Account information (ii) any and all information pertaining to an identified user as shared by the Client pursuant to the terms of this Agreement.
  - c) "**Client Account**" shall mean the online account created by ADL using the information provided by the Client.
  - d) "**Deliverables**" shall mean the report containing the medical data from the analysis of the Samples, in the format prescribed by ADL in its own discretion and agreed to be provided by ADL as part of its Services.
  - e) "**Fees**" shall have the meaning ascribed to it under Part A of **ANNEXURE B**.



- f) "Force Majeure" shall mean an event or act which is beyond the reasonable control of the Party claiming 'force majeure' and which makes it impracticable or impossible, from a commercial stand point, for the affected Party to carry out its obligations under this Contract.
- g) "Samples" shall mean such completed forms, samples and information as may be requested by ADL, and provided in the manner requested by ADL from time to time.
- h) "Services" shall have the meaning ascribed to it under Part A of **ANNEXURE B**.
- i) "Site" shall mean ADL's website [www.anandlabreports.com](http://www.anandlabreports.com), or such other websites as may be communicated in writing to the Client by ADL.
- j) "Security Deposit" shall have the meaning assigned to it under Clause 3.4.

1.2. In this Contract, unless the context otherwise requires:

- a) a reference to a 'Clause' or 'Annexure' is a reference to a clause of or annexure to this Contract;
- b) a reference to this Contract is a reference to this agreement as amended, novated, supplemented, varied or replaced from time to time, except to the extent prohibited by this agreement;
- c) where a word or phrase is defined, its other grammatical forms have a corresponding meaning;
- d) the singular includes the plural and conversely;
- e) a gender includes all genders;
- f) a reference to conduct includes any omission and any statement or undertaking, whether in writing;
- g) mentioning anything after the word 'include', 'includes' or 'including' does not limit what else might be included; and
- h) The headings and titles in the Contract are indicative and shall not be deemed part of the Contract or taken into consideration in the construction of the Contract.

## 2. SCOPE OF SERVICES

- 2.1. *Services:* In consideration of the Fees and subject to the other terms of this Contract, and subject to Clause 2.4, ADL has agreed to provide the Services for the Client and/or the identified user. ADL may provide the Services either by itself or through any third party selected by ADL at its sole discretion, without requiring the Client's consent in this regard. However, subject to Clause 6.1, ADL agrees to continue being responsible for the Services so provided by such third party. The Client acknowledges that ADL's ability to complete the Services shall be dependent upon the Samples being submitted to ADL, in a proper and timely manner. The process of submitting the Samples for analysis to ADL have been prescribed under the ADL DoS.
- 2.2. The Services detailed under column B in Part A of **ANNEXURE B** may be changed by ADL from time to time. ADL shall communicate the updated list of Services to the Client. Such updated list of services shall replace the list of Services provided under column B in Part A of **ANNEXURE B** automatically after the expiry of 30 (thirty) days from the date of dispatch of communication from ADL to the Client. It is clarified that from the 31<sup>st</sup>(thirty first) day from communication by ADL, the updated list of services shall be deemed to be 'Services' for the purpose of this Contract, each time.
- 2.3. As a part of the Services, ADL shall also pick-up and drop the Samples from the premises indicated by the Client during the term of this Contract. The total number of pick-up and/or drop services provided by ADL to the Client will be mutually agreed upon by the Parties in writing. The process relating to the provision of the pick-up and drop facilities have been provided under the ADL DoS. The Client hereby acknowledges the receipt of the ADL DoS.
- 2.4. ADL has agreed to provide its Services subject to the Client displaying the signage's provided by ADL at its business premises, wherever applicable. The signage's shall be provided by ADL, free of cost, subject to Clause 5.4.
- 2.5. *Client Account:* Subsequent to the execution of this Contract, ADL will open the Client Account for the Client/identified user, subject to their acceptance of ADL's privacy policy. The password in relation to such Client Account shall be set and maintained by, and be the sole responsibility of, the Client/identified user. The Client shall submit to ADL such information as may be required by ADL to create the Client Account. In this context, the Client hereby represents that it has obtained all requisite consents from the identified users as required under the Information Technology Act, 2000 read with rules thereunder, with respect to storing, maintaining and handling their personal information including any sensitive personal data or information as



defined therein. The information so submitted by the Client to ADL may be reviewed and revised by the Client, from time to time by issuing a written notice to ADL. The Client / identified user shall, except when the Client is in default, be able to access the Client Account, all information in relation to the Client Account and the Deliverables, through the Site and in accordance with ADL's privacy policy.

- 2.6. The usage of the Site and the Client Account shall be subject to the terms and conditions and the privacy policy prescribed on the Site. The terms and conditions and the privacy policy on the Site may be updated from time to time by ADL, at its sole discretion. The updated terms and conditions and privacy policy shall be effective from the date ADL updates the same on the Site.

### 3. FEES

- 3.1. Upon availing of the Services and subject to the other terms of this Contract, the Client shall pay the Fees in the manner provided in Clause below. The Fees quoted by ADL in column C of Part A of **ANNEXURE B** are exclusive of all applicable taxes, which shall be charged separately by ADL. It is clarified that the Client shall always and promptly pay the Fees which have become due, in full. The Client shall not be entitled to set-off or deduct any monies from the Fees for any reason whatsoever. The Fees may be revised by ADL, at its sole discretion, from time to time. Such changes will be communicated to the Client. The updated list of fees shall replace the list of 'Fees' provided under column C in Part A of **ANNEXURE B**, automatically after the expiry of 30 (thirty) days from the date of dispatch of communication from ADL to the Client. The updated list of fees shall be available at <http://www.anandlabreports.com/das>.

- 3.2. The Client shall pay the Fees in the manner provided under Part C of **ANNEXURE B**. In the event the Client fails to pay the amount raised under the invoice by ADL within the period prescribed under Part C of **ANNEXURE B**, then the consequences prescribed under Clause 5.3 shall follow.

- 3.3. **Security Deposit (This clause shall not be applicable if security deposit is waived-Refer Part D of Annexure B)**

3.3.1. Simultaneous with the execution of this Contract, the Client has also paid an interest free refundable security deposit, of the amount provided in Part D of **ANNEXURE B**, to ADL ("**Security Deposit**"). The Security Deposit shall be refunded by ADL upon the termination of this Contract, provided the Client has duly paid the Fees in accordance with the terms of this Contract. In the event at the time of termination of this Contract any amount remains due and unpaid by the Client, including interest leviable as per Clause 5.3, ADL shall be entitled to set-off the same against the Security Deposit prior to refunding the Security Deposit or any amount that may remain post such set-off. This clause shall not be applicable in case the amount Part D of Annexure B is zero.

3.3.2. In consideration of the Security Deposit paid by the Client under this Contract, ADL shall provide the following benefits, if applicable, to the Client in addition to the provision of the Services:

- eligibility to attend academic and technical seminars conducted by ADL; and
- Provision of containers, test tubes and such other similar Sample collection equipment as ADL may at its sole discretion decide from time to time based on the average volume of Samples.

### 4. CONFIDENTIALITY

- 4.1. Subject to Clause 4.4, ADL agrees to treat the Client Confidential Information as confidential and not disclose the same to any third party without the prior written consent from the Client. In this regard, the Client confirms that it has the requisite authority to: a) collect, possess and hold personal information of the identified users, including sensitive personal data or information' ("**SPDI**") as defined under the Information Technology Act, 2000 read with rules thereunder (b) disclose the Client Confidential Information to ADL, with ADL not being responsible to the identified user in this regard; and c) engage ADL to provide the Services which may include receiving, storing, dealing, possessing and/or handling of personal information, Samples and other SPDI of the identified users. Further, the Client confirms that it has intimated the identified user of the terms of this Agreement, has obtained consents from them with respect to storage, maintenance, processing and handling of their personal information (including SPDI) by ADL as required under any and all applicable law, and has undertaken all other compliances as may be required under applicable law.
- 4.2. The Client shall fully indemnify and hold harmless, and keep indemnified, ADL including its employees, directors, officers, agents, from and against, all losses, claims, actions, proceedings, suits, penalties, expenses, damages, fees (including reasonable attorneys' fees), arising directly or indirectly, as a result of,



from or pursuant to: (a) any breach or alleged breach by the Client of the terms of this Clause 4; (b) any negligence or wilful omissions of the Client, and /or (c) any third party claims (including by an identified user) against ADL that pertains to any Client Confidential Information.

- 4.3. It is clarified for the avoidance of doubt that ADL shall not be in violation of this Clause with regard to a disclosure that ADL makes in response to a valid order by a court or other governmental body. ADL shall make commercially reasonable efforts to provide a prior written notice of such disclosure to the Client.
- 4.4. Subject to the due payment of the Fees, the Client shall retain the rights available to it under applicable law with respect to the medical data contained in the Deliverables. Notwithstanding anything stated herein, the Parties agree that ADL shall be entitled to use any information, on an anonymous no-name basis, provided in the Deliverables or ascertained from the Samples in any manner whatsoever without requiring any consent from the Client or the identified user. It is clarified that ADL shall not disclose any information to a third party which shall reasonably enable such third party to identify an identified user personally.
- 4.5. The Client hereby agrees to keep confidential and not disclose to any third party without the prior consent of ADL (i) the terms of this Contract; and (ii) any and all knowledge, data or information of or pertaining to ADL or its business and/or processes that the Client may be provided or be exposed to, by virtue of this Contract, whether or not identified as 'confidential' by ADL.

## 5. TERM AND TERMINATION

- 5.1. This Contract comes into effect on the Execution Date and shall remain valid for the period prescribed under Part B of **ANNEXURE A**. The Parties shall be entitled to renew this Contract for such further periods as they deem fit on mutually agreeable terms and conditions by issuing a written notice.
- 5.2. This Contract may be terminated as follows:
- either Party may terminate this Contract by issuing a 15 (fifteen) days' prior written notice to the other, unless otherwise mutually agreed upon by the Parties;
  - Subject to Clause 5.3, ADL shall be entitled to terminate this Contract forthwith if the Client violates any of the provision of this Contract.
- 5.3. If the Client violates this Contract, ADL shall be entitled to do any of the following, at its sole discretion, without prejudice to its other rights and remedies under law and equity:
- suspend the provision of its Services from the first day of default by the Client which shall include (i) denying access to the Client Account, (ii) denying access to the Deliverables, and/or (iii) stopping any activity on behalf of the Client pursuant to this Contract. The Client shall be liable to indemnify ADL in the event any identified user makes a claim against ADL in respect of denial of access to the Client Account / Deliverables in accordance with this Clause;
  - if the Client has failed to pay the Fees or any portion thereof within the period prescribed under Part B of **ANNEXURE B**, charge an interest at the rate of 24% (twenty four percent) per annum on the amount outstanding from the due date till the date of full and final payment by the Client; and/or
  - Terminate this Contract after providing an opportunity to the Client to cure the breach, within a period of 7 (seven) days from the date of notice issued by ADL to the Client citing the details of the breach by the Client.
- 5.4. Without prejudice to the above, within a period of 7 (seven) days from the expiry or earlier termination, of this Contract all the following actions will be completed simultaneously:
- the Client shall return the signages provided by ADL pursuant to Clause 3.3.2;
  - the Client shall make payment of all outstanding dues owed to ADL;
  - ADL shall deliver a copy of the pending Deliverables to the Client, if any; and
  - ADL shall refund the Security Deposit after adjusting such amounts as may be due from the Client.

## 6. WARRANTIES AND LIMITATION OF LIABILITY

- 6.1. The Parties agree that ADL shall provide all Services under this Contract professionally and in compliance with applicable law. If despite such care and due diligence the Deliverables or any part thereof is found to be incorrect or incomplete, the total liability of ADL shall be limited to carrying out a retest of the Sample provided or carrying out another test using such method which can provide reasonably error free results, free of cost. The selection of the alternative test shall be made by ADL at its sole discretion. The Client undertakes to ensure that subject to normal wear and tear no damage is caused to the signage(s)



provided by ADL to the Client under this Contract. The Client further undertakes to ensure that the signage provided by ADL is conspicuously displayed and shall forthwith inform ADL if the lettering or text on the signage becomes illegible or incorrect, due to any reason whatsoever.

- 6.2. ADL makes no warranty or representation that (a) either the Site or the access to the Client Account will be uninterrupted, timely, secure, problem-free or error-free; (b) the data on the Site will be accurate or reliable; or (c) any errors on the Site will be corrected.
- 6.3. The Client hereby acknowledges that under no circumstances shall ADL be liable for any direct, indirect, special, punitive, or consequential damages that result in any way from (i) the Client's use of or inability to use the Services or to access the Site or Client Account, or (ii) the inability of the Client to use any other service provided on or associated with the access to, the Site or the Client Account or any part thereof.
- 6.4. The Client agrees and confirms that ADL shall not be responsible, in any manner whatsoever, for any delay in performance or failure to meet its obligations under this Contract which may be:
  - a) caused, directly or indirectly, due to:
    - i. the Client's failure to cooperate;
    - ii. the unavailability and/or unresponsiveness of the Client; or
    - iii. the failure on part of the Client to provide or facilitate the submission of, the Samples in a proper and timely manner.
  - b) any event beyond the Service Provider's reasonable control including, but not limited to, due to any Force Majeure event.




## 7 MISCELLANEOUS

- 7.1 **Intellectual Property Rights.** All intellectual property rights belonging to a Party prior to the execution of this Contract shall remain vested in that Party. None of the intellectual property rights in either Party's trademarks and/or brands shall be used by the other Party for any purpose, without such other Party's prior written consent.
- 7.2 **Governing Law and Jurisdiction.** This Contract shall be governed by the laws of India. Subject to Clause 7.3, in the event of any dispute between the Parties in relation to this Contract, the courts in Bangalore shall have exclusive jurisdiction.
- 7.3 **Dispute Resolution.** In the event of any dispute between the Parties, the Parties shall refer the same to arbitration in accordance with the Arbitration and Conciliation Act, 1996. The arbitration panel shall comprise of a sole arbitrator to be mutually agreed upon by the Parties. The venue of arbitration shall be Bangalore and the language of arbitration shall be English.
- 7.4 **Assignment.** Neither Party hereto may assign its rights and obligations in whole or in part hereunder without the prior written consent of the other.
- 7.5 **Severability.** If any clause or provision of this Contract, or the application of such clause or provision, is held invalid by a court of competent jurisdiction, the remainder of this Contract, and the application of such clause or provision to persons, or circumstances other than those with respect to which it is held invalid shall not be affected.
- 7.6 **Waiver.** Waiver by either Party of any term or condition of this Contract at any one instance shall not be deemed or construed to be a continuing waiver of such term or condition for the future or any subsequent breach thereof.
- 7.7 **Entire Agreement.** This Contract read with the ADL DoS consists of the entire agreement between the Parties with regard to the provision of Services and payment of Fees. This Contract supersedes any earlier contracts that may have been entered into between the Parties on the said subject matter. It is clarified that ADL is entitled to amend the ADL DoS from time to time at its sole discretion. In the event ADL amends the ADL Laboratory Manual, such updated ADL DoS shall be deemed to be incorporated into this Contract by reference and such amended ADL DoS shall be available in the website of ADL.
- 7.8 **Counterparts.** This Contract shall be signed in counterparts, each of which shall be an original, with the same effect as if the signatures thereto and hereto were upon the same instrument.
- 7.9 **Authorized Signatory.** Each Party to this Contract represents to the other Party that it has the requisite authority and corporate approvals required for the execution and performance of this Contract.
- 7.10 **Amendment.** Subject to other provisions of this Contract, any amendment to this Contract shall be carried out only by an instrument in writing, duly executed by both the Parties.



- 7.11 **Force Majeure.** If the compliance of its obligations under this Contract by either Party is delayed, prevented, restricted or interfered with by reason of Force Majeure then the Party so affected, upon giving prompt written notice to the other Party, shall not be liable for non-performance of such obligations.
- 7.12 **Notices.** All notices to be sent by a Party in connection with this Contract shall be in writing and shall be delivered by registered post-acknowledgement due to the Party at the addressed mentioned hereinabove or as may be notified by one Party to the other in writing from time to time.
- 7.13 **Survival.** In the event of the termination/expiry of this Contract in whole or in part, Clause 4 (Confidentiality), Clause 5.3 and 5.4 (Consequences of Termination), Clause d) (Limitation of Liability), Clause 7.1 (Intellectual Property Rights), Clause 7.2 (Governing Law and Jurisdiction) and Clause 7.3 (Dispute Resolution) shall survive and inure to the benefit of and be binding upon the Parties, their successors and assigns.

**IN WITNESS WHEREOF,** the Parties have set their hands on this Execution Date onto this Contract.

For and on behalf of ADLs 	For and on behalf of the Client: 
Name: <b>Nagarajan S</b> Title: Chief Financial Officer	Name: <b>Dr. Suresh Krishnamurthy</b> Title: Medical Director
For and on behalf of NARL 	
Name: <b>Nagarajan S</b> Designation: Chief Financial Officer	

ADL Initials

NARL Initials

Customer Initials



## ANNEXURE A

### Part A: Details of the Client:

Sl. #	Particulars Required	Client Responses
1	Name of the Client	PESIMSR Central Laboratory ✓
2	Client Constitution (Proprietorship/Partnership/ Private Ltd Co/Public Ltd Co)	People's Education Society ✓
3	Trade Licence No/CIN	37AAATP3955H2ZA ✓
4	Permanent Account No.	AAATP3955H ✓
5	Name(s) of Proprietor / Partners / Directors	Dr. M.R.Doreswamy ✓
6	Email Id of Proprietor / Partners / Directors	-
7	Nature of Business (Laboratory/Hospital/Others)	Laboratory and Hospital ✓
8	Office Address	National Highway 219, PESIMSR Campus, Kuppam -517425 Chittoor District, Andhra Pradesh ✓
9	Contact Person Name	Dr. C. Nagaraj, Quality Manager ✓
10	Contact Person Phone No.	9343979903 ✓
11	Contact Person e-mail ID	malarianag@gmail.com
12	Authorised Signatory Name	Dr. Suresh Krishnamurthy ✓
13	Authorised Signatory Designation	Medical Director ✓
14	Authorised Signatory email address	-
15	Bank details from where payments will be made to ADL	Bank Name: Account Name: Account Type: Bank Address: IFSC Code:

Note: All the above information is mandatory. Please do not leave any item blank.

### Part B: Term of this Contract

This Contract shall remain valid for a period of **02 (Two)** year from the Execution Date.



## ANNEXURE B

### **Part A: Scope of Services**

Subject to Clause 2.1, the term 'Services' shall mean any of the services detailed in column (B) hereto, which have been agreed to be provided by ADL in relation to the Samples. Also, subject to Clause 3.1, the term 'Fees' in relation to a Service shall mean the cost prescribed against such Service in column (C) below:

S. No.	Services (B)	Fees (C)
a)	All types of medical diagnostic laboratory services currently being provided by ADL. A list of all the tests currently being provided by ADL is provided at <a href="http://www.anandlabreports.com/dos">http://www.anandlabreports.com/dos</a> .	List Price as per ADL Directory of Services & discount structure as given below

### **Discount Structure:**

Sl. No	Category of Tests	Discount % on List Price in DoS
1	A (ROUTINE TESTS)	25%
2	B (SPECIAL TESTS)	25%
3	C (SUPER SPECIALITY TESTS)	20%
4	D (NICHE TESTS)	10%
5	E (INTERNATIONAL SEND OUTS)	10%
6	F (FIXED PRICE)	0%
7	G (GOVT. CONTROLLED PRICING)	0%
8	OUTSOURCED	5%

### **Part B: Fees**

- The Client shall pay the Fees to ADL within a period of 30 (thirty) days from the date of invoice raised by ADL in relation to the Services provided by ADL in the preceding month.

### **Part C: Manner of Payment of Fees**

- ADL shall raise its invoice in relation to the Fees on a monthly basis after the 5<sup>th</sup> (fifth) of the following month. Invoices in excel format shall not be entertained.
- Except for statutory deduction of income tax at source at applicable rates in force, Client agrees to pay ADL's invoice in full. In case the certificate for income tax deducted at source is not provided to ADL within the



*[Handwritten Signature]*

time limit prescribed in the Income Tax Act, 1961 (currently within 30 (thirty) days from the end of the quarter), then the Client shall pay to ADL the amount so deducted from the payment(s) made to ADL.

**Part D: Security Deposit**

Simultaneous with the execution of this Contract, the Client has also paid an interest free refundable security deposit of INR nil /-

*[A large diagonal line is drawn across the page, indicating that the security deposit amount is nil.]*



*[Handwritten signature]*  
Customer Initials

## ADDENDUM TO THE CONTRACT FOR LABORATORY SERVICES

This Addendum to the Contract for Laboratory Services dated 13<sup>th</sup> July 2021 entered into this \_\_\_ day of May 2022 by and between:

**ANAND DIAGNOSTIC LABORATORY PRIVATE LIMITED**, a company registered under The Companies Act, 2013 with effect from 3<sup>rd</sup> January 2022 which was earlier known as Anand Diagnostic Laboratory, a partnership firm having its offices at Anand Tower, 54 Bowring Hospital Road, Shivajinagar, Bengaluru 560 001 represented by its authorised signatory (hereinafter referred to as "ADL" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

AND

**NEUBERG ANAND REFERENCE LABORATORY PRIVATE LIMITED**, a company registered under The Companies Act, 2013 with effect from 3<sup>rd</sup> January 2022 which was earlier known as Neuberg Anand Reference Laboratory, a partnership firm having its offices at Anand Tower, 54 Bowring Hospital Road, Shivajinagar, Bengaluru 560 001 represented by its authorised signatory (hereinafter referred to as "NARL" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

ADL and NARL together shall be known as ADL/NARL

AND

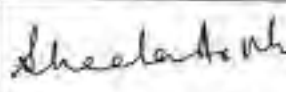
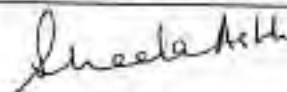

**PES IMSR CENTRAL LABORATORY** of People Education Society, National Highway 219, PES-IMSR Campus, Kuppam 517 425, Chittoor District, Andhra Pradesh represented by its authorised signatory (hereinafter referred to as "Client" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

The Parties had entered into a Contract for Laboratory Services dated 13<sup>th</sup> July 2021 for provision of Pathological Diagnostic Services, Hospital Outsourcing Services, Preventive Care Services and Medical Research Services to its customers.

The Client wishes to incorporate the following clause in the said contract after clause 2.6 as clause 2.7.

"ADL/NARL on processing of samples received from the Client shall immediately inform the Client in case ADL/NARL finds any serious abnormalities as "Critical Alerts" by means of any communication viz., phone or email. The Client undertakes to inform ADL/NARL of the phone number and/or email where such Critical Alerts are to be sent."

All other terms and conditions shall remain as per Contract dated 13<sup>th</sup> July 2021.

For Anand Diagnostic Laboratory Pvt. Ltd	For Neuberg Anand Reference Laboratory Pvt. Ltd.	For PES IMSR Central Laboratory (Unit of People Education Society)
		
Name: SHEELA ASHOK	Name: SHEELA ASHOK	Name:
Designation: HEAD - QUALITY	Designation: HEAD QUALITY	Designation:

## ADDENDUM TO THE CONTRACT FOR LABORATORY SERVICES

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AND

**NEUBERG ANAND REFERENCE LABORATORY PRIVATE LIMITED**, a company registered under The Companies Act, 2013 with effect from 3<sup>rd</sup> January 2022 which was earlier known as Neuberg Anand Reference Laboratory, a partnership firm having its offices at Anand Tower, 54 Bowring Hospital Road, Shivajinagar, Bengaluru 560 001 represented by its authorised signatory (hereinafter referred to as "NARL" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

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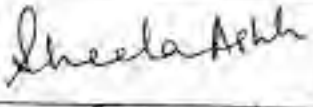
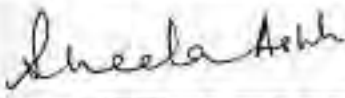

**PES IMSR CENTRAL LABORATORY** of People Education Society, National Highway 219, PES-IMSR Campus, Kuppam 517 425, Chittoor District, Andhra Pradesh represented by its authorised signatory (hereinafter referred to as "Client" which expression shall, unless repugnant to the context thereof, mean and include its legal representatives, partners, administrators and permitted assigns);

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For Anand Diagnostic Laboratory Pvt. Ltd	For Neuberg Anand Reference Laboratory Pvt. Ltd.	For PES IMSR Central Laboratory (Unit of People Education Society)
		
Name: SHEELA ASHOK	Name: SHEELA ASHOK	Name:
Designation: HEAD - QUALITY	Designation: HEAD QUALITY	Designation:



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH		Stamp S. no BW 903892	
Serial No: 293	Denomination: 100	Date : 28.05.2021	
Purchased By :	For :	Sub Registrar	
DR H R KRISHNA RAO	**SELF**	Ex. Offico Stamp Vendor	
PES IMSR		SRO Kuppam	
KUPPAM			

## MEMORANDUM OF UNDERSTANDING (MOU)

Between

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

(Organization A)

and

Dr. Bhatia's Medical Coaching Institute

(Organization B)

### Preamble:

The purpose of this Memorandum of Understanding (MOU) is to clarify the expectations, roles, and responsibilities of the collaboration between our two organizations on NEET PG . This is not a legally binding agreement.

### Intent to Collaborate

It is the intent of the Parties to jointly collaborate on the implementation of the Project.

The Project has the following purpose:

- Provided online training and guidance for competitive examinations

- Career online and offline counseling

**Timeline:**

- The overall project will take place between 01/06/2021 and 31/05/2022

The Project has the following key milestones

1. Complete the entire study material
2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
8. Develop an action plan for achieving goals
9. Identify potential obstacles and develop contingency plans
10. Make a final decision on a career path

**Roles and Responsibilities**

**Both organizations will:**

- Communicate as needed about the implementation and progress of the project

**Organization B will provide:**

- Training/orientation/counseling
- Online portal for the students

**Organization A will provide:**

- Lecture hall or library for Training/orientation
- Internet connection

**Coordination and Communication:**

Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

**Organization A -**

**Name:** Dr. H R Krishna Rao:  
**Phone:** 9391833752  
**Email:** pesmed2007@yahoo.com

**Organization B -**

**Name:** Dr. Bhatia's Medical Coaching Institute  
**Phone:** 099860 08632  
**Email:** dbmcibangalore1@gmail.com

**Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:

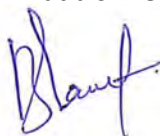
**Organization A:**

Organization Name: PES IMSR, Kuppam

Signature:  \_\_\_\_\_ Date: 29.05.2021

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  \_\_\_\_\_ Date: 29.05.2021

भारतीय गैर न्यायिक

बीस रुपये

रु.20



Rs.20

TWENTY  
RUPEES

INDIA NON JUDICIAL

ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH Rs.20 80AA 343331

SL.No. 19571 Date 01/04/2021

Sold to V. Subba Rao Ryali & R. Siva Ramamurthy.

For Whom Self PESIMSR Campo - Kuppam

M.A. Nepolean

M.A. NEPOLEAN  
LICENCED STAMP VENDOR  
L.NO.10-04-002/2019  
Newpet, Kuppam - 517 425  
Cell: 9550335531

**Memorandum of Understanding (MoU) between District Health Society  
and Participating Non Government Organization.**

**1. Preamble**

- 1.1 WHEREAS the Union Cabinet has approved continuation of National Programme for Control of Blindness hereafter referred to NPCB, for implementation in all the states of the country during the 12<sup>th</sup> plan (2012-2017).
- 1.2 WHEREAS NPCB aims to reduce prevalence of blindness by implementing various activities through state and district blindness control societies established in all the districts of the Country.
- 1.3 WHEREAS the NPCB seeks to involve eye care facilities in Government, Non Government and private sector having capacity to perform various activities under National Programme for Control of Blindness.

*Devi*  
M. PES  
D. S. SUPERINTEN.  
State of Medical Sciences & F.  
Kuppam - 517 425, Chittoor Dist, A.P.

भारतीय गैर न्यायिक

बीस रुपये

रु.20



Rs.20

TWENTY  
RUPEES

INDIA NON JUDICIAL

ఆంధ్రప్రదేశ్ రాష్ట్ర ప్రదేశ్ ANDHRA PRADESH

88AA 420104

Sl No 1209 Date: 3-4-2021 P.20

SOLD to V. SUBBARAO Ryali Sr. Swarna

FOR SIGNUM

S. J. Murthy. Kuppam

H. RAJESH  
LICENCED STAMP VENDOR  
LMO-16-4-001/2010  
PHNO 15-64-007 & 2603-2922  
KUPPAM - 517 425  
CELL : 944938228

1.4 AND WHEREAS scheme for Non Government organizations (hereafter referred as NGO/Private practitioner) providing eye care services are implemented as per pattern of assistance approved by the cabinet.

1.5 Now THEREFORE the signatories of memorandum of understanding (MoU) have agreed as setout herein below.

## 2. Priorities of MoU

This MoU is an agreement between District Health & Family Welfare Society (Kolar district) State of Karnataka hereafter called District Health & Family Welfare society - (Blindness Control Division) and PES Institute of Medical Sciences & Research, Kuppam -517425, Chittoor (Dt), A.P.

## 3. Duration of MoU

This MoU will be operative from the date of its signing by the parties and remain in force for period of one year (from 01.04.2021 to 31.03.2022). The MoU shall be renewed for the further periods of one year every time by the DPM on request/application for extension by the applicant NGO/Private Practitioner as per (Annexure XVII) ONE MONTH BEFORE EXPIRY OF VALIDITY. The DPM shall acknowledge the same and renew the case within one month, if eligible.

  
MEDICAL SUPERINTENDENT  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist. A.P

भारतीय गैर न्यायिक

बीस रुपये

रु.20



Rs.20

TWENTY  
RUPEES

INDIA NON JUDICIAL

ఆంధ్ర ప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

St.No. 1955 Date 01/04/2021

Sold to V. Subbarao Ryali s/o. R. Siva Rameswthy.

For Whom SCV PESIMSR Camps - Kuppam

Rs:20/ 80AA 343332

M.A. NEPOLEAN  
LICENCED STAMP VENDOR  
L.NO.10-04-002/2019  
Newpat, Kuppam - 517 425  
Chittoor Dist. A.P.

Activities	
i) Screening of population (50+ years) in all the villages/townships in the area allotted to the NGO/Private Practitioner and preparation of village wise blind register.	Yes
ii) Identification of cases fit for cataract surgery, motivation thereof and transportation to the base hospital.	
iii) Preoperative examination and investigations required	Yes
iv) Performance of cataract surgery preferably IOL implantation through ECCE/IOL, <u>Small Incision Cataract Surgery (SICS)</u> or <u>Phaco-Emulsification</u> and Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness of patients identified in allotted areas, self motivated walk in cases and those referred by District Health Society/ASHA etc.	Yes
v) Post operative care including management of complications, if any and post operative counseling regarding use of glasses,	Yes
vi) Follow-up services including refraction and provision of glasses, if required providing best possible correction.	Yes
vii) Submission of cataract surgery records of operated case.	Yes

MEDICAL SUPERINTENDENT  
MES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist., A.P.

# भारतीय गैर न्यायिक

बीस रुपये

रु.20



Rs.20

TWENTY  
RUPEES

INDIA NON JUDICIAL

ఆంధ్రప్రదేశ్ రాష్ట్ర ప్రదేశ్ ANDHRA PRADESH

SL.No. 1957 Date 01/04/2021

Issued to V. Subbarao Ryali S/o. R. Siva Ramamurthy  
For Whom Self PESIMSR Campus - Kuppam

Rs: 20 80AA 343334

M.A. NEPOLEAN  
LICENCED STAMP VENDOR  
LNO.10-04-002/2019  
Newpet, Kuppam - 517 425  
Cell: 9550335531

#### 4. Commitments of District Health Society.

Though this MoU, the District Health Society agrees to provide following support to participating NGO /Private Practitioner to facilitate service delivery (Yes against applicable clause).

Clause	Clause of Agreement	Yes/No
5.1	Issue a certificate of recognition about participation in NPCB	Yes
5.2	Undertaking random verification of operated cases not exceeding 5% before discharge of patients.	Yes
5.3	Sanction cost of free cataract operations and management Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness performed by the NGO/Private Practitioner as per GOI Guidelines indicated within month of submission of claims along with cataract surgery record.	Yes
5.4	Make payments of the sanctioned amount to the NGO/Private Practitioner on monthly/quarterly basis.	Yes
5.5	Regularly disseminate literature, guidelines or any other relevant information to Participating NGO/Private Practitioner.	Yes

*Devi*  
MEDICAL SUPERINTENDENT  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist., A.P.



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH Rs.20 80AA 343330

SL.No. 1953 Date 01/04/2021

Sold to V. Subba Rao Ryali s/o. R. Siva Ramanurthy.

For Whom Self PESIMSR Campus. Kuppam

M.A. Nepolsan  
LICENCED STAMP VENDOR  
L.NO.10-04-002/2019  
Newpet. Kuppam - 517 425  
Cell: 9550335531

### 5. Termination of MoU

Commitments agreed to by the parties are meant for prevention and control of blindness and therefore MoU should generally not be suspended or terminated. However, both parties can decide to suspend or terminate the MoU.

Signed this day, the 1<sup>st</sup> of April 2021.

For and on behalf of

(Blindness control division)  
District Health Society

For and on behalf of NGO

PES Institute of Medical Sciences & Research  
Kuppam-517425, Chittoor (DT), A.P

**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425. Chittoor Dist., A.P



सत्यमेव जयते

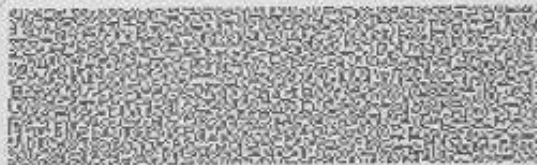
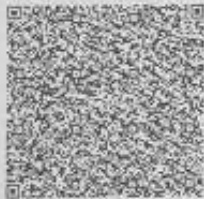
INDIA NON JUDICIAL

Government of Karnataka

Rs. 100

e-Stamp

Certificate No. : IN-KA35927007745232S  
 Certificate Issued Date : 03-Oct-2020 11:39 AM  
 Account Reference : NONACC (FI)/ kaksfcl08/ JAYANAGAR/ KA-BA  
 Unique Doc. Reference : SUBIN-KAKAKSFCL0868203425288822S  
 Purchased by : PESIMSR CENTRAL LABORATORIES  
 Description of Document : Article 12 Bond  
 Description : M O U  
 Consideration Price (Rs.) : 0  
 (Zero)  
 First Party : CANCYTE TECHNOLOGIES PVT LTD  
 Second Party : PESIMSR CENTRAL LABORATORIES  
 Stamp Duty Paid By : PESIMSR CENTRAL LABORATORIES  
 Stamp Duty Amount(Rs.) : 100  
 (One Hundred only)



Please write or type below this line

**THIS STAMP PAPER IS AN INTEGRAL PART OF THE CONTRACT FOR LABORATORY SERVICES ENTERED BY THE CLIENT WITH CANCYTE TECHNOLOGIES PRIVATE LIMITED DATED 3<sup>RD</sup> OCTOBER 2020**

CTPL initials



Customer initials

M.D. FRCP(UK), FACC (USA)  
MEDICAL DIRECTOR  
PES Institute of Medical Sciences & Research  
Kuppiam-517 425, Chittoor Dist, A.P

Page 1 of 2

**Statutory Alert:**

1. The authenticity of the Stamp certificate should be verified at [www.echgstamp.com](http://www.echgstamp.com) or using e-Stamp Mobile App at Stock Exchanges and the accuracy of the details on this Certificate and as available on the website / Mobile App readers / Invoice.
2. The issue of checking the rightness is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority.

03.10.2020

### MEMORANDUM OF UNDERSTANDING

This memorandum of understanding (MOU) is made on this day 3<sup>rd</sup> October 2020 and is valid until 30<sup>th</sup> September 2022 between **CANCYTE TECHNOLOGIES PRIVATE LIMITED**, Sri Shankara Cancer Research Centre, Rangadore Memorial Hospital, Having its office at 9, 1<sup>st</sup> cross, Shankarapuram, Bangalore 560004 through its authorised signatory

And

**PESIMSR Central Laboratories**

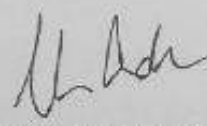


Kuppam, Chittoor District

Andhra Pradesh 517425

This MOU covers the following scope

1. PESIMSR Central Laboratories will be responsible to collect and send 2(TWO) samples once in every 6(SIX) months for inter laboratory comparison of Qualitative and Quantitative PCR for HIV as part of its quality assurance process
2. PESIMSR Central Laboratories will be sending their samples as defined in its scope of molecular tests for testing to Cancyte whenever they are not able to process in house for any reason
3. Cancyte will test these samples and issue their reports to PESIMSR Central Laboratories. The reports thus received will be issued directly to the customers of PESIMSR Central Laboratories without any transcription in the header of Cancyte lab.
4. PESIMSR Central Laboratories will accept the turnaround time and cost of test prevalent at the time of sending their samples. Invoices and bills for the same may be raised in the name of PESIMSR Central Laboratories. Both the parties will accept the confidentiality, data privacy and security.
5. The two laboratories will also exchange samples for molecular testing for any research projects undertaken as per the approved project protocols.

Signed on this day first mentioned in the MOU by parties through its authorised signatories as under

<p>CANCYTE TECHNOLOGIES PRIVATE LIMITED</p>   <p>AUTHORISED SIGNATORY NAME: DESIGNATION:</p>	<p>PESIMSR CENTRAL LABORATORIES</p>  <p>AUTHORISED SIGNATORY NAME: Dr SURESH KRISHNAMURTHY DESIGNATION: MEDICAL DIRECTOR</p>
--	--

**Dr. K. SURESH**  
M.D. FRCP(UK), FACC (USA)  
MEDICAL DIRECTOR  
PES Institute of Medical Sciences & Research  
Kuppam-517 425, Chittoor Dist, A.P

14<sup>th</sup> September 2020  
Bangalore

To,  
**The Blood Bank Medical Officer**  
P.E.S. Institute of Medical Sciences and Research  
NH 219, Kuppam,  
Andhra Pradesh 517425

**Sub: MOU Renewal**

Dear Sir / Madam

- With reference to the existing arrangement, the MOU is renewed for another two years i.e., from September 15<sup>th</sup> 2020 to September 14<sup>th</sup> 2022 on the same terms and conditions
- Also, find below the existing processing charges, which are subject to periodic revision

<b>Blood / Blood Components</b>	<b>Bulk issue</b>	<b>Patient issue</b>
Packed Red Blood Cells (RBC)	1,750	1,950
Leuco Reduced Human Red Cells (RBC)	2,980	3,180
Fresh Frozen Plasma FFP	980	1,020
Cryoprecipitate	500	500
Platelet Concentrates (RDP)	700	700
Single Donor Platelets with Additive Solution	11,650	11,650

Thanking you,

Yours Sincerely,

  
Ravindra C  
Manager – Strategic Partnership



14<sup>th</sup> September 2020  
Bangalore

To,  
**The Blood Bank Medical Officer**  
P.E.S. Institute of Medical Sciences and Research  
NH 219, Kuppam,  
Andhra Pradesh 517425

**Sub: MOU Renewal**

Dear Sir / Madam

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Single Donor Platelets with Additive Solution	11,650	11,650

Thanking you,

Yours Sincerely,

  
Ravindra C  
Manager – Strategic Partnership



  
12/3/22

**3.5.1: Average number of Collaborative activities for research, faculty exchange, student exchange/ Industry-internship etc. per year for the last five years**

**Total number of Collaborative activities for research, faculty exchange, student exchange**

**Academic Year 2019 - 20**



**DEPARTMENT OF MEDICINE**  
**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
**KUPPAM - 517425, CHITTOOR DIST, A.P**

Ref: MED/26/2019

Date: 09.07.2019

From,

Professor & HOD  
Department of Medicine  
PESIMSR  
Kuppam-517425  
Email: mothermedicine.pes@gmail.com

To,

The Director,  
Sri Jayadeva Institute of Cardiovascular Science & Research,  
Bannerghetta Road,  
Bangalore - 560 069.

Sir/Madam,

**Sub: Request for permission to post our Medicine P.G. Students to the  
Department of Cardiology at S J I C**

Greetings from PES Institute of Medical Science & Research, Kuppam  
MD (Gen. Med) 2nd year students are desirous of doing their external posting in  
Cardiology in your esteemed institution. They may please be permitted to learn Cardiology  
for a period of one month.

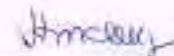
The list of students and the duration of posting is indicated as below.

S. No	Name of the PG	Contact details	Period
1	Dr.T.R.Pandiyam	7382293130 trpandiyam565@gmail.com	01.08.2019 To 31.08.2019
2	Dr.Praveen Vellore	8247311647 drpraveenrims@gmail.com	
3	Dr.P.Niharika	9490781335 niharika.neha89@gmail.com	
4	Dr.C.Aneeshwar Reddy	9885820700 anee2468@gmail.com	
5	Dr.P.Kavya	7095140607 kavvapatuuri24@gmail.com	01.10.2019 To 31.10.2019
6	Dr.Malla Manasa	8985693334 manasamalla93@gmail.com	
7	Dr.Reddy Bhargava	9989092726 rbhargav1993@gmail.com	
8	Dr.Raja sekhar Naidu.Y	9963376026 drrajasekhary@gmail.com	

Kindly approve and permit the students to be benefited and they will pay the necessary fee etc. as required.

Thanking you,

Yours Sincerely



Professor & HOD  
Department of Medicine

PROFESSOR & HOD  
DEPT. OF MEDICINE  
P.E.S. INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P.

Cc to: MD/AMD  
Dean & Principal, MS



ಶ್ರೀ ಜಯದೇವ ಹೃದ್ರೋಗ ವಿಜ್ಞಾನ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ  
**Sri Jayadeva Institute of Cardiovascular  
Sciences and Research**

(Govt. Of Karnataka - Regd. Autonomous Institute)  
Bannerghatta Road, 9<sup>th</sup> Block Jayanagar, Bengaluru - 560069  
Ph:+91-80-22977400/600, Academic Section & Fax:080-22977281  
Website: [www.jayadevacardiology.com](http://www.jayadevacardiology.com) Email: [director@jayadevacardiology.com](mailto:director@jayadevacardiology.com)  
Academic section email: [jayadevacardiology.academic@ic@gmail.com](mailto:jayadevacardiology.academic@ic@gmail.com)

Ref:  
SJICS&R/AS/PG-Training/2019-20

Date:  
22/07/2019

Prof. & HOD - Department of Medicine,  
P.E.S Institute of Medical  
Sciences & Research,  
Kuppam - 517425,  
Chittoor Dist, Andra Pradesh

Sir,

Sub: Training Programme for PG students-reg.  
Ref: Your letter No. MED/26/2019 dated 09/07/2019.

With reference to the above, we write you inform you that, the following PG students are permitted to undergo training in the department of Cardiology at this Institute on the dates mentioned against their names, on payment of fees of Rs. 12500/- per student per month through DD drawn in favour of the Director, SJIC&R, Bangalore - 69.

SL No.	Student name	Period of training
01	Dr. T. R. Pandiayan	01/08/2019 to 31/08/2019
02	Dr. Praveen Vellore	
03	Dr. P. Niharika	
04	Dr. C. Aneeshwar Reddy	
05	Dr. P. Kavya	01/10/2019 to 31/10/2019
06	Dr. Malla Manasa	
07	Dr. Reddy Bhargava	
08	Dr. Raja Sekhar Naidu .Y	

Thanking you,

Yours faithfully,

16p  
26/7/19  
ACADEMIC SUPERINTENDENT

- Note: 1. Students are informed to bring a copy of this posting order along with them at the time of reporting.  
2. CET candidate must carry, CET allotment letter (Karnataka Examination Authority - Candidate copy) attested by the respective college Principal/Dean/Director.  
3. Please send your request letters for Peripheral Postings atleast 3 months in advance

Conditional permitted to return in back case of inspection MCI

PG peripheral file

**DEPARTMENT OF MEDICINE  
P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P**

Ref : MED/15/2019

Date: 09.07.2019

From,

Professor & HOD  
Department of Medicine  
PESIMSR  
Kuppam-517425  
Email: mothermedicine.pes@gmail.com

To,

The Director,  
NIMHANS Hospital,  
Hosur Road, Near dairy circle,  
Bangalore - 560 029.

Sir/Madam,

**Sub: Request for permission to post our Medicine P.G. Students to the  
Department of Neurology at NIMHANS**

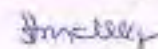
Greetings from PES Institute of Medical Science & Research, Kuppam

As per provisions MCI regulations/guidelines the PG students of the department of General Medicine are to be posted for training in Neurology, Cardiology, etc., during the 2<sup>nd</sup> year of their PG course. External posting of the PG students for training in Neurology for the year 2018-2019 are given below. It is requested that approval for training in Neurology at your esteemed Institute may kindly be accorded.

S. No	Name of the PG	Contact details	Period
1	Dr. T.R. Pandiyan	7382293130 <a href="mailto:trpandivan565@gmail.com">trpandivan565@gmail.com</a>	01.09.2019 To 30.09.2019
2	Dr. Praveen Vellore	8247311647 <a href="mailto:drpraveenrims@gmail.com">drpraveenrims@gmail.com</a>	
3	Dr. P. Niharika	9490781335 <a href="mailto:niharika.neha89@gmail.com">niharika.neha89@gmail.com</a>	
4	Dr. C. Aneeshwar Reddy	9885820700 <a href="mailto:anee2468@gmail.com">anee2468@gmail.com</a>	
5	Dr. P. Kavya	7095140607 <a href="mailto:kavvapatuuri24@gmail.com">kavvapatuuri24@gmail.com</a>	01.11.2019 To 30.11.2019
6	Dr. Malla Manasa	8985693334 <a href="mailto:manasamalla93@gmail.com">manasamalla93@gmail.com</a>	
7	Dr. Reddy Bhargava	9989092726 <a href="mailto:rbhargav1993@gmail.com">rbhargav1993@gmail.com</a>	
8	Dr. Raja sekhar Naidu.Y	9963376026 <a href="mailto:drrajasekhary@gmail.com">drrajasekhary@gmail.com</a>	

Thanking you,

Yours Sincerely,



Professor & HOD  
Department of Medicine

PROFESSOR & HOD  
DEPT. OF MEDICINE  
P.E.S. INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425 CHITTOOR DIST. A.P

Cc to: MD/AMD  
Dean & Principal  
Medical Superintendent



NIMH:A&E:TM:TRG-NEURO:2019/971

Date: 25.07.2019

The Professor and HOD  
Department of Medicine  
P.E.S. Institute of Medical Sciences and Research  
Kuppam - 517 425.  
Chittoor Dist. A.P.

Sir/Madam,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 09.07.2019

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your institute to undergo training at this Institution as follows:

1	Number of trainees	08
2	Name of the trainees	<b>Duration</b>
	Dr. Praveen Vellore and 03 others	<b>03.09.2019 to 30.09.2019</b>
	Dr. P. Kavya and 03 others	<b>02.11.2019 to 30.11.2019</b>
3	Department at which training permitted	Neurology
4	Training fee	Rs.10,000/- per month or part thereof per trainee

*Note: Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.*

- The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- The training fee for the whole duration of training has to be paid by Debit/Credit Card on the day of joining. The training fee once paid will not be refunded.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability. based on Manager, Hostel report (080-26995095)/Supervisor, Cauvery Hostel, (080-26995092) as on the date of joining and on payment of charges as below. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

**1. Hostel Rent:** Rs.100/- per day

**NOTE:** In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputed the trainees. Further, the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

ADMINISTRATIVE OFFICER (A&E)

Administrative Officer (A & E,  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029

Copy to: The HOD of Neurology, NIMHANS

The Manager/Supervisor, NIMHANS Hostels, NIMHANS



GOVERNMENT OF INDIA  
Regional Office for Health & Family Welfare  
(Directorate General of Health Services, Ministry of Health and FW)

2<sup>nd</sup> Floor 'F' Wing, Kendriya Sadan  
Koramangala, Bangalore – 560 034  
Phone Direct :25537310  
Office : 25537688  
Fax : (080) 25539249  
Email: rhobng@nic.in  
Date: 22.01.2019

Senior Regional Director (H & FW)  
No.ROH&FW/FIC/2018-19/ 2-5 /

Dr. Chitra Nagaraj,  
Associate Professor,  
PESMC,  
Kuppum,  
Tamilnadu

**Sub: CBHI Training on Family of International Classification (ICD-10 & ICF) for  
Non-Medical Personnel from 11.02.2019 to 15.02.2018 - reg.**

Madam,


This office is organizing five day training on Family of International Classification (ICD-10 & ICF) from 11.02.2019 to 15.02.2018. The training is imparted to the Officers involved in the work of Medical Records / Health Statistics.

You are invited to be a resource faculty for the said training programme as per the schedule given below.

Date	Time	Topic
14-02-19	14 to 15 PM	ICD-10 Chapter IX & X Diseases of Circulatory & Respiratory System (MWB & Module 16 & 17)

Kindly make it convenient and deliver lecture in the training programme.

Yours faithfully,

  
(V.K.Salini)  
Deputy Director

3)

Fw: Family of International Classification (ICD-10 & ICF) for Non-medical personnel from 11.02.2019 to 15.02.2019.

RHO ICD 10

Search for all messages with label RHO ICD 10

Remove label RHO ICD 10 from this conversation



Microsoftaccount . Team. <chitranagaraj@hotmail.com>

Thu, Jan 24, 2019,  
12:16 PM

to me

---

**From:** [rhobng@nic.in](mailto:rhobng@nic.in) <[rhobng@nic.in](mailto:rhobng@nic.in)> on behalf of Regional Health Office, B'lore <[rhobng@nic.in](mailto:rhobng@nic.in)>

**Sent:** Wednesday, January 23, 2019 10:47 AM

**To:** CBHI FACL SELVINJEBASINGH; CBHI FACU DR PREMMONY; CBHI FACUL DR KAVYA; CBHI FACUL Dr. ARVINDRAJ; CBHI FACUL Dr. VENKATESH; CBHI FACULDr. RAMESH KIDWAI; CBHII FACU CHITRANAGRAJ; CBHII FACU CHITRANAGRAJ; ICD FAC DR SAMPATH; DM JOSEPH; Dr. YOGITHA; DR. BRAMAKRISHNANGOUD; DR. BRAMAKRISHNANGOUD

**Subject:** Family of International Classification (ICD-10 & ICF) for Non-medical personnel from 11.02.2019 to 15.02.2019.

Sir \ Madam,

Please find attached here with respective Faculty Letter as mentioned below requesting for delivering lectures on their concerned topic for upcoming Family of International Classification (ICD-10 & ICF) for Non-medical personnel from 11.02.2019 to 15.02.2019.

The list of Faculty is as follows

1. Dr, Sampathsingh
2. Mr. D.M. Joseph
3. Dr. Prem Mony
4. Dr. Kavya
5. Dr. C. Ramesh
6. Dr. E. Aravind Raj
7. Mrs. Irvin Machado
8. Dr. Yogitha
9. Dr. Venkatasubramanian
10. Dr. Chitra Nagaraj
11. Dr. Ramakrishna Goud

12. Mr. Selwyn Jebasingh

It is requested to view the concerned letter by their names for topic, date and timings for delivering lectures

--

Kind Regards,

Senior Regional Director (H&FW)  
Regional Office for Health & FW, Govt of India,  
II Floor, 'F' Wing, Kendriya Sadan, Koramangala,  
Bangalore - 560034  
Ph: 080-25537688, 080- 25537310  
Fax: 080-25539249



ఆంధ్రప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH  
S.NO: .....1146.....Date: 20.05.2020.....

SOLD TO: Dr. H.R. Krishna Rao, PESIMSR, Kuppam

FOR WHOM: .....-Self-.....

BW 896121  
BK. SREENIVASA MURTHY  
STAMP VENDOR  
L.No:10-04-005/2013  
KUPPAM - 517 425

## MEMORANDUM OF UNDERSTANDING (MOU)

Between

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

(Organization A)

and

Dr. Bhatia's Medical Coaching Institute

(Organization B)

### Preamble:

The purpose of this Memorandum of Understanding (MOU) is to clarify the expectations, roles, and responsibilities of the collaboration between our two organizations on NEET PG . This is not a legally binding agreement.

### Intent to Collaborate

It is the intent of the Parties to jointly collaborate on the implementation of the Project.

The Project has the following purpose:

- Provided online training and guidance for competitive examinations
- Career online and offline counseling

**Timeline:**

- The overall project will take place between 01/06/2020 and 31/05/2021

The Project has the following key milestones

1. Complete the entire study material
2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
8. Develop an action plan for achieving goals
9. Identify potential obstacles and develop contingency plans
10. Make a final decision on a career path

**Roles and Responsibilities****Both organizations will:**

- Communicate as needed about the implementation and progress of the project

**Organization B will provide:**

- Training/orientation/counseling
- Online portal for the students

**Organization A will provide:**

- Lecture hall or library for Training/orientation
- Internet connection

**Coordination and Communication:**

Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

**Organization A -**

**Name:** Dr. H R Krishna Rao:  
**Phone:** 9391833752  
**Email:** pesmed2007@yahoo.com

**Organization B -**

**Name:** Dr. Bhatia's Medical Coaching Institute  
**Phone:** 099860 08632  
**Email:** dbmcibangalore1@gmail.com

**Modifications to this MOU:**


This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:


**Organization A:**

Organization Name: PESIMSR, Kuppam

Signature:  \_\_\_\_\_ Date: 21.05.2020

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  \_\_\_\_\_ Date: 21.05.2020

**DEPARTMENT OF MEDICINE**  
**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
**KUPPAM - 517425, CHITTOOR DIST, A.P**

Ref: MED/26/2019

Date: 09.07.2019

From,

Professor & HOD  
Department of Medicine  
PESIMSR  
Kuppam-517425  
Email: mothermedicine.pes@gmail.com

To,

The Director,  
Sri Jayadeva Institute of Cardiovascular Science & Research,  
Bannerghetta Road,  
Bangalore - 560 069.

Sir/Madam,

**Sub: Request for permission to post our Medicine P.G. Students to the  
Department of Cardiology at S J I C**

Greetings from PES Institute of Medical Science & Research, Kuppam  
MD (Gen. Med) 2nd year students are desirous of doing their external posting in  
Cardiology in your esteemed institution. They may please be permitted to learn Cardiology  
for a period of one month.

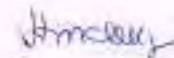
The list of students and the duration of posting is indicated as below.

S. No	Name of the PG	Contact details	Period
1	Dr.T.R.Pandiyan	7382293130 trpandiyan565@gmail.com	01.08.2019 To 31.08.2019
2	Dr.Praveen Vellore	8247311647 drpraveenrims@gmail.com	
3	Dr.P.Niharika	9490781335 niharika.neha89@gmail.com	
4	Dr.C.Aneeshwar Reddy	9885820700 anee2468@gmail.com	
5	Dr.P.Kavya	7095140607 kavvapatuuri24@gmail.com	01.10.2019 To 31.10.2019
6	Dr.Malla Manasa	8985693334 manasamalla93@gmail.com	
7	Dr.Reddy Bhargava	9989092726 rbhargav1993@gmail.com	
8	Dr.Raja sekhar Naidu.Y	9963376026 drrajasekhary@gmail.com	

Kindly approve and permit the students to be benefited and they will pay the necessary fee etc. as required.

Thanking you,

Yours Sincerely



Professor & HOD  
Department of Medicine

PROFESSOR & HOD  
DEPT. OF MEDICINE  
P.E.S. INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P.

Cc to: MD/AMD  
Dean & Principal, MS



ಶ್ರೀ ಜಯದೇವ ಹೃದ್ರೋಗ ವಿಜ್ಞಾನ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ  
**Sri Jayadeva Institute of Cardiovascular  
Sciences and Research**

(Govt. Of Karnataka - Regd. Autonomous Institute)  
Bannerghatta Road, 9<sup>th</sup> Block Jayanagar, Bengaluru - 560069  
Ph:+91-80-22977400/600, Academic Section & Fax:080-22977281  
Website: [www.jayadevacardiology.com](http://www.jayadevacardiology.com) Email: [director@jayadevacardiology.com](mailto:director@jayadevacardiology.com)  
Academic section email: [jayadevacardiology.academic@ic@gmail.com](mailto:jayadevacardiology.academic@ic@gmail.com)

Ref:  
SJICS&R/AS/PG-Training/2019-20

Date:  
22/07/2019

Prof. & HOD - Department of Medicine,  
P.E.S Institute of Medical  
Sciences & Research,  
Kuppam - 517425,  
Chittoor Dist, Andra Pradesh

Sir,

Sub: Training Programme for PG students-reg.  
Ref: Your letter No. MED/26/2019 dated 09/07/2019.

With reference to the above, we write you inform you that, the following PG students are permitted to undergo training in the department of Cardiology at this Institute on the dates mentioned against their names, on payment of fees of Rs. 12500/- per student per month through DD drawn in favour of the Director, SJIC&R, Bangalore - 69.

SL No.	Student name	Period of training
01	Dr. T. R. Pandiayan	01/08/2019 to 31/08/2019
02	Dr. Praveen Vellore	
03	Dr. P. Niharika	
04	Dr. C. Aneeshwar Reddy	
05	Dr. P. Kavya	01/10/2019 to 31/10/2019
06	Dr. Malla Manasa	
07	Dr. Reddy Bhargava	
08	Dr. Raja Sekhar Naidu .Y	

Thanking you,

Yours faithfully,

16p  
26/7/19  
ACADEMIC SUPERINTENDENT

- Note: 1. Students are informed to bring a copy of this posting order along with them at the time of reporting.  
2. CET candidate must carry, CET allotment letter (Karnataka Examination Authority - Candidate copy) attested by the respective college Principal/Dean/Director.  
3. Please send your request letters for Peripheral Postings atleast 3 months in advance

Conditional permitted to return in back case of MCI inspection

PG peripheral file

**DEPARTMENT OF MEDICINE  
P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P**

Ref : MED/15/2019

Date: 09.07.2019

From,

Professor & HOD  
Department of Medicine  
PESIMSR  
Kuppam-517425  
Email: mothermedicine.pes@gmail.com

To,

The Director,  
NIMHANS Hospital,  
Hosur Road, Near dairy circle,  
Bangalore - 560 029.

Sir/Madam,

**Sub: Request for permission to post our Medicine P.G. Students to the  
Department of Neurology at NIMHANS**

Greetings from PES Institute of Medical Science & Research, Kuppam

As per provisions MCI regulations/guidelines the PG students of the department of General Medicine are to be posted for training in Neurology, Cardiology, etc., during the 2<sup>nd</sup> year of their PG course. External posting of the PG students for training in Neurology for the year 2018-2019 are given below. It is requested that approval for training in Neurology at your esteemed Institute may kindly be accorded.

S. No	Name of the PG	Contact details	Period
1	Dr. T.R. Pandiyan	7382293130 <a href="mailto:trpandiyan565@gmail.com">trpandiyan565@gmail.com</a>	01.09.2019 To 30.09.2019
2	Dr. Praveen Vellore	8247311647 <a href="mailto:drpraveenrims@gmail.com">drpraveenrims@gmail.com</a>	
3	Dr. P. Niharika	9490781335 <a href="mailto:niharika.neha89@gmail.com">niharika.neha89@gmail.com</a>	
4	Dr. C. Aneeshwar Reddy	9885820700 <a href="mailto:anee2468@gmail.com">anee2468@gmail.com</a>	
5	Dr. P. Kavya	7095140607 <a href="mailto:kavvapatuuri24@gmail.com">kavvapatuuri24@gmail.com</a>	01.11.2019 To 30.11.2019
6	Dr. Malla Manasa	8985693334 <a href="mailto:manasamalla93@gmail.com">manasamalla93@gmail.com</a>	
7	Dr. Reddy Bhargava	9989092726 <a href="mailto:rbhargav1993@gmail.com">rbhargav1993@gmail.com</a>	
8	Dr. Raja sekhar Naidu.Y	9963376026 <a href="mailto:drrajasekharv@gmail.com">drrajasekharv@gmail.com</a>	

Thanking you,

Yours Sincerely,

Professor & HOD  
Department of Medicine

PROFESSOR & HOD  
DEPT OF MEDICINE  
P.E.S. INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425 CHITTOOR DIST. A.P

Cc to: MD/AMD  
Dean & Principal  
Medical Superintendent



NIMH:A&E:TM:TRG-NEURO:2019/971

Date: 25.07.2019

The Professor and HOD  
Department of Medicine  
P.E.S. Institute of Medical Sciences and Research  
Kuppam - 517 425.  
Chittoor Dist. A.P.

Sir/Madam,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 09.07.2019

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your institute to undergo training at this Institution as follows:

1	Number of trainees	08
2	Name of the trainees	<b>Duration</b>
	Dr. Praveen Vellore and 03 others	<b>03.09.2019 to 30.09.2019</b>
	Dr. P. Kavya and 03 others	<b>02.11.2019 to 30.11.2019</b>
3	Department at which training permitted	Neurology
4	Training fee	Rs.10,000/- per month or part thereof per trainee

*Note: Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.*

- The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- The training fee for the whole duration of training has to be paid by Debit/Credit Card on the day of joining. The training fee once paid will not be refunded.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability. based on Manager, Hostel report (080-26995095)/Supervisor, Cauvery Hostel, (080-26995092) as on the date of joining and on payment of charges as below. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

**1. Hostel Rent:** Rs.100/- per day

**NOTE:** In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputed the trainees. Further, the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

ADMINISTRATIVE OFFICER (A&E)

Administrative Officer (A & E,  
NIMHANS) Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029

Copy to: The HOD of Neurology, NIMHANS

The Manager/Supervisor, NIMHANS Hostels, NIMHANS



GOVERNMENT OF INDIA  
Regional Office for Health & Family Welfare  
(Directorate General of Health Services, Ministry of Health and FW)

2<sup>nd</sup> Floor 'F' Wing, Kendriya Sadan  
Koramangala, Bangalore - 560 034  
Phone Direct : 25537310  
Office : 25537688  
Fax : (080) 25539249  
Email: rhobng@nic.in  
Date: 28.07.2021

Senior Regional Director (H & FW)  
No.ROH:&FW/FSU/ TR/2-5/ 2019-20

To,  
Dr. Chitra Nagaraj,  
Associate Professor,  
PESMC,  
Kuppam,  
Andhra Pradesh.

**Sub: CRHI Virtual Training on Family of International Classification (ICD-10 & ICF) for Non-Medical Personnel - 30-07-2021. - reg.**

Madam,

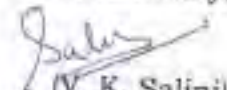
This office is organizing training on Family of International Classification (ICD-10 & ICF) on 30-07-21. The Virtual training is imparted to the Officers involved in the work of Medical Records / Health Statistics.

You are invited as a resource faculty for the said training programme as per the schedule given below:

Date	Time	Topic
30-07-21	03.00 to 04.00PM	ICD-10 Coding of cardiovascular and respiratory system.

Kindly make it convenient and deliver lecture in the training program.

Yours faithfully,

  
(V. K. Salini)  
Deputy Director



ఆంధ్ర ప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH CF 633944  
Serial No. 1420 Denomination: 100 Date 15-03-2019 Stamp S. no CF 633944  
Purchased By : DR. T. VENUGOPALA RAO For: \*\*SELF\*\*  
S/O SUBBA RAO TANNERU Sub Registrar  
PESIMSR CAMPUS Ex. Offico Stamp Vendor  
KUPPAM SRO Kuppam

**Memorandum of Understanding (MoU) between District Health Society  
and Participating Non Government Organization.**

**1. Preamble**

- 1.1 WHEREAS the Union Cabinet has approved continuation of National Programme for Control of Blindness hereafter referred to NPCB, for implementation in all the states of the country during the 12<sup>th</sup> plan (2012-2017).
- 1.2 WHEREAS NPCB aims to reduce prevalence of blindness by implementing various activities through state and district blindness control societies established in all the districts of the Country.
- 1.3 WHEREAS the NPCB seeks to involve eye care facilities in Government, Non Government and private sector having capacity to perform various activities under National Programme for Control of Blindness.

**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Kuppam - 517 425, Chittoor Dist., A.P

- 1.4 AND WHEREAS scheme for Non Government organizations (hereafter referred as NGO/Private practitioner) providing eye care services are implemented as per pattern of assistance approved by the cabinet.
- 1.5 Now THEREFORE the signatories of memorandum of understanding (MoU) have agreed as setout herein below.

## 2. Priorities of MoU

This MoU is an agreement between District Health & Family Welfare Society (Kolar district) State of Karnataka hereafter called District Health & Family Welfare society - (Blindness Control Division) and PES Institute of Medical Sciences & Research, Kuppam -517425, Chittoor (Dt), A.P.

## 3. Duration of MoU

This MoU will be operative from the date of its signing by the parties and remain in force for **period of one year**. The MoU shall be renewed for the further periods of one year every time by the DPM on request/application for extension by the applicant NGO/Private Practitioner as per (Annexure XVII) **ONEMONTH BEFORE EXPIRY OF VALIDITY**. The DPM shall acknowledge the same and renew the case within one month, if eligible.

Activities	Yes/No
i) Screening of population (50+ years) in all the villages/townships in the area allotted to the NGO/Private Practitioner and preparation of village wise blind register.	Yes
ii) Identification of cases fit for cataract surgery, motivation thereof and transportation to the base hospital.	Yes
iii) Preoperative examination and investigations required	Yes
iv) Performance of cataract surgery preferably IOL implantation through ECCE/IOL, <u>Small Incision Cataract Surgery(SICS)</u> or <u>Phaco-Emulsification</u> and Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness of patients identified in allotted areas, self motivated walk in cases and those referred by District Health Society/ASHA etc.	Yes



v) Post operative care including management of complications, if any and post operative counseling regarding use of glasses,	Yes
vi) Follow-up services including refraction and provision of glasses, if required providing best possible correction.	Yes
vii) Submission of cataract surgery records of operated case.	Yes

#### 4. Commitments of District Health Society.

Though this MoU, the District Health Society agrees to provide following support to participating NGO /Private Practitioner to facilitate service delivery (Yes against applicable clause).

Clause	Clause of Agreement	Yes/No
5.1	Issue a certificate of recognition about participation in NPCB	Yes
5.2	Undertaking random verification of operated cases not exceeding 5% before discharge of patients.	Yes
5.3	Sanction cost of free cataract operations and management Diabetic Retinopathy, Glaucoma, Keratoplasty & Childhood Blindness performed by the NGO/Private Practitioner as per GOI Guidelines indicated within month of submission of claims along with cataract surgery record.	Yes
5.4	Make payments of the sanctioned amount to the NGO/Private Practitioner on monthly/quarterly basis.	Yes
5.5	Regularly disseminate literature, guidelines or any other relevant information to Participating NGO/Private Practitioner.	Yes

*Signature*

**MEDICAL SUPERINTENDENT**  
 PES Institute of Medical Sciences & Research  
 Kuppam - 517 425, Chittoor Dist., A.P.

## 5. Termination of MoU

Commitments agreed to by the parties are meant for prevention and control of blindness and therefore MoU should generally not be suspended or terminated. However, both parties can decide to suspend or terminate the MoU.

Signed this day, The 20<sup>th</sup> of March 2019.

For and on behalf of  
(blindness control division)  
District Health Society

*N. Ravi*

2/4/19

Dist. Programme Manager  
Dist. Blindness Control Society  
KOLAR-563 10<sup>th</sup>, (Karnataka)

*[Signature]*  
For and on behalf of NGO

**MEDICAL SUPERINTENDENT**  
PES Institute of Medical Sciences & Research  
Nalagampalli, Kuppam, Chittoor (DT), A.P



Serial No. 288	Denomination: 100	Date :25.05.2019	Stamp S. no BW 903897
Purchased By : <b>Dr.H.R.KRISHNA RAO</b> <b>PESIMSR, KUPPAM</b>	For : <b>**SELF**</b>		<b>Sub Registrar</b> <b>Ex. Office Stamp Vendor</b> <b>SRO Kuppam</b>

## MEMORANDUM OF UNDERSTANDING (MOU)

Between

PES INSTITUTE OF MEDICAL SCIENCES & RESEARCH

(Organization A)

and

Dr. Bhatia's Medical Coaching Institute

(Organization B)

### Preamble:

The purpose of this Memorandum of Understanding (MOU) is to clarify the expectations, roles, and responsibilities of the collaboration between our two organizations on NEET PG. This is not a legally binding agreement.

### Intent to Collaborate

It is the intent of the Parties to jointly collaborate on the implementation of the Project.

The Project has the following purpose:

- Provided online training and guidance for competitive examinations
- Career online and offline counseling

**Timeline:**

- The overall project will take place between 01/06/2019 and 31/05/2020

The Project has the following key milestones

1. Complete the entire study material
2. Achieve a target score in a mock test consistently
3. Develop a consistent study routine and stick to it
4. Identify and focus on weak areas
5. Stay motivated and maintain a positive attitude
6. Narrow down career options to a top choice
7. Set specific, measurable, achievable, relevant, and time-bound (SMART) goals
8. Develop an action plan for achieving goals
9. Identify potential obstacles and develop contingency plans
10. Make a final decision on a career path

**Roles and Responsibilities****Both organizations will:**

- Communicate as needed about the implementation and progress of the project

**Organization B will provide:**

- Training/orientation/counseling
- Online portal for the students

**Organization A will provide:**

- Lecture hall or library for Training/orientation
- Internet connection

**Coordination and Communication:**

Most of the communication about the Project will take place between the two primary contact people. The primary contact people for each organization are:

**Organization A -**

**Name:** Dr.H.R.KrishnaRao:

**Phone:** 9391833752

**Email:** pesmed2007@yahoo.com

**Organization B -**

**Name:** Dr. Bhatia's Medical Coaching Institute

**Phone:** 099860 08632

**Email:**dbmcibangalore1@gmail.com

**Modifications to this MOU:**

This Memorandum may be modified with supplemental written agreements signed by the parties and can be terminated in writing, in whole or in part, by consensus of the parties.

**Acknowledgment:**

The following parties jointly agree to the roles and responsibilities delineated in this Memorandum of Understanding:


**Organization A:**

Organization Name: PESIMSR, Kuppam

Signature:  \_\_\_\_\_ Date: 27.05.2019

**Organization B:**

Organization Name: Dr. Bhatia's Medical Coaching Institute

Signature:  \_\_\_\_\_ Date: 27.05.2019



Serial No. 22310  
Purchased By:  
NUTHALAPATI HANUMAI AH  
S/O HANUMANTHU RAO  
TIRUPATI

ఆంధ్ర ప్రదేశ్ ఆంధ్ర ప్రదేశ్ ANDHRA PRADESH

Denomination: 100

Date: 28-04-2018

For:  
AWM CONSULTING LTD

Stamp S. no. AP 560576

Sub-Registrar  
Ex. Office Stamp Vendor  
SRO Tirupathi (R.O)

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Undertaking entered into this day of 19-09-2018.

By & Between

AWM Consulting Ltd., having its local office at 1-5-553, 2<sup>nd</sup> Floor, Balaji Colony, Tirupati, Chittoor District and incorporated under the Indian Companies Act of 1956 hereinafter referred to as "AWM Consulting Ltd",

And

The Medical Director PES Institute of Medical sciences & Research, Kuppam, Chittoor District, Hereafter referred to as.

For AWM Consulting Ltd.

*[Signature]*  
General Manager

*[Signature]*  
Dr. K. SURESH

M.D. (PUB), FACO (USA)

Director

PES Institute of Medical Sciences & Research  
Kuppam, Chittoor Dist, A.P.

WHEREAS, AWM Consulting Ltd, is proposing to commission a comprehensive facility for handling clinical and infections wastes generated from health care establishments and intends to provide complete range of bio-medical waste management services such as waste segregation, collection, transport and disposal on contract basis, AND,

WHEREAS, AP. POLLUTION CONTROL BOARD has authorized AWM as the authorized operator for handling and management of biomedical waste in Chittoor District.

NOW, therefore, it is agreed between AWM and the above mentioned medical establishment to enter into Memorandum of Understanding (MOU) on the following terms and conditions.

- a) AWM hereby agrees to provide comprehensive waste management.
- b) The scope of waste management and handling services will cover the following.


- I. **Waste Segregation:** AWM will help the member health care establishment Segregate, at sources, various categories of waste generated.
- II. **Waste Collection:** AWM will provide standardized, color coded containers to be used for collection of various categories of bio.medical waste at each of the member establishment will be provided with a waste collection schedule. Waste will be collected as per the schedule and transported to AWMs CTF.
- III. **Waste Disposal;** Waste will be disposed off in accordance with the existing laws.
- IV. In consideration of AWM Consulting Ltd providing the aforesaid services, the above mentioned medical establishment agrees to pay as under.

Contract period	Rate/Bed (Rs)	No. Beds
01-09-2018 to 31-08-2021 (3 years)	5.50, Per Bed/Per Day	750
01-09-2021 to 31-08-2023 (2 years)	6.00, Per Bed/Per Day	750

- V. This agreement is valid for a period of five Years i.e. from 01-09-2018 to 31-08-2023 AWM. Reserves the right – to requesting for increasing the charges depending on the general conditions prevailing at the point of time with the consent of AP pollution control Board.

For AWM CONSULTING LTD,  
For AWM Consulting Ltd.

  
General Manager

  
**Dr. K. SURESH**  
M.D. FRCP(UK), FACC (USA)  
MEDICAL DIRECTOR  
PES Institute of Medical Sciences & Research  
Kuppam-517 425, Chittoor Dist, A.P.



# PES Institute of Medical Sciences & Research

Kuppam- 517 425, Chittoor Dist., Andhra Pradesh

Tel: 08570 - 277999, 277799, 277666

Email: [principal@pesimsr.pes.edu](mailto:principal@pesimsr.pes.edu) Web: [www.pesimsr.pes.edu](http://www.pesimsr.pes.edu)

## NAAC Criterion 3: Research, Innovations and Extension

### 3.5 Collaboration

**3.5.1: Average number of Collaborative activities for research, faculty exchange, student exchange/ Industry-internship etc. per year for the last five years**





# PES Institute of Medical Sciences & Research

Kuppam- 517 425, Chittoor Dist., Andhra Pradesh

Tel: 08570 - 277999, 277799, 277666

Email: [principal@pesimsr.pes.edu](mailto:principal@pesimsr.pes.edu) Web: [www.pesimsr.pes.edu](http://www.pesimsr.pes.edu)

## Certified copies of collaboration documents and exchange visits





**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**

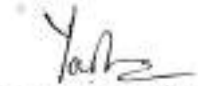
**(INSTITUTE OF NATIONAL IMPORTANCE)**

**DEPARTMENT OF NEUROPATHOLOGY**

---

## **Certificate**

This is to certify **Dr. Vishnupriya R, MD (Pathology), PES Institute of Medical science and Research** has attended the **online Neuropathology e-Learning Course** conducted by the **Department of Neuropathology, NIMHANS, Bangalore, from 01-04-24 to 15-04-24**. Lectures, demonstrations and microscopy slide sessions on the following topics were taken: Histology of normal brain, Gross anatomy of the nervous system, Brain cutting, Neuroinfections, Neurooncology, Peripheral neuropathy, Muscle disorders, Neurodegenerative disorders and Electron Microscopy.

  
**Dr. YASHA T.C./डॉ. यश टी. सी,**  
MD/एमडी  
Senior Professor & Head / सीनियर प्रोफेसर एवं प्रमुख  
Dept. of Neuropathology & / न्यूरोपैथोलॉजी विभाग एवं  
Dean Neurosciences / डीन -न्यूरोसाइंसेज  
NIMHANS, Hosur Road / निमहंस, होसूर रोड  
Bengaluru - 560 029 / बेंगलुरु - 560 029



# PES Institute of Medical Sciences & Research

KUPPAM - 517 425, CHITTOOR DIST., ANDHRA PRADESH  
Mob : 093918-33752  
email : pesmed2007@yahoo.com

**Dr. H.R. KRISHNA RAO** MBBS., MS (Anatomy)  
Dean & Principal  
Professor of Anatomy

Ref: PESIMSR/ ESTAB / 2935 / 2024-25

13.03.2024

To,

The Director  
NIMHANS  
Hasur Road, Bangalore-560029.

Sir,

**Sub: Request for Permission to post MD-General Medicine Postgraduate students of PESIMSR, Kuppam-Training in the department of Neurology at NIMHANS, Bangalore-Reg.**

Ref: NMC Guidelines No. 11011/22/AC/guidelines/09 dated 01.08.2022.

\*\*\*

May, I bring to your kind notice that, PES institute of Medical Sciences and Research, Kuppam, Chittoor District, Andhra Pradesh, running Postgraduate courses since 2009.

As per NMC guidelines letter dated 01.08.2022, We would like to send the following MD-General Medicine 2<sup>nd</sup> Year students for training in the department of Neurology at NIMHANS, Bangalore.

S.No	Name of the student	Mob. No	E-mail ID	Period of training
1	Dr. Shaik MD Shoaib	8143359101	shoaibshak991@gmail.com	01.04.2024 To
2	Dr. M Lohith Chowdary	9949470532	lohith0510@gmail.com	30.04.2024
3	Dr.Bhaskara V Krishna Harsha	9849866112	bvkh2297@gmail.com	01.05.2024
4	Dr.Vennapusa Girish Kumar Reddy	7095982436	vennapusagirish@gmail.com	To 31.05.2024
5	Dr. Vinjamuri Anuhya	8501875645	anuhyavinjamuri@gmail.com	01.06.2024
6	Dr. Mallu Manoj Kumar Reddy	9440436351	mallumanoj777@gmail.com	To 30.06.2024
7	Dr. Koththinti Anil Kumar	9966089844	anilkoththinti@gmail.com	01.07.2024
8	Dr. Midde Deep Tejesh	8074980556	deeptejesh2015@gmail.com	To 31.07.2024
9	Dr. Shodhan Patel	9739043198	shodhan26@gmail.com	01.08.2024
10	Dr. Nukala S Prasad	9182140808	nsprasad89@gmail.com	To 31.08.2024
11	Dr. Pillarsetty Pavan Kumar	7799266512	dr.pillarsetty.pavan@gmail.com	01.09.2024
12	Dr. K P Jeswanth Kiran	8332845770	kpjeswanthkiran@gmail.com	To 30.09.2024
13	Dr. Kuppari Dinesh	8328578810	helladinesh143@gmail.com	01.10.2024
14	Dr. Shaik Fathimunnis	9110551700	shaikmunni086@gmail.com	To 31.10.2024
15	Dr. Allareddy Sathvika	9502250633	sathvika111reddy@gmail.com	

May, I hereby request you to kindly permit the above PG students to do peripheral postings in department of Neurology, NIMHANS, Bangalore and allot time period for the postings, in prescribed dates. The fees & other expenses will be borne by the candidate as per your guidelines.

Thanking you,

Yours Sincerely

DEAN & PRINCIPAL

PES Institute of Medical Science & Research

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES  
(INSTITUTE OF NATIONAL IMPORTANCE), BENGALURU – 560 029**



No.NIMH:A&E:TM:TRG-NEURO:2024/ 242

Date: 20.03.2024

To  
Dr. Uma M A,  
Professor & HOD,  
Dept. of Medicine,  
PESIMSR,  
Kuppam.

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute  
Ref: Your letter dated 13.03.2024.

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your Institution to undergo training at this Institution as follows:

1	Number of trainees	15
2	Name of the trainees	Duration
	Dr. Shaik Md Shoaib Dr. M Lohith Chowdary	01.04.2024 to 30.04.2024
	Dr. Bhaskara V Krishna Harsha Dr. Vennapusa Girish Kumar Reddy	01.05.2024 to 31.05.2024
	Dr. Vinjamuri Anuhya Dr. Mallu Manoj Kumar Reddy	01.06.2024 to 30.06.2024
	Dr. Kotthinti Anil Kumar Dr. Midde Deep Tejesh	01.07.2024 to 31.07.2024
	Dr. Shodhan Patel Dr. Nukala S Prasad	01.08.2024 to 31.08.2024
	Dr. Pillarsetty Pavan Kumar Dr. K P Jeswanth Kiran	01.09.2024 to 30.09.2024
	Dr. Kuppani Dinesh Dr. Shaik Fathimunnif Dr. Allareddy Sathvika	01.10.2024 to 31.10.2024
3	Department at which training permitted	Neurology
4	Training fees	Rs.10,000/- per month per trainee

**NOTE:**

- *Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of the respective departments everyday as per the timing of the department and will not take any planned leave during the period of training.*
- The trainees should compulsorily carry their college ID Card while posted at NIMHANS
- One stamp size photo should be given at the time of joining for issue of temporary ID Card should be retained at the end of training without fail
- Trainees should carry a copy of this letter without fail
- The training fee for the whole duration of training has to be paid by SBI Collect (online) on the day of training. Training Fee/Excess payment of training fee will not be refunded.
- Going forward, you are requested to apply through online for external training/observership/visit by using this link: <https://training.nimhans.ac.in>

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However, all efforts will be made to provide hostel accommodation, but this will be subject to availability, based on Manager, Hostel report (080 2699 5841./Supervisor, Cauvery Hostel (080 2699 5092) as on the date of joining and on payment of charges as below, accommodation will not be provided to the candidate coming earlier than the scheduled date of training.

I. Hostel Rent: Rs. 100/- per day

Note: In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

  
ADMINISTRATIVE OFFICER (A&E)

Copy to: The HOD of Neurology, NIMHANS  
The Manager/Supervisor, NIMHANS Hostels

o/c  
21/03/24  
21/3/24  
21/3/24

Contact No. 080 26995015      Email: [training@nimhans.ac.in](mailto:training@nimhans.ac.in)      Website: <https://www.nimhans.ac.in>



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
(INSTITUTE OF NATIONAL IMPORTANCE)

**DEPARTMENT OF NEUROPATHOLOGY**

15/08/2023

## **Certificate**

This is to certify that **Dr. Kavitha, MD Pathology student, PES, Kuppam,,** has attended the **online Neuropathology e-Learning Course** conducted by the **Department of Neuropathology, NIMHANS, Bangalore, from 01-08-23 to 15-08-23.** Lectures, demonstrations and microscopy slide sessions on the following topics were taken: Histology of normal brain, Gross anatomy of the nervous system, Brain cutting, Neuroinfections, Neuro-oncology, Peripheral neuropathy, Muscle disorders, Neurodegenerative disorders and Electron Microscopy.

Dr. Anita Mahadevan/डॉ. अनिता महादेवन  
MD, DNB/एनडी डीएनबी  
Professor & Head/प्राध्यापक और मुख  
Department of Neuropathology/न्यूरोपथॉलॉजी विभाग  
NIMHANS/निमहान्स  
Hebbur Road/हेबुर् रोड, Bangalore/बैंगलूरु - 560 029



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
**(INSTITUTE OF NATIONAL IMPORTANCE)**  
**DEPARTMENT OF NEUROPATHOLOGY**

15/08/2023

**Certificate**

This is to certify that **Dr. Yallamsetty Gurusekhar, MD Pathology student, PES, Kuppam**, has attended the **online Neuropathology e-Learning Course** conducted by the **Department of Neuropathology, NIMHANS, Bangalore, from 01-08-23 to 15-08-23**. Lectures, demonstrations and microscopy slide sessions on the following topics were taken: Histology of normal brain, Gross anatomy of the nervous system, Brain cutting, Neuroinfections, Neuro-oncology, Peripheral neuropathy, Muscle disorders, Neurodegenerative disorders and Electron Microscopy.

Dr. Anita Mahadevan/डॉ. अनिता महादेवन  
MD, DNB/एमडी डीएनबी  
Professor & Head/प्राध्यापक और मुख  
Department of Neuropathology/न्यूरोपथॉलॉजी विभाग  
NIMHANS/निम्हान्स  
Hasur Road/होसूर रोड, Bangalore/बेंगलूर - 560 029



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
**(INSTITUTE OF NATIONAL IMPORTANCE)**  
**DEPARTMENT OF NEUROPATHOLOGY**

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15/08/2023

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Dr. Anita Mahadevan/डॉ. अनिता महादेवन  
MD, DNB/एम्.डी. डी.एन.बी.  
Professor & Head/प्रोफेसर और मुख  
Department of Neuropathology/न्यूरोपथॉलॉजी विभाग  
NIMHANS/निमहान्स  
Hebbur Road/हेबुर् रोड, Bangalore/बैंगलूरु - 560 029



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
**(INSTITUTE OF NATIONAL IMPORTANCE)**  
**DEPARTMENT OF NEUROPATHOLOGY**

15/08/2023

**Certificate**

This is to certify that **Dr. Vaddavalli Vidhya dhari, MD Pathology student, PES, Kuppam**, has attended the **online Neuropathology e-Learning Course** conducted by the **Department of Neuropathology, NIMHANS, Bangalore, from 01-08-23 to 15-08-23**. Lectures, demonstrations and microscopy slide sessions on the following topics were taken: Histology of normal brain, Gross anatomy of the nervous system, Brain cutting, Neuroinfections, Neuro-oncology, Peripheral neuropathy, Muscle disorders, Neurodegenerative disorders and Electron Microscopy.

Dr. Anita Mahadevan/डॉ. अनिता महादेवन  
MD, DNB/एमडी डीएनबी  
Professor & Head/प्राध्यापक और मुख  
Department of Neuropathology/न्यूरोपथॉलॉजी विभाग  
NIMHANS/निम्हान्स  
Hosur Road/होसूर रोड, Bangalore/बेंगलूर - 560 029



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**

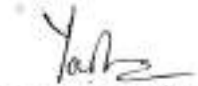
**(INSTITUTE OF NATIONAL IMPORTANCE)**

**DEPARTMENT OF NEUROPATHOLOGY**

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## **Certificate**

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**Dr. YASHA T.C./डॉ. यश टी. सी,**  
MD/एमडी  
Senior Professor & Head / सीनियर प्रोफेसर एवं प्रमुख  
Dept. of Neuropathology & / न्यूरोपैथोलॉजी विभाग एवं  
Dean Neurosciences / डीन -न्यूरोसाइंसेज  
NIMHANS, Hosur Road / निमहंस, होसूर रोड  
Bengaluru - 560 029 / बेंगलुरु - 560 029



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
**(INSTITUTE OF NATIONAL IMPORTANCE)**  
**DEPARTMENT OF NEUROPATHOLOGY**

15/08/2023

**Certificate**

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Dr. Anita Mahadevan/डॉ. अनिता महादेवन  
MD, DNB/एमडी डीएनबी  
Professor & Head/प्राध्यापक और मुख  
Department of Neuropathology/न्यूरोपथॉलॉजी विभाग  
NIMHANS/निम्हान्स  
Hosur Road/होसूर रोड, Bangalore/बेंगलूर - 560 029



# PES Institute of Medical Sciences & Research

KUPPAM - 517 425, CHITTOOR DIST., ANDHRA PRADESH

Mob : 093918-33752

email : pesmed2007@yahoo.com

**Dr. H.R. KRISHNA RAO** MBBS., MS (Anatomy)

Dean & Principal

Professor of Anatomy

Ref: PESIMSR/ ESTAB / 165 / 2023-24

05.04.2023

To

The Director

NIMHANS

Hosur Road, Bangalore -- 560029.

Sir,

**Sub : Request for Permission to post MD-General Medicine Postgraduate Students of PESIMSR, Kuppam - Training in the department of Neurology at NIMHANS, Bangalore - Reg.**

**Ref : NMC Guidelines No. 11011/22/AC/guidelines/09 dated 01.08.2022.**

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May, I bring to your kind notice that, PES Institute of Medical Sciences and Research, Kuppam, Chittoor District, Andhra Pradesh, running Postgraduate courses since 2009.

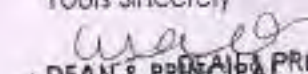
As per NMC guidelines letter dated 01.08.2022, We would like to send the following MD-General Medicine 2<sup>nd</sup> year students for training in the department of Neurology at NIMHANS, Bangalore.

S.No.	Name of the Student	Mob.No.	Email ID	Period of Training
1.	Dr.M. Krishna Sahi Reddy	9154704261	krishnasahim@gmail.com	01.05.2023 To
2.	Dr.V.Sai Nikhileshwar	9440903895	vnikhilsai@gmail.com	31.05.2023
3.	Dr. K. Sunny Sanjay	9177600296	sunnygoodboy81@gmail.com	01.06.2023 To
4.	Dr. Gunuru Srinivas	8790846847	srinivas.gunuru09@gmail.com	30.06.2023
5.	Dr.K. Shikara Reddy	9391803498	shikara.reddy.k@gmail.com	01.07.2023 To
6.	Dr.Daivala Sanjana	9515793303	daivalasanjana@gmail.com	31.07.2023
7.	Dr. J.T.V.K. Pavan Kumar	9448674111	javvajpavankumar@gmail.com	01.08.2023 To
8.	Dr. Pinjari Shaikshavali	7386747874	shaikshavali107@gmail.com	31.08.2023
9.	Dr.Chuppala Bharath	9397676995	bharath.13994@gmail.com	01.09.2023 To
10.	Dr. M. Vinusha	9533660717	vinushamulagapaka@gmail.com	30.09.2023
11.	Dr.T. Dinesh	9493947219	dineshthamma@gmail.com	01.10.2023 To
12.	Dr.Idimadakala Sai Preethi	9618641417	drsai-preethi05@gmail.com	31.10.2023
13.	Dr. M. Vijay Kumar Reddy	6300127248	vijaykumarreddymaramreddy@gmail.com	01.11.2023 To
14.	Dr. A. Bhuvan Chandra	9449966539	bhuvan1795@gmail.com	30.11.2023
15.	Dr.K.V. Sai Raghavendra	9493929966	kvraghavendra@gmail.com	

May, I hereby request you to, kindly permit the above PG students to do peripheral postings in Department of Neurology, NIMHANS, Bangalore and allot time period for the postings, in prescribed dates. The fees & other expenses will be borne by the candidate as per your guidelines.

Thanking You,

Yours Sincerely

  
DEAN & PRINCIPAL  
PES Institute of Medical Science & Research  
Kuppam, 517425, Chittoor Dist A.P.

**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES  
(INSTITUTE OF NATIONAL IMPORTANCE), BENGALURU – 560 029**



No.NIMH:A&E:TM:TRG-NEURO:2023/245

Date: 20.04.2023

To  
Dean & Principal  
PES Institute of Medical Sciences & Research  
Kuppam – 517425  
Andhra Pradesh

Sir/Madam,

Sub: Request for Permission to undergo training at this Institute  
Ref: Your letter dated 05.04.2023.

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your Institution to undergo training at this Institution as follows:

1	Number of trainees	15
2	Name of the trainees	Duration
	Dr. M. Krishna Sahi Reddy Dr. V. Sai Nikhileshwar	01.05.2023 to 31.05.2023
	Dr. K. Sunny Sanjay Dr. Gunuru Srinivas	01.06.2023 to 30.06.2023
	Dr. K. Shikara Reddy Dr. Daivala Sanjana	01.07.2023 to 31.07.2023
	Dr. J.T.V.K. Pavan Kumar Dr. Pinjari Shaikshavali Dr. Chuppala Bharath	01.08.2023 to 31.08.2023
	Dr. M. Vinusha Dr. T. Dinesh	01.09.2023 to 30.09.2023
	Dr. Idimadakala Sai Preethi Dr. M. Vijay Kumar Reddy	01.10.2023 to 31.10.2023
	Dr. Dr. A. Buvan Chandra Dr. K. V. Sai Raghavendra	01.11.2023 to 30.11.2023
3	Department at which training permitted	Neurology
4	Training fees	Rs.10,000/- per month per trainee

**NOTE:**

- Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of respective departments everyday as per the timing of the department and will not take any planned leave during the period of training.
- \*Based on COVID 19 Pandemic situation and guidelines RTCPR negative report (latest by 72 hours) or COVID 19 (02 Dose) vaccination report to be provided on the day of joining.
- The trainees should compulsorily carry their college ID Card while posted at NIMHANS
- One stamp size photo should be given at the time of joining for issue of temporary ID Card should be returned at the end of training without fail

- Trainees should carry a copy of this letter without fail
- The training fee for the whole duration of training has to be paid by SBI Collect (online) on the day of training. Training Fee/Excess payment of training fee will not be refunded.
- Going forward, you are requested to apply through online for external training/observership/visit by using this link: <https://training.nimhans.ac.in>.

I am also directed to inform you that the visiting student/trainee should make their own arrangement for accommodation. However, all efforts will be made to provide hostel accommodation, but this will be subject to availability, based on Manager, Hostel report (080 2699 5841, 080 2669 5096)/Supervisor, Cauvery Hostel (080 2699 5092) as on the date of joining and on payment of charges as below, accommodation will not be provided to the candidate coming earlier than the scheduled date of training.

11. Hostel Rent: Rs. 100/- per day

**Note:** In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainee, the college shall be directly responsible for such act of the trainee. The loss incurred has to be borne by the Institution/College deputing the trainee. Further the attendance certificate for training of such trainee will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

  
ADMINISTRATIVE OFFICER(A&E)

Copy to: The HOD of Neurology, NIMHANS  
The Manager/Supervisor, NIMHANS Hostels

Contact No. 080 26995015

Email: [training@nimhans.ac.in](mailto:training@nimhans.ac.in)

Website: <https://www.nimhans.ac.in>

**DEPARTMENT OF MEDICINE**  
**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
**KUPPAM - 517425, CHITTOOR DIST, A.P**

Ref: MED/26/2019

Date: 09.07.2019

From,

Professor & HOD  
Department of Medicine  
PESIMSR  
Kuppam-517425  
Email: mothermedicine.pes@gmail.com

To,

The Director,  
Sri Jayadeva Institute of Cardiovascular Science & Research,  
Bannerghetta Road,  
Bangalore - 560 069.

Sir/Madam,

**Sub: Request for permission to post our Medicine P.G. Students to the  
Department of Cardiology at S J I C**

Greetings from PES Institute of Medical Science & Research, Kuppam  
MD (Gen. Med) 2nd year students are desirous of doing their external posting in  
Cardiology in your esteemed institution. They may please be permitted to learn Cardiology  
for a period of one month.

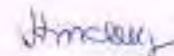
The list of students and the duration of posting is indicated as below.

S. No	Name of the PG	Contact details	Period
1	Dr.T.R.Pandiyam	7382293130 trpandiyam565@gmail.com	01.08.2019 To 31.08.2019
2	Dr.Praveen Vellore	8247311647 drpraveenrims@gmail.com	
3	Dr.P.Niharika	9490781335 niharika.neha89@gmail.com	
4	Dr.C.Aneeshwar Reddy	9885820700 anee2468@gmail.com	
5	Dr.P.Kavya	7095140607 kavvapatuuri24@gmail.com	01.10.2019 To 31.10.2019
6	Dr.Malla Manasa	8985693334 manasamalla93@gmail.com	
7	Dr.Reddy Bhargava	9989092726 rbhargav1993@gmail.com	
8	Dr.Raja sekhar Naidu.Y	9963376026 drrajasekhary@gmail.com	

Kindly approve and permit the students to be benefited and they will pay the necessary fee etc. as required.

Thanking you,

Yours Sincerely



Professor & HOD  
Department of Medicine

PROFESSOR & HOD  
DEPT. OF MEDICINE  
P.E.S. INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P.

Cc to: MD/AMD  
Dean & Principal, MS



ಶ್ರೀ ಜಯದೇವ ಹೃದ್ರೋಗ ವಿಜ್ಞಾನ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ  
**Sri Jayadeva Institute of Cardiovascular  
Sciences and Research**

(Govt. Of Karnataka - Regd. Autonomous Institute)  
Bannerghatta Road, 9<sup>th</sup> Block Jayanagar, Bengaluru - 560069  
Ph:+91-80-22977400/600, Academic Section & Fax:080-22977281  
Website: [www.jayadevacardiology.com](http://www.jayadevacardiology.com) Email: [director@jayadevacardiology.com](mailto:director@jayadevacardiology.com)  
Academic section email: [jayadevacardiology.academic@ic@gmail.com](mailto:jayadevacardiology.academic@ic@gmail.com)

Ref:  
SJICS&R/AS/PG-Training/2019-20

Date:  
22/07/2019

Prof. & HOD - Department of Medicine,  
P.E.S Institute of Medical  
Sciences & Research,  
Kuppam - 517425,  
Chittoor Dist, Andra Pradesh

Sir,

Sub: Training Programme for PG students-reg.  
Ref: Your letter No. MED/26/2019 dated 09/07/2019.

With reference to the above, we write you inform you that, the following PG students are permitted to undergo training in the department of Cardiology at this Institute on the dates mentioned against their names, on payment of fees of Rs. 12500/- per student per month through DD drawn in favour of the Director, SJIC&R, Bangalore - 69.

SL No.	Student name	Period of training
01	Dr. T. R. Pandiayan	01/08/2019 to 31/08/2019
02	Dr. Praveen Vellore	
03	Dr. P. Niharika	
04	Dr. C. Aneeshwar Reddy	
05	Dr. P. Kavya	01/10/2019 to 31/10/2019
06	Dr. Malla Manasa	
07	Dr. Reddy Bhargava	
08	Dr. Raja Sekhar Naidu .Y	

Thanking you,

Yours faithfully,

16p  
26/7/19  
ACADEMIC SUPERINTENDENT

- Note: 1. Students are informed to bring a copy of this posting order along with them at the time of reporting.  
2. CET candidate must carry, CET allotment letter (Karnataka Examination Authority - Candidate copy) attested by the respective college Principal/Dean/Director.  
3. Please send your request letters for Peripheral Postings atleast 3 months in advance

Conditional permitted to return in back case of MCI inspection

PG peripheral file

**DEPARTMENT OF MEDICINE  
P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425, CHITTOOR DIST, A.P**

Ref : MED/15/2019

Date: 09.07.2019

From,

Professor & HOD  
Department of Medicine  
PESIMSR  
Kuppam-517425  
Email: mothermedicine.pes@gmail.com

To,

The Director,  
NIMHANS Hospital,  
Hosur Road, Near dairy circle,  
Bangalore - 560 029.

Sir/Madam,

**Sub: Request for permission to post our Medicine P.G. Students to the  
Department of Neurology at NIMHANS**

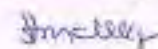
Greetings from PES Institute of Medical Science & Research, Kuppam

As per provisions MCI regulations/guidelines the PG students of the department of General Medicine are to be posted for training in Neurology, Cardiology, etc., during the 2<sup>nd</sup> year of their PG course. External posting of the PG students for training in Neurology for the year 2018-2019 are given below. It is requested that approval for training in Neurology at your esteemed Institute may kindly be accorded.

S. No	Name of the PG	Contact details	Period
1	Dr. T.R. Pandiyan	7382293130 <a href="mailto:trpandiyan565@gmail.com">trpandiyan565@gmail.com</a>	01.09.2019 To 30.09.2019
2	Dr. Praveen Vellore	8247311647 <a href="mailto:drpraveenrims@gmail.com">drpraveenrims@gmail.com</a>	
3	Dr. P. Niharika	9490781335 <a href="mailto:niharika.neha89@gmail.com">niharika.neha89@gmail.com</a>	
4	Dr. C. Aneeshwar Reddy	9885820700 <a href="mailto:anee2468@gmail.com">anee2468@gmail.com</a>	
5	Dr. P. Kavya	7095140607 <a href="mailto:kavvapatuuri24@gmail.com">kavvapatuuri24@gmail.com</a>	01.11.2019 To 30.11.2019
6	Dr. Malla Manasa	8985693334 <a href="mailto:manasamalla93@gmail.com">manasamalla93@gmail.com</a>	
7	Dr. Reddy Bhargava	9989092726 <a href="mailto:rbhargav1993@gmail.com">rbhargav1993@gmail.com</a>	
8	Dr. Raja sekhar Naidu.Y	9963376026 <a href="mailto:drrajasekhary@gmail.com">drrajasekhary@gmail.com</a>	

Thanking you,

Yours Sincerely,



Professor & HOD  
Department of Medicine

PROFESSOR & HOD  
DEPT OF MEDICINE  
P.E.S. INSTITUTE OF  
MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517425 CHITTOOR DIST. A.P

Cc to: MD/AMD  
Dean & Principal  
Medical Superintendent



NIMH:A&E:TM:TRG-NEURO:2019/971

Date: 25.07.2019

The Professor and HOD  
Department of Medicine  
P.E.S. Institute of Medical Sciences and Research  
Kuppam - 517 425.  
Chittoor Dist. A.P.

Sir/Madam,

Sub: Request for Permission to undergo training at this institute - reg.  
Ref: Your letter dated 09.07.2019

\*\*\*\*\*

With reference to the above, I am directed to convey the permission of the Competent Authority for the student of your institute to undergo training at this Institution as follows:

1	Number of trainees	08
2	Name of the trainees	<b>Duration</b>
	Dr. Praveen Vellore and 03 others	<b>03.09.2019 to 30.09.2019</b>
	Dr. P. Kavya and 03 others	<b>02.11.2019 to 30.11.2019</b>
3	Department at which training permitted	Neurology
4	Training fee	Rs.10,000/- per month or part thereof per trainee

*Note: Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.*

- The trainees should compulsorily carry their college ID cards while posted at NIMHANS.
- One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- Trainees should carry a copy of this letter without fail.
- The training fee for the whole duration of training has to be paid by Debit/Credit Card on the day of joining. The training fee once paid will not be refunded.

I am also directed to inform you that the visiting students/trainees should make their own arrangement for accommodation. However all efforts will be made to provide hostel accommodation, but this will be subject to availability. based on Manager, Hostel report (080-26995095)/Supervisor, Cauvery Hostel, (080-26995092) as on the date of joining and on payment of charges as below. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

**1. Hostel Rent:** Rs.100/- per day

**NOTE:** In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputed the trainees. Further, the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the undersigned for further needful.

Yours faithfully

ADMINISTRATIVE OFFICER (A&E)

Administrative Officer (A & E,  
National Institute of Mental Health &  
Neuro Sciences, Bangalore - 560 029

Copy to: The HOD of Neurology, NIMHANS

The Manager/Supervisor, NIMHANS Hostels, NIMHANS



**NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROSCIENCES**  
**(INSTITUTE OF NATIONAL IMPORTANCE)**  
**DEPARTMENT OF NEUROPATHOLOGY**

15/08/2023

**Certificate**

This is to certify that **Dr. Vaddavalli Vidhya dhari, MD Pathology student, PES, Kuppam**, has attended the **online Neuropathology e-Learning Course** conducted by the **Department of Neuropathology, NIMHANS, Bangalore, from 01-08-23 to 15-08-23**. Lectures, demonstrations and microscopy slide sessions on the following topics were taken: Histology of normal brain, Gross anatomy of the nervous system, Brain cutting, Neuroinfections, Neuro-oncology, Peripheral neuropathy, Muscle disorders, Neurodegenerative disorders and Electron Microscopy.

Dr. Anita Mahadevan/डॉ. अनिता महादेवन  
MD, DNB/एमडी डीएनबी  
Professor & Head/प्राध्यापक और मुख्  
Department of Neuropathology/न्यूरोपथॉलॉजी विभाग  
NIMHANS/निम्हान्स  
Hosur Road/होसूर रोड, Bangalore/बेंगलूर - 560 029



## National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029

### External Training

Academic and Evaluation Section

Application No. : NIMH/HT2023/ 10938  
 Name and Address of Applicant : Dr. Vaddavalli vidhya dhari  
 PESIMSR, kuppam, Pes pg hostel, kuppam, Andhra Pradesh, India  
 Purpose : Training  
 Contact Number : 9392640122  
 Email Id : vidhyavaddavalli994@gmail.com  
 Type of Request : Individual

Name of applicants	Duration From	Duration to	Department
Dr. Vaddavalli vidhya dhari	01/08/2023	15/08/2023	Neuropathology

I certify that the above Information is true and correct

Vidhya Dhari  
 Signature of the Applicant

*[Signature]*  
 PROFESSOR & H.O.D.  
 DEPARTMENT OF PATHOLOG  
 PESIMSR  
 KUPPAM - 517 425 A.P.

#### Steps to be followed:

- The applicant has to -
1. Take a print out of this application.
  2. Get signature and seal of the HOD/ Head of the Institute.
  3. Upload the scanned copy of the signed Application in upload portal. (in PDF format only)

#### Note:

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- **Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.**



# National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029.

## External Training

Academic and Evaluation Section



No :  
NIMHGH2023/  
05018

Date :  
31/03/2023

Name and Address of Applicant : Dr Ramya kumari.G  
: Pes medical college ,Kuppam, andhrapradesh,517425,Andhra Pradesh,  
India  
Purpose(Requested) : Training  
Type of Request : Individual  
Request Number : NIMHGH2023/ 05018  
Contact Number : 7306166320  
Email Id : beingramya753@gmail.com

### Permission Details

No. of Candidates(Requested)	1
<b>No. of Candidates(Permitted)</b>	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
Dr Ramya kumari.G	01/04/2023 to 15/04/2023	01/04/2023 to 15/04/2023	Accepted	Neuropathology

**Fee Details** : Rs.10,000/- per month per trainee

### Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

### Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. **Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.**

**NOTE:**



National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029.

External Training

Academic and Evaluation Section

Save Paper  
Save Trees

No :  
NIMHGH2023/  
05401

Date :  
31/03/2023

Name and Address of Applicant : B LAVANYA  
: JAYARAMIREDDY BUILDING NEAR NARESH SUPER MARKET ,OPP TO  
PESIMSR KUPPAM 517425,Andhra Pradesh, India

Purpose(Requested) : Training

Type of Request : Individual

Request Number : NIMHGH2023/ 05401

Contact Number : 7349109763

Email Id : karteekv89@gmail.com

Permission Details

No. of Candidates(Requested)	1
No. of Candidates(Permitted)	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
B LAVANYA	01/04/2023 to 15/04/2023	01/04/2023 to 15/04/2023	Accepted	Neuropathology

Fee Details : Rs.10,000/- per month per trainee

Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. **Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.**

NOTE:

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that



To

Date: 08/12/2023

The Principal,  
PES Institute of Medical Sciences,  
Kuppam,  
Chittoor.

Respected Sir,

**Sub** – Deployment of 1<sup>st</sup> & 3<sup>rd</sup> year postgraduates, from Department of Community Medicine for Monitoring IMI 5.0 activity in Chittoor district– DEC – 2023 – reg.

\*\*\*\*\*

The nationwide implementation of Intensified Mission Indradhanush (IMI) 5.0 aims to enhance immunization coverage for all vaccines specified in the National Immunization schedule, including **Measles and Rubella vaccines for children up to 5 years of age with an objective to eliminate Measles and Rubella by the year 2023**. IMI 5.0 will be conducted in three rounds (Aug, Sep, Dec) with 3<sup>rd</sup> round scheduled from 11<sup>th</sup> to 16<sup>th</sup> December 2023.

Hence, I request to kindly deploy below mentioned 1<sup>st</sup> & 3<sup>rd</sup> Year postgraduates from the Community Medicine Department from your esteemed institution as external monitors for monitoring IMI 5.0 vaccination activities in Chittoor District & Madanapalli District Andhra Pradesh.

Details of PGs are as below:

1. **Dr G USHA RANI** – 3<sup>rd</sup> year (Monitoring days 11<sup>th</sup> & 12<sup>th</sup> Dec 2023 – Madanapalli Dist)
2. **Dr GVS MADHU LATHA** – 1<sup>st</sup> year (Monitoring days 11<sup>th</sup> to 16<sup>th</sup> Dec 2023 – Chittoor Dist)
3. **Dr SIRI CHANDANA**– 1<sup>st</sup> year (Monitoring days 13<sup>th</sup> to 16<sup>th</sup> Dec 2023 – Chittoor Dist)
4. **Dr SWATHI SREE**– 1<sup>st</sup> year (Monitoring days 11<sup>th</sup> & 12<sup>th</sup> Dec 2023 – Chittoor Dist)

Thanking you,



Yours sincerely,

*Steff*

Dr Monica Steffi Thomas  
SMO – SPS NELLORE

Copy to:

1. The HOD Department of Community Medicine, PES Institute of Medical Sciences, Kuppam, Chittoor

**DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE**

From  
Dr. V. Vijayalakshmi, MBBS., DPH., MPH.,  
Joint Director of Public Health and  
Preventive Medicine,  
Institute of Vector Control and Zoonoses,  
Hosur - 535 126

To  
The Professor and Head,  
Department of Community Medicine,  
PESIMSR,  
Kuppam,  
Andhra Pradesh.  
Email: drchitranaagarajkuppam@gmail.com

R. No. 905/A2/2023, Dated: 26.10.2023

Sir

Sub: Public Health and Preventive Medicine – Institute of Vector Control and Zoonoses, Hosur – Training on Public Health to Post Graduate students of Community Medicine – Confirmation of participation - Regarding.

Ref: Your letter dated: 08.09.2023.

\*\*\*\*\*

I wish to inform that as requested by you in the email cited, your students are permitted to participate in the Entomology training programme from 06.11.2023 to 08.11.2023 at this Institute. The fees of Rs.1200.00 per trainee have to be paid at this Institute. Further, the following charges are also applicable for each trainee.

1. Accommodation Rs.100/ day for 3 days/ trainee.
2. Food & refreshment charges Rs.300/ day/ trainee.
3. Transport charges for field visit etc.

*Dr. V. Vijayalakshmi*  
Joint Director  
Institute of Vector control  
and Zoonoses, Hosur.

*6/10/23*

Copy submitted to: The Director of Public Health & Preventive Medicine, Chennai-6.

To  
The Principal,  
PES Institute of Medical Sciences,  
Kuppam,  
Chittoor.

Date: 07/09/2023

Respected Sir,

**Sub** – Deployment of 2<sup>nd</sup> Year Postgraduates, from Department of Community  
Medicine for Monitoring IMI 5.0 activity in Chittoor district– SEP – 2023 – reg.

\*\*\*\*\*

The nationwide implementation of Intensified Mission Indradhanush (IMI) 5.0 aims to enhance immunization coverage for all vaccines specified in the National Immunization schedule, including **Measles and Rubella vaccines for children up to 5 years of age with an objective to eliminate Measles and Rubella by the year 2023**. IMI 5.0 will be conducted in three rounds (Aug, Sep, Oct) with 2<sup>nd</sup> round scheduled from 11 to 16 September 2023 .

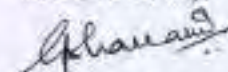
Hence, I request to kindly deploy below mentioned 2<sup>nd</sup> Year Postgraduates from the Community Medicine Department from your esteemed institution as external monitors for monitoring IMI 5.0 vaccination activities in Chittoor district, Andhra Pradesh.

Details of PGs are as below:

1. DR. MAHESH
2. DR. VIGNESH

Thanking you,

Yours sincerely,



Dr Bhavani Gunta  
**SMO – SPS Nellore (I/c)**

Copy to:

1. The HOD Department of Community Medicine, PES Institute of Medical Sciences, Kuppam, Chittoor

# P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH

KUPPAM – 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref: PESIMSR/ESTAB / 2024-25

Date : 31.05.2024


## ORDER

### (PHASE-II - DISTRICT RESIDENCY PROGRAMME)

As per Communication Coordinator, DRP, Tadipatri, the following students of II year Postgraduates (2022-23 batch) are posted to phase-II District Residency Programme from 01.06.2024 to 31.08.2024. Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Course	Name of Postgraduate	Posted @	Remarks
1	MD-GENERAL MEDICINE	KUPPAM DINESH	Homelown	
2	MD-GENERAL MEDICINE	VENNAPUSA GIRISH KUMAR REDDY	AH, Dharmavaram	
3	MD-GENERAL MEDICINE	ALLAREDDY SATHVIKA	CHC, Veldurthy	
4	MD-GENERAL MEDICINE	SHAIK FATHI MUNNI	Homelown	
5	MD-DWL	CHESA PRIYA G	Area Hospital, Kuppam	
6	MD-PSYCHIATRY	PAVAN KUMAR S	Area Hospital, Nagari	
7	MD-PSYCHIATRY	SURYA A	Homelown	
8	MD-PAEDIATRICS	YADLAPALI PALLAVI	CHC, Kovuru	
9	MD-PAEDIATRICS	KORIVI NARESH KUMAR	Area Hospital, Kuppam	
10	MS-GENERAL SURGERY	DIVYA B	Homelown	
11	MS-GENERAL SURGERY	KUMARA GHANAYADHATA SAI MOHICA	AH, Tadipatri	
12	MS-GENERAL SURGERY	DEEPANRAJ M	Area Hospital, Kuppam	
13	MS-ORTHOPEDICS	M MD SAQLAIN	CHC, Panyam	
14	MS-ORTHOPEDICS	SURIYAN A M	Area Hospital, Kuppam	
15	MS-ORTHOPEDICS	SHAIK SADDAMHUSSAIN	Homelown	
16	MS-OPTHALMOLOGY	DOMURU SANJANA REDDY	CHC, Veldurthy	
17	MS-OPTHALMOLOGY	PALABOINA RUPANJALI YADAV	CHC, Panyam	
18	MS-ENT	BANMELA NEERAJA	CHC, Panyam	
19	MS-ENT	BURUJULA SUSHMA	CHC, Kadumur	
20	MS-OBG	KALAHASTI SARANYA	Area Hospital, Kuppam	
21	MS-OBG	SOLLETI VENKATA SUSRUTHA	Homelown	
22	MS-OBG	SUNKESULA NAGA POOJITHA	Homelown	
23	MS-OBG	GADIGE LAKSHMI SRAVANI	Homelown	
24	MD-ANAESTHESIOLOGY	GAJULA SUDESHNA	Homelown	
25	MD-ANAESTHESIOLOGY	PATCHAYA ALBHYA	AH, Kavali	
26	MD-ANAESTHESIOLOGY	RAMANAN S	Area Hospital, Kuppam	
27	MD-RADIOLOGY	VISHAL KAURA	Area Hospital, Palamaner	
28	MD-RADIOLOGY	RACHARLA SINDHU BARGAVI	Area Hospital, Kuppam	
29	MD-PATHOLOGY	GINGILPALEM POOJITHA	Area Hospital, Srikalahasti	
30	MD-PATHOLOGY	VISHNUPRIYA R	Area Hospital, Kuppam	
31	MD-COMMUNITY MEDICINE	SINGIRI MAHESH	Area Hospital, Kuppam	

Note : Students who opted for the home town postings should report as per the DCHS of the concern District).

  
DEAN & PRINCIPAL  
Dean & Principal  
PES Institute of Medical Science & Research  
Kuppam - 517 425 Chittoor Dist. A.P.

CC to:

MD/AMD/Medical Superintendent/Vice Principal (Academics/Admin)/Concern HoDs/Concern Students Whatsapp Groups /Nodal Officer- DRP , PESIMSR/ PG Coordinator / Accounts Section / HRD/O/c

**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
**KUPPAM – 517 425, CHITTOOR DIST, ANDHRA PRADESH.**

Ref: PESIMSR/ESTAB / 88/2024-25

Date : 28.02.2024

**ORDER**

**(PHASE-I - DISTRICT RESIDENCY PROGRAMME)**

As per Communication from the District Coordinator of Hospital Services, Chittoor, Tirupathi and Annamayya Districts, the following students of II year Postgraduates are posted to phase-I District Residency Programme from 01.03.2024 to 31.05.2024.

Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Course	Name of Postgraduate	Posted @	Remarks
1	MD-GENERAL MEDICINE	KOTTHINTI ANIL KUMAR	AH, Piler, Dist- Annamayya	
2	MD-GENERAL MEDICINE	MIDDE DEEP TEJESH	CHC, Panyam, Dist- Kurnool.	
3	MD-GENERAL MEDICINE	NUKALA S PRASAD	CHC, Kamalapuram, Dist -Kodapa.	
4	MD-GENERAL MEDICINE	SHODHAN PATEL	AH, Kuppam	
5	MD-DVL	G KISHORE KUMAR	AH, Kuppam	
6	MD-PSYCHIATRY	P SINDHURA	AH, Srialahasthi	
7	MD-PAEDIATRICS	SANDHYA K	CHC, Puttur	
8	MD-PAEDIATRICS	SHARMILA L	AH, Kuppam	
9	MS- GENERAL SURGERY	KOMERLA PRADEEP KUMAR	AH, Kuppam	
10	MS-GENERAL SURGERY	THATCHANAMOORTHY P R	AH, Kuppam	
11	MS-GENERAL SURGERY	PULA VINEETHA	AH, Giddalur, Dist- Prakasam	
12	MS-ORTHOPEDICS	VEERAPOGU RAINY PHILONA	CHC, Yemmiganur, Dist- Kurnool	
13	MS-ORTHOPEDICS	BEKKEM MANI DINAKAR REDDY	AH, Kuppam	
14	MS-ORTHOPEDICS	ARIJALLA KARTEEK	DH, Tenali, Dist- Guntur	
15	MS-OPHTHALMOLOGY	MAKKENA MANI SHANKAR	DH, Narasaraopet	
16	MS-ENT	MANEESH P	AH, Kuppam	
17	MS-OBG	SWETHA MEKALA	AH, Gudur	
18	MS-OBG	R JASWITHA	AH, Kuppam	
19	MS-OBG	PRARTHANA B	AH, Kuppam	
20	MD-ANAESTHESIOLOGY	MADANA MADHURI	AH, Kuppam	

Contd..2

Sl No	Course	Name of Postgraduate	Posted @	Remarks
21	MD-ANAESTHESIOLOGY	PACHURU KISHORE	AH, Kuppam	
22	MD-ANAESTHESIOLOGY	LEBAKU SWARUPARANI	AH, Gudur	
23	MD-RADIOLOGY	BATHULA SOUJANYA YADAV	AH, Kuppam	
24	MD-RADIOLOGY	JAYASREE S	AH, Kuppam	
25	MD-EMERGENCY MEDICINE	BALA MURUGAN S	AH, Kuppam	
26	MD-PATHOLOGY	HARISH VENKATESH	AH, Kuppam	
27	MD-PATHOLOGY	TIRUMALASETTY PAVITHRA	AH, Kuppam	

Note : Students who opted for the home town postings should report as per the DCHS of the concern Districts.



**DEAN & PRINCIPAL**

DEAN & PRINCIPAL  
T-22 Institute of Medical Science & Research  
Kuppam-517425, Chittoor Dist. A.P.

CC to:MD/AMD/Medical Superintendent/Vice Principal/Concern HoDs/Concern Students Whatsapp Groups /Nodal Officer- DRP , PESIMSR/ PF Coordinator / Accouts Section / HRD/O/c

# P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH

KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref : PESIMSR/ESTAB/83/2023-24

06.12.2023

## ORDER

(PHASE-IV - DISTRICT RESIDENCY PROGRAMME)

As per Communication from Dr.Sunitha.S., co-ordinate-DRP & Prof & HoD of SPM, SV Medical College, Tirupati, the following students of Postgraduates (2021-22 batch) are posted to phase-IV District Residency Programme w.e.f. 06.12.2023.

Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
1	MD - General Medicine	Dr. CHUPPALA BHARATH	CHC, Midthur	
2	MD - General Medicine	Dr. DAIVALA SANJANA	A H,Pendurthi	
3	MD - General Medicine	Dr. PINJARI SHAIK SHAVALI	A H,Yemmiganur	
4	MD - General Medicine	Dr. M VIJAY KUMAR REDDY	A H,Allagadda	
5	MD - Paediatrics	Dr. MARADANA PRIYANKA	A H,Parvathipuram	
6	MS - Orthopaedics	Dr. BADHRI NARAYANA BOLISETTY	AH, Narasannapeta	
7	MS - Orthopaedics	Dr. KUNA HEMANTH	AH, Narasannapeta	
8	MD/MS - OBG	Dr. SARMA ARSHIYA PARVEEN	AH, Kadiri	
9	MD/MS - OBG	Dr. NARREDDY ANUSHA	AH, Tadipathri	
10	MD - Anaesthesiology	Dr. MD. AYESHA SHABREEN	AH, Dharmavaram	
11	MD - Anaesthesiology	Dr. NAKKALA KAVYA SREE	CHC, Panyam	
12	MD - Pathology	Dr. KAVITHA REDDY GADE	AH, Sattenapalli	
13	MD - Pathology	Dr. VADDAVALLI VIDHYA DHARI	AH, Chirala	

The concern HoDs are hereby requested to kindly permit them for the same.

  
**DEAN & PRINCIPAL**

DEAN & PRINCIPAL  
PES Institute of Medical Science & Research  
Kuppam-517425, Chittoor Dist, A. P.

Cc to

MD/AMD

Medical Superintendent


Concern HoDs

Nodal Officer - DRP, PESIMSR, Kuppam

Concern Students Whatsapp Groups

O/c

DISTRICT RESIDENCY PROGRAMME PHASE-4( 06-12-2023 TO 06-03-2023 )				
POST GRADUATES OPTED FOR HOME TOWN				
S. NO.	NAME OF THE COLLEGE	NAME OF THE POST GRADUATE	NAME OF THE DEPARTMENT	HOME TOWN
1	PESIMSR, KUPPAM	Dr.KUNA HEMANTH	ORTHOPAEDICS ✓	AREA HOSPITAL, NARASANNAPETA, SRIKAKULAM ✓
2	PESIMSR, KUPPAM	Dr.BADHRI NARAYANA BOLISETTY	ORTHOPAEDICS ✓	AREA HOSPITAL, NARASARAOPETA, GUNTUR ✓
3	PESIMSR, KUPPAM	Dr.SARMA ARSHIYA PARVEEN	OBSTETRICS AND GYNAECOLOGY ✓	AREA HOSPITAL, KADIRI, SRI SATYA SAI ✓
4	PESIMSR, KUPPAM	Dr.MARAMREDDY VIJAY KUMAR REDDY	GENERAL MEDICINE ✓	CHC, ALLAGADDA, KURNOOL ✓
5	PESIMSR, KUPPAM	Dr.C.BHARATH	GENERAL MEDICINE ✓	CHC,MIDTHUR,KURNOOL ✓
6	PESIMSR, KUPPAM	Dr.PINJARI SHAIK SHAVALI	GENERAL MEDICINE ✓	AREA HOSPITAL, YEMMIGANUR, KURNOOL DISTRICT ✓
7	PESIMSR, KUPPAM	Dr. MARADANA PRIYANKA	PEDIATRICS ✓	AREA HOSPITAL, PARVATHIPURAM, PARVATHIPURAM MANYAM DIST ✓
8	PESIMSR, KUPPAM	Dr.VADDAVALLI VIDHYA DHARI	PATHOLOGY ✓	AREA HOSPITAL, CHIRALA, BARATLA DISTRICT ✓
9	PESIMSR, KUPPAM	Dr.KAVITHA REDDY GADE	PATHOLOGY ✓	AREA HOSPITAL, SATTENAPALLI, PALNADU DISTRICT ✓
10	PESIMSR, KUPPAM	DR MOHAMMAD AYESHA SHABREEN	ANAESTHESIA ✓	AREA HOSPITAL DHARMAVARAM, ANANTAPUR DIST ✓
11	PESIMSR, KUPPAM	Dr.NARREDDY ANUSHA	OBSTETRICS AND GYNAECOLOGY ✓	AREA HOSPITAL, TADIPATRI, ANANTAPUR ✓
12	PESIMSR, KUPPAM	DR DAIVALA SANJANA	MD GENERAL MEDICINE ✓	AREA HOSPITAL PENDURTHI,VISAKHAPATNAM DISTRICT ✓
13	PESIMSR, KUPPAM	DR.KAVYA SREE	ANAESTHESIA ✓	CHC,PANYAM,KURNOOL ✓

  
 DEAN & PRINCIPAL  
 PES Institute of Medical Science & Research  
 Kuppam-517425, Chittoor Dist.A.P.

**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref : PESIMSR/ESTAB/ /2023-24

05.12.2023

**ORDER**

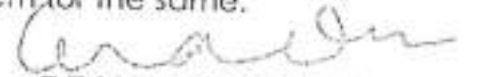
**(PHASE-IV - DISTRICT RESIDENCY PROGRAMME)**

In continuation of letter dated 05.12.2023 from the District Coordinator of Hospital Services, Chittoor & Tirupathi Districts, the following students of Postgraduates (2021-22 batch) are posted to phase-IV District Residency Programme w.e.f. 06.12.2023.

Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
1	MD - General Medicine	Dr.MULAGAPAKA VINUSHA	A H, Kuppam	
2	MD - General Medicine	Dr.THAMMANNAGARI DINESH	A H, Srikalahasti	Allotted to CHC, Naravaripalli
3	MD - Psychiatry	Dr.C LEKHASREE	A H, Kuppam	
4	MD - Psychiatry	Dr.MITIKIRI YASHODA	A H, Kuppam	
5	MD - Paediatrics	Dr.SIDDAGUNTA PUJITHA	A H, Srikalahasti	Allotted to CHC, Pullur
6	MD - Paediatrics	Dr.MANNEM AMANI	A H, Srikalahasti	
7	MS - General Surgery	Dr.N MONICA	A H, Kuppam	
8	MS - General Surgery	Dr.B KRISHNA MITHRA	A H, Kuppam	
9	MD/MS - Ophthalmology	Dr.ERLA MANASA	A H, Kuppam	
10	MD/MS - OBG	Dr.C NIKHITHA	A H, Kuppam	
11	MD/MS - OBG	Dr.PUNUGUNTA KEERTHY PRIYA	A H, Palamaner	Allotted to CHC, V.Kota
12	MD - Anaesthesiology	Dr.UGRAM SRAVANI	A H, Kuppam	
13	MD - Anaesthesiology	Dr.VATURI SATISH KUMAR	A H, Kuppam	
14	MD - Radio Diagnosis	Dr.DARBAR SAI KIRAN	A H, Kuppam	
15	MD - Emer Medicine	Dr.BOTCHU SRIKAR YADAV	A H, Kuppam	
16	MD - Pathology	Dr.CHINTHAKAYALA HARITHA	A H, Kuppam	
17	MD - SPM	Dr.S SRIKANTH	A H, Kuppam	

The concern HoDs are hereby requested to kindly permit them for the same.

  
**DEAN & PRINCIPAL**  
PES Institute of Medical Science & Research  
Kuppam-517-425, Chittoor DL A.P.

Cc to  
MD/AMD  
Medical Superintendent  
Concern HoDs  
Nodal Officer - DRP, PESIMSR, Kuppam  
Concern Students Whatsapp Groups  
O/c

**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
KUPPAM – 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref: PESIMSR/ESTAB / 2023-24

Date : 05.09.2023

**ORDER**

**(PHASE-III - DISTRICT RESIDENCY PROGRAMME)**

In continuation of letter dated 03.09.2023 from the District Coordinator of Hospital Services, Chittoor, Tirupathi and Annamayya Districts, the following students of II year Postgraduates are posted to phase-III District Residency Programme from 06.09.2023 to 05.12.2023.

Concerned Head of the departments at PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
	MD - General Medicine	Dr.MARITHA KRISHNA SAHI REDDY	Indukurpet, Nellore	
2	MD - General Medicine	Dr.KUNDAVARAM SHIKARA REDDY	AH, Kuppam	
3	MD - General Medicine	Dr.GUNURU SRINIVAS	CHC, V.Kota	
4	MD - General Medicine	Dr.KALAGADDA SUNNY SANJAY	CHC, V.Kota	
5	MD - Psychiatry	Dr.SUPRIYA GANGADEVI	Guntakal	
6	MD - Psychiatry	Dr.S JAYA SREE	AH, Kuppam	
7	MD - Paediatrics	Dr.HUSSAINZAIMALIK AAMIR ALI KHAN	AH, Kuppam	
8	MD - Paediatrics	Dr.KANTIPULI HEMSAI	AH, Palamaner	
9	MS - General Surgery	Dr.DASARI KAVYA	AH, Kuppam	
10	MS - General Surgery	Dr.MD.REHAN FARAZ	Orvakal, Kurnool	
11	MS - General Surgery	Dr.G VENKATA DAKSHINYA	AH, Madanapalli	
12	MS - General Surgery	Dr.PUDOTA MITHUN CHAKRAVERTHY	AH, Kuppam	
13	MS - Orthopaedics	Dr.DUDEKULA SALEEM	AH, Kuppam	
14	MS - Orthopaedics	Dr.SANTOSH KIRAN	AH, Kuppam	
15	MS - Ophthalmology	Dr.VEMAVARAM JOYCEE SUMALATHA	AH, Kuppam	
16	MS - ENT	Dr. VISWANADHAPALLI VENKATA PASI	AH, Kuppam	
17	MS - ENT	Dr. SENTHIL RAJA S	AH, Kuppam	
18	MS - OBG	Dr. JAYA KUMARI SINHA	CHC, V.Kota	
19	MS - OBG	Dr. SATARLA APARNA	AH, Kuppam	
20	MS - OBG	Dr. KULURU MOUNIKA	Siddavaram, KAdapa	

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
21	MS - OBG	Dr. THATUKURU CHANDINI	AH, Kuppam	
22	MD - Anaesthesiology	Dr. K M NITHISH	AH, Kuppam	
23	MD - Anaesthesiology	Dr. JEETHURI SOWJANYA	AH, Kuppam	
24	MD - Anaesthesiology	Dr. BADA YATH SINDHUJA	AH, Kuppam	
25	MD - Anaesthesiology	Dr. KAVYA MITTA	CHC, V.Kola	
26	MD-Radiodiagnosis	Dr. HARISH KUMAR	AH, Kuppam	
27	MD-Radiodiagnosis	Dr. GOWTHAM RAJ	AH, Kuppam	
28	MD - Emergency Medicine	Dr. GOPICHAND	AH, Kuppam	
29	MD - Pathology	Dr. G. RAMYA KUMARI	AH, Kuppam	
30	MD - Pathology	Dr. Y. GURUSEKHAR	Dharmavaram	

  
**DEAN & PRINCIPAL**

DEAN & PRINCIPAL  
PES Institute of Medical Science & Research  
H.O. Dr. G. N. Srinivasulu P.

- CC to: MD/AMD/Medical Superintendent/Vice Principal/Concerned Heads/Concerned Students
- Whatsapp Groups /Nodal Officer- DRP , PESIMSR/ O/c

**P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH**  
KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref: PESIMSR/ESTAB/203/2023-24

Date : 05.06.2023

**ORDER**

**(PHASE-II - DISTRICT RESIDENCY PROGRAMME)**

In continuation of letter dated 02.06.2023 from the District Coordinator of Hospital Services, Chittoor, Tirupathi and Annamayya Districts, the following students of II year Postgraduates are posted to phase-II District Residency Programme w.e.f. 06.06.2023.

Concerned Head of the departments of PESIMSR, Kuppam, are requested to relieve the following students and direct them to report to the District Residency Programme as per the orders issued by DCHSs of Concerned Districts.

Sl No	Name of the Dept	Name of Postgraduate	Posted @	Remarks
1	MD - General Medicine	KANDULA VENKATA SAI RAGHAVENDRA	CHC, V.Kota	<i>Only</i>
2	MD - General Medicine	V SAI NIKHILESHWAR	CHC, V.Kota	<i>V.Sai Nikhileshwar</i>
3	MD - General Medicine	ANNAPAREDDY BHUVAN CHANDRA	AH, Kuppam	<i>Bhuvan</i>
4	MD - DVL	PRIYANKA K C	AH, Kuppam	<i>KC Priyanka</i>
5	MD - DVL	BALLA PREETHI	AH, Nagari	<i>Preethi</i>
6	MD - Paediatrics	PULI SUDEEPTI	AH, Kuppam	<i>Sudeepti Puli</i>
7	MD - Paediatrics	TEERUPATI.PRASUNA YADAV	CHC, V.Kota	<i>Prasuna</i>
8	MS - General Surgery	N R REDDY HEMANTH	AH, Srikalahasti	<i>Hemant</i>
9	MS - General Surgery	GONA BHAGYA LALITHA	AH, Kuppam	<i>Bhagya Lalitha</i>
10	MS - General Surgery	B PRANATHI	AH, Srikalahasti	<i>Pranathi</i>
11	MS - General Surgery	G SREEMEENU	AH, Nagari	<i>G. Sreemeenu</i>
12	MS - Orthopaedics	S MD SALAUDDIN	AH, Kuppam	<i>S. Md Salauddin</i>
13	MS - Orthopaedics	PAPAKUNNA POOJITHA	AH, Srikalahasti	<i>Poojitha</i>
14	MS - Orthopaedics	J M VYSHNAVI	AH, Piler	<i>J.M. Vyshnavi</i>
15	MD/MS - Ophthalmology	GAJJALA MANASA REDDY	AH, Kuppam	<i>Manasa</i>
16	MS - ENT	POLI POOJITHA	AH, Kuppam	<i>P. Poojitha</i>
17	MS - ENT	CLINTON ROY	AH, Kuppam	<i>Clinton Roy</i>
18	MD/MS - OBG	PASUMARTHI MOUNICA	AH, Eluru	<i>P. Mounica</i>
19	MD/MS - OBG	BAVIGADDA CHANDRIKA	AH, Guntakal	<i>B. Chandrika</i>
20	MD/MS - OBG	J VENNELA	AH, Tadipathi	<i>J. Vennela</i>
21	MD - Anaesthesiology	SADAM HARI PRIYA	AH, Srikalahasti	<i>Sadam Hari Priya</i>
22	MD - Pathology	B LAVANYA	DH, Madanapalli	<i>B. Lavanya</i>
23	MD - SPM	G USHARANI	AH, Kuppam	<i>G. Usha Rani</i>



*Arav*  
**DEAN & PRINCIPAL**  
PES Institute of Medical Science & Research  
Kuppam - 517 425, Chittoor Dist, A.P.

CC to: MD/AMBY Medical Superintendent/Vice Principal/Concern HoDs, Concern Students WhatsApp Groups / No. Officer- DRP, PESIMSR/ O/c

# P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH

KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.

Ref: PESIMSR/ESTABL/ 454 / 2022-23

01.03.2023

## CIRCULAR

As per telephonic communication from the Principal, S.V. Medical College, Tirupati, the following 3 year postgraduate students are hereby directed to attend a meeting at 10.00 am tomorrow i.e., on 02.03.2023 at SV Medical College, Tirupati for counseling and further postings for District Residency Programme (DRP).

Sl No	Name of the Dept	Name of Postgraduate	Remarks
1	MD - General Medicine	J.T.V.KRISHNA RAVAN KUMAR	✓ Kuppam
2	MD - General Medicine	'DIMADAKALA SAJ' PREETHI	✓ - Kuppam
3	MD - Psychiatry	TAMILCHELVAN SHALINI	✓ - Pala.
4	MD - DVL	G BHANU PRAKASH	X
5	MD - DVL	VARSHA S	X
6	MD - Paediatrics	SAJJA CHENCHU ROOPA DEVI	✓ - Pala.
7	MS - General Surgery	A.POOJA	✓ - Pala.
8	MS - General Surgery	ARJUNKARTHIK M V	✓ - Kuppam
9	MS - Orthopaedics	SHESHACHALA S	✓ - Pala.
10	MS - ENT	RAVIPATI HARIKA	✓ - Pala.
11	MD - Anaesthesiology	VIGHNAJIT G L	✓ - Pala.
12	MD - Radio Diagnosis	SHAIK SHAFREEN	X
13	MD - Radio Diagnosis	KODURU HIMA BINDU	X

The concern HoDs are hereby requested to kindly permit them for the same.

Cc:

MD/AMD

Principal, SV Medical College, Tirupati

Medical Superintendent, PESIMSR

Concern HoDs of PESIMSR

Nodal Officer, DRP, PESIMSR

Concern Student's WhatsApp Groups of PESIMSR

O/o

DEAN & PRINCIPAL

*[Signature]*

DEAN & PRINCIPAL  
P.E.S. INSTITUTE OF MEDICAL SCIENCES & RESEARCH  
KUPPAM - 517 425, CHITTOOR DIST, ANDHRA PRADESH.



1

# ANDHRA PRADESH MEDICAL COUNCIL

2nd Floor, Dr. Y.S.R. University of Health Sciences, VIJAYAWADA - 520 008, A.P.

E-mail : contact@apmedicalcouncil.in Website : apmc.ap.gov.in

Ph : 0866-2455280, 2455281

**Dr. B.S. SIVA REDDY, M.Ch., (Neuro Surgery)**  
CHAIRMAN

**Dr. I. RAMESH**  
REGISTRAR

**Letter No. APMC/FMGs/1392/JRA/2023; dated 19-05-2023**

To  
The Principals  
Of all the Medical Colleges in the Andhra Pradesh State.  
(with the individual list of FMGs allotted to the College)

Sir / Madam,

**Sub:** APMS - Foreign Medical Graduates – Posting of the FMGs for Internship to your Medical College – List of the FMGs allotted to your Medical College – Intimation – Regarding.

**Ref:** 1) The Regulations issued by the NMC vide. Notification No. UGMEB/NMC/Rules & Regulations/2021 dated 18-11-2021 i.e. the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, and the National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.

2) From the National Medical Commission Undergraduate Medical Education Board Circular No.U.15024/01/2022-UGMEB, dated 19th May, 2022.

3) From the National Medical Commission Undergraduate Medical Education Board Notification No.U.15024/17/2022-UGMEB/026177, dated 14th July, 2022.

4) From the National Medical Commission Undergraduate Medical Education Board Public Notice No. NMC/20659(Legal)/2022/UGMEB dated 28th July, 2022.

5) From the National Medical Commission Undergraduate Medical Education Board Notification No.U.15024/9/2023-UGMEB, dated 22nd Feb, 2023.

\*\*\*\*\*

On behalf of the Andhra Pradesh Medical Council, I am directed to inform you that the "Counseling" of the Foreign Medical Graduates, as per merit, has been successfully conducted by the Andhra Pradesh Medical Council on the 17th and 18th of May, 2023.

wef - 1/6/23  
to all  
affiliates  
1 of  
22/5/23

I am to enclose herewith the list of Foreign Medical Graduates allotted to your esteemed Institution for undergoing their Compulsory Rotating Medical Internship for ONE / TWO YEARS as per their eligibility, apropos to the Instructions issued by the NMC from time to time.

I request you to kindly admit these FMGs for undergoing their Compulsory Rotating Medical Internship in your Medical College and report compliance, to enable the Andhra Pradesh Medical Council to submit a report to the National Medical Commission, UGMEB in this regard, at the earliest.

With regards;

Yours faithfully,



*J. Nageswara*  
REGISTRAR  
REGISTRAR  
Andhra Pradesh Medical Council  
VIJAYAWADA-520 004.

**OFFICE OF THE DISTRICT CO.ORDINATOR OF HOSPITAL SERVICES TIRUPATI DISTRICT**

**Re.No.DRP/DCHS/TPT/2023**

**Dt: 02.06.2023**

**ORDERS**

Sub: APVVP-DCHS-Tirupati-DRP Programme- PG students allotted to certain APVVP Hospitals in Annamayya district for 03 months from the date of joining- Orders-issued.

Ref: NATIONAL MEDICAL COMMISSION POSTGRADUATE MEDICAL EDUCATION BOARD Preket 14, Sector 8, Dwarka, NEW DELHI.

\*\*\*\*\*

As per the reference cited that, PG (2 year students are allotted for three months from the date of joining to APVVP Hospitals pertaining to Tirupati district / Chittoor district and Annamayya district under DRP (II phase) (list enclosed).

Hence, the concerned Principals / Deans are requested to relieve individuals on the AN of 06/06.2023 to work at their allotted APVVP Hospitals in Annamayya district.

All allotted DRP students are instructed to report before their allotted APVVP Hospitals Medical Superintendents and Medical Officers on the FN of 06.06.2023 without fail.

The Medical Superintendents and Medical Officers of Dist. Hospital Madanapalle, Area Hospital, Piler are instructed to admit individuals and send attendance to the Concerned Dean / principals on or before 10<sup>th</sup> of every month for drawl of their salary and enrolled their names in FRs portal of concerned APVVP Hospital.

**Encl: Students allotment list**

**T. Dawn**  
**DISTRICT CO-ORDINATOR**  
**OF HOSPITAL SERVICES**  
**ANNAMAYYA**  
**APVVP, RAYACHOTY,**  
**ANNAMAYYA DISTRICT**

To  
The Dean, SVIMS, Tirupati and Principals of S.V.Medical College, Tirupati / Apollo Medical College,  
Tirupati/ PES Medical College, Kuppam  
Copy to the Medical Superintendents of Dist Hospital, Madanapalle, Area Hospital, Piler  
Copy submitted to the DCHS Chittoor for kind information.  
Copy submitted to the Commissioner, A.P.Vaidya Vidhana Parishad, Vijaya

**OB**  
**5/6/23**

OFFICE OF THE DISTRICT COORDINATOR OF HOSPITAL SERVICES CHITTOOR DISTRICT

Re.No.DR/DCRS/CTR/2023

Di: 02.05.2023

**ORDERS**

Sub: APVVP-DCRS-Chittoor-DRP Programme- PG students allotted to certain APVVP Hospitals in Chittoor district for 03months from the date of joining. Orders-Issued

Ref: NATIONAL MEDICAL COMMISSION POSTGRADUATE MEDICAL EDUCATION BOARD Packer 14, Sector 8, Dwarka, NEW DELHI

\*\*\*\*\*

As per the reference cited that, PG 02 year students are allotted for three months from the date of joining to APVVP Hospitals pertaining to Chittoor district under DRP (II phase) (list enclosed)

Hence, the concerned Principals / Deans are requested to relieve individuals to work at their allotted APVVP hospitals in Chittoor district

The Medical Superintendents and Medical Officers of Area Hospitals, Kuppam, Nagari and Palamaner and Community Health Center, V.Kota are instructed to admit the individuals and send attendance to the Concerned Dean / principals on or before 10<sup>th</sup> of every month for drawl of their stipend.

Encl: Students allotment list

3/6  
3/6/23  
3/6/23  
3/6/23  
3/6/23

To  
The Principals of S.V Medical College, Tirupati / PES Medical College, Kuppam.  
Copy to the Medical Superintendents of AHs, Kuppam, Nagari and Palamaner CHC, V.Kota.  
Copy submitted to the Commissioner, A.P. Vaidya Vidhana Parishad, Vijayawada for favour of information.

5/6/23

**OFFICE OF THE DISTRICT CO.ORDINATOR OF HOSPITAL SERVICES TIRUPATI DISTRICT**

**Re.No.DRP/DCHS/TPT/2023**

**Dt: 02.06.2023**

**ORDERS**

Sub: APVVP-DCHS-Tirupati-DRP Programme- PG students allotted to certain APVVP Hospitals in Tirupati district for 03 months from the date of joining- Orders-Issued.

Ref: NATIONAL MEDICAL COMMISSION POSTGRADUATE MEDICAL EDUCATION BOARD Pocket 14, Sector 8, Dwarka, NEW DELHI

\*\*\*\*\*

As per the reference cited that, PG 02 year students are allotted for three months from the date of joining to APVVP Hospitals pertaining to Tirupati district / Chittoor district and Annamayya district under DRP (II phase) (list enclosed).

Hence, the concerned Principals / Deans are requested to relieve individuals on the AN of 05.06.2023 to work at their allotted APVVP hospitals in Tirupati district.

All allotted DRP students are instructed to report before their allotted APVVP Hospitals Medical Superintendents and Medical Officers on the FN of 06.06.2023 without fail.

The Medical Superintendents and Medical Officers of Area Hospital and Community Health Centers, Chandragiri and Puttur are instructed to admit individuals and send attendance to the Concerned Dean / principals on or before 10<sup>th</sup> of every month for drawl of their stipend and enrolled their names in FRs portal of concerned APVVP Hospital.

  
The District Co-ordinator of  
Hospital Services  
Tirupati

To  
The Dean, SVIMS, Tirupati and Principals of S.V.Medical College, Tirupati / Apollo Medical College,  
Tirupati/ PES Medical College, Kuppam  
Copy to the Medical Superintendents of AH, Srikalahasti, CHC, Chandragiri, Puttur.  
Copy submitted to the Commissioner, A.P.Vaidya Vidhana Parishad, Vijaya

66  
5/6/23



GOVERNMENT OF INDIA  
Regional Office for Health & Family Welfare  
(Directorate General of Health Services, Ministry of Health and FW)

2<sup>nd</sup> Floor 'F' Wing, Kendriya Sadan  
Koramangala, Bangalore – 560 034  
Phone Direct :25537310  
Office : 25537688  
Fax : (080) 25539249  
Email: rhobng@nic.in  
Date: 22.01.2019

Senior Regional Director (H & FW)  
No.ROH&FW/FIC/2018-19/ 2-5 /

Dr. Chitra Nagaraj,  
Associate Professor,  
PESMC,  
Kuppum,  
Tamilnadu

**Sub: CBHI Training on Family of International Classification (ICD-10 & ICF) for  
Non-Medical Personnel from 11.02.2019 to 15.02.2018 - reg.**

Madam,


This office is organizing five day training on Family of International Classification (ICD-10 & ICF) from 11.02.2019 to 15.02.2018. The training is imparted to the Officers involved in the work of Medical Records / Health Statistics.

You are invited to be a resource faculty for the said training programme as per the schedule given below.

Date	Time	Topic
14-02-19	14 to 15 PM	ICD-10 Chapter IX & X Diseases of Circulatory & Respiratory System (MWB & Module 16 & 17)

Kindly make it convenient and deliver lecture in the training programme.

Yours faithfully,

  
(V.K.Salini)  
Deputy Director



GOVERNMENT OF INDIA  
Regional Office for Health & Family Welfare  
(Directorate General of Health Services, Ministry of Health and FW)

2<sup>nd</sup> Floor 'F' Wing, Kendriya Sadan  
Koramangala, Bangalore - 560 034  
Phone Direct : 25537310  
Office : 25537688  
Fax : (080) 25539249  
Email: rhobng@nic.in  
Date: 28.07.2021

Senior Regional Director (H & FW)  
No.ROH:&FW/FSU/ TR/2-5/ 2019-20

To,  
Dr. Chitra Nagaraj,  
Associate Professor,  
PESMC,  
Kuppam,  
Andhra Pradesh.

**Sub: CRHI Virtual Training on Family of International Classification (ICD-10 & ICF) for Non-Medical Personnel - 30-07-2021. - reg.**

Madam,

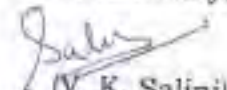
This office is organizing training on Family of International Classification (ICD-10 & ICF) on 30-07-21. The Virtual training is imparted to the Officers involved in the work of Medical Records / Health Statistics.

You are invited as a resource faculty for the said training programme as per the schedule given below:

Date	Time	Topic
30-07-21	03.00 to 04.00PM	ICD-10 Coding of cardiovascular and respiratory system.

Kindly make it convenient and deliver lecture in the training program.

Yours faithfully,

  
(V. K. Salini)  
Deputy Director

1)

Fwd: Link for online attending the Training on ICD-11 in India on 18th – 19th March, 2024 at New Delhi.

Inbox

Search for all messages with label Inbox

Remove label Inbox from this conversation

R

Senior Regional Director rhobng@nic.in via nic.in

Fri, Mar 15,  
2:50 PM

to CBHI, suhas, me, CBHI, CBHI, CBHI, CBHI, CBHI, CBHI, Madhusudan, CBHI, siddalingsh, abhilasha, CB

Sir \ Madam,

Please find the link below for joining online ICD 11 workshop / Training on 18th & 19th March 2024 to be held at New Delhi.

We request all the faculties who are engaging in topic ICD to kindly join without fail.

Follow the instruction given below for registering of participants in advance.

Kind Regards,

Senior Regional Director (H&FW)  
Regional Office for Health & FW, Govt of India,  
II Floor, 'F' Wing, Kendriya Sadan, Koramangala,  
Bangalore - 560034  
Ph: 080-25537688, 080- 25537310  
Fax: 080-25539249

---

**From:** "R K SHARMA" <[rk.sharma26@nic.in](mailto:rk.sharma26@nic.in)>  
**To:** "Senior Regional Director" <[rhobng@kar.nic.in](mailto:rhobng@kar.nic.in)>, "SENIOR REGIONAL DIRECTOR, ROH and FW" <[rohfwbho@mp.nic.in](mailto:rohfwbho@mp.nic.in)>, [rohfwbbs@rediffmail.com](mailto:rohfwbbs@rediffmail.com), "SRD RAJASTHAN" <[rdrhojp-rj@nic.in](mailto:rdrhojp-rj@nic.in)>, "SRD RAJASTHAN" <[rdrhojp@raj.nic.in](mailto:rdrhojp@raj.nic.in)>, [srrldko@yahoo.com](mailto:srrldko@yahoo.com), "Dr. Kailash Kumar Regional Director" <[srdhfw-pat-bih@gov.in](mailto:srdhfw-pat-bih@gov.in)>, "DIKSHA SACHDEVA" <[diksha.sachdeva@nic.in](mailto:diksha.sachdeva@nic.in)>, [srdchandigarh@gmail.com](mailto:srdchandigarh@gmail.com), "rohfw chd" <[rohfw\\_chd@yahoo.com](mailto:rohfw_chd@yahoo.com)>, "Deputy Director CBHI Lucknow"

<[ddfsulko@cbhidghs.nic.in](mailto:ddfsulko@cbhidghs.nic.in)>, "cbhi lucknow" <[cbhi.lucknow@gmail.com](mailto:cbhi.lucknow@gmail.com)>, "CBHI BHOPAL" <[ddsubho@nic.in](mailto:ddsubho@nic.in)>, "Dr Nilam Manoharrao Somalkar" <[nilam.80@gov.in](mailto:nilam.80@gov.in)>, "Senior Regional Director" <[rhobng@nic.in](mailto:rhobng@nic.in)>, "SENIOR REGIONAL DIRECTOR, ROH and FW" <[rohfwbho@nic.in](mailto:rohfwbho@nic.in)>, "DD CBHI PATNA" <[ddpatna@cbhidghs.nic.in](mailto:ddpatna@cbhidghs.nic.in)>, "DD Jaipur CBHI" <[ddjaipur@cbhidghs.nic.in](mailto:ddjaipur@cbhidghs.nic.in)>, "g ramchandra" <[g.ramchandra@gov.in](mailto:g.ramchandra@gov.in)>  
**Cc:** "Director CBHI" <[dircbhi@nic.in](mailto:dircbhi@nic.in)>, "S P Srivastava" <[sp.srivastava76@nic.in](mailto:sp.srivastava76@nic.in)>, "MAHESH CHANDRA SHUKLA" <[mcshukla.edu@nic.in](mailto:mcshukla.edu@nic.in)>, "Bhawana Joshi" <[bhawana.joshi@nic.in](mailto:bhawana.joshi@nic.in)>, "AJAY RAWAT INVESTIGATOR, MOSPI" <[ajay.rawat@nic.in](mailto:ajay.rawat@nic.in)>, "Ram Dayal" <[ram.dayal65@gov.in](mailto:ram.dayal65@gov.in)>, "Mamta Gupta" <[mamta.goyal91@gov.in](mailto:mamta.goyal91@gov.in)>, "Sunita Tyagi" <[sunita.tyagi@nic.in](mailto:sunita.tyagi@nic.in)>  
**Sent:** Friday, March 15, 2024 2:14:00 PM  
**Subject:** Link for online attending the Training on ICD-11 in India on 18th – 19th March, 2024 at New Delhi.

Dear Sir / Madam,

In continuation to the trailing e-mail, it is informed that the zoom Webinar has been scheduled.

Please register yourself or participants on the following registration link to attend the "**National level workshop on transition from ICD-10 to ICD-11 in India**" online.

**Topic of workshop: National level workshop on transition from ICD-10 to ICD-11 in India**

**Date of Workshop: 18-19th March , 2024 09:00 AM Mumbai, Kolkata, New Delhi**

**Register in advance for this webinar:**

**[https://who.zoom.us/webinar/register/WN\\_QtfnNSLhTNOF21XZeCgeOQ](https://who.zoom.us/webinar/register/WN_QtfnNSLhTNOF21XZeCgeOQ)**

**After registering, you will receive a confirmation email containing information about joining the webinar.ks**

--

Regards

(R.K.Sharma)  
Assistant Director  
9810658634

---

**From:** "R K SHARMA" <[rk.sharma26@nic.in](mailto:rk.sharma26@nic.in)>  
**To:** "Senior Regional Director" <[rhobng@kar.nic.in](mailto:rhobng@kar.nic.in)>, "SENIOR REGIONAL DIRECTOR, ROH and FW" <[rohfwbho@mp.nic.in](mailto:rohfwbho@mp.nic.in)>, "rohfwbbs" <[rohfwbbs@rediffmail.com](mailto:rohfwbbs@rediffmail.com)>, "SRD RAJASTHAN" <[rdrhojp-rj@nic.in](mailto:rdrhojp-rj@nic.in)>, "SRD RAJASTHAN" <[rdrhojp@raj.nic.in](mailto:rdrhojp@raj.nic.in)>, "srrdlko" <[srrdlko@yahoo.com](mailto:srrdlko@yahoo.com)>, "Dr. Kailash Kumar Regional Director" <[srdhfw-pat-bih@gov.in](mailto:srdhfw-pat-bih@gov.in)>, "DIKSHA SACHDEVA" <[diksha.sachdeva@nic.in](mailto:diksha.sachdeva@nic.in)>, "srdchandigarh" <[srdchandigarh@gmail.com](mailto:srdchandigarh@gmail.com)>, "rohfw chd" <[rohfw\\_chd@yahoo.com](mailto:rohfw_chd@yahoo.com)>, "Deputy Director CBHI Lucknow" <[ddfsulko@cbhidghs.nic.in](mailto:ddfsulko@cbhidghs.nic.in)>, "cbhi lucknow" <[cbhi.lucknow@gmail.com](mailto:cbhi.lucknow@gmail.com)>, "CBHI BHOPAL" <[ddsubho@nic.in](mailto:ddsubho@nic.in)>, "Dr Nilam Manoharrao Somalkar" <[nilam.80@gov.in](mailto:nilam.80@gov.in)>, "Senior Regional Director" <[rhobng@nic.in](mailto:rhobng@nic.in)>, "SENIOR REGIONAL DIRECTOR, ROH and FW" <[rohfwbho@nic.in](mailto:rohfwbho@nic.in)>, "DD CBHI PATNA" <[ddpatna@cbhidghs.nic.in](mailto:ddpatna@cbhidghs.nic.in)>, "DD Jaipur CBHI" <[ddjaipur@cbhidghs.nic.in](mailto:ddjaipur@cbhidghs.nic.in)>, "g ramchandra" <[g.ramchandra@gov.in](mailto:g.ramchandra@gov.in)>  
**Cc:** "Director CBHI" <[dircbhi@nic.in](mailto:dircbhi@nic.in)>, "S P Srivastava" <[sp.srivastava76@nic.in](mailto:sp.srivastava76@nic.in)>, "MAHESH CHANDRA SHUKLA" <[mcsbukla.edu@nic.in](mailto:mcsbukla.edu@nic.in)>, "Bhawana Joshi" <[bhawana.joshi@nic.in](mailto:bhawana.joshi@nic.in)>, "AJAY RAWAT INVESTIGATOR, MOSPI" <[ajay.rawat@nic.in](mailto:ajay.rawat@nic.in)>  
**Sent:** Monday, March 11, 2024 6:07:00 PM  
**Subject:** National Level Workshop for transition from ICD-10 to ICD-11 in India on 18th – 19th March, 2024 at New Delhi.

Dear Sir / Madam,

The undersigned is directed to refer to this office email dated 14<sup>th</sup> February, 2024 regarding 2 days workshop from 18<sup>th</sup> & 19<sup>th</sup> March, 2024 on transition from ICD – 10 to ICD – 11 in India at New Delhi.

The venue for the said workshop is “National Institute of Health and Family (NIHFW) Welfare, Baba Gang Nath Marg, Munirka, New Delhi – 110067”. Tentative schedule is also attached herewith for ready reference.

This Training / Workshop will be in hybrid mode. 30 Experts / Master Trainers are invited to join this meeting / workshop physically (list enclosed). However, as training is in hybrid mode, you are requested to invite the ICD faculty associated with your FSU / Training Centre and experts from various medical colleges to join this training / workshop virtually. Link of the same will be shared separately in due course of time.

Further, Sr. Regional Directors of concerned FSUs / Training Centre and Deputy Directors are requested to attend the aforesaid workshop physically.

With kind regards

Ajay Rawat  
Senior Statistical Officer,  
CBHI, DGHS

2)

## ICD-10 Virtual Training on 30-07-2021

ICD 10 Presentations

Search for all messages with label ICD 10 Presentations

Remove label ICD 10 Presentations from this conversation



**Regional Health Office, B lore rhobng@nic.in via nic.in**

Wed, Jul 28, 2021,  
5:58 PM

to me

Madam,

Please find attached herewith the virtual training schedule on the subject " ICD-10 coding of Cardiovascular and Respiratory System" on 30.07.2021 at 3.00 - 4.00 PM

Kind Regards,

Senior Regional Director (H&FW)  
Regional Office for Health & FW, Govt of India,  
II Floor, 'F' Wing, Kendriya Sadan, Koramangala,  
Bangalore - 560034  
Ph: 080-25537688, 080- 25537310  
Fax: 080-25539249

3)

Fw: Family of International Classification (ICD-10 & ICF) for Non-medical personnel from 11.02.2019 to 15.02.2019.

RHO ICD 10

Search for all messages with label RHO ICD 10

Remove label RHO ICD 10 from this conversation



Microsoftaccount . Team. <chitranagaraj@hotmail.com>

Thu, Jan 24, 2019,  
12:16 PM

to me

---

**From:** [rhobng@nic.in](mailto:rhobng@nic.in) <[rhobng@nic.in](mailto:rhobng@nic.in)> on behalf of Regional Health Office, B'lore <[rhobng@nic.in](mailto:rhobng@nic.in)>

**Sent:** Wednesday, January 23, 2019 10:47 AM

**To:** CBHI FACL SELVINJEBASINGH; CBHI FACU DR PREMMONY; CBHI FACUL DR KAVYA; CBHI FACUL Dr. ARVINDRAJ; CBHI FACUL Dr. VENKATESH; CBHI FACULDr. RAMESH KIDWAI; CBHII FACU CHITRANAGRAJ; CBHII FACU CHITRANAGRAJ; ICD FAC DR SAMPATH; DM JOSEPH; Dr. YOGITHA; DR. BRAMAKRISHNANGOUD; DR. BRAMAKRISHNANGOUD

**Subject:** Family of International Classification (ICD-10 & ICF) for Non-medical personnel from 11.02.2019 to 15.02.2019.

Sir \ Madam,

Please find attached here with respective Faculty Letter as mentioned below requesting for delivering lectures on their concerned topic for upcoming Family of International Classification (ICD-10 & ICF) for Non-medical personnel from 11.02.2019 to 15.02.2019.

The list of Faculty is as follows

1. Dr, Sampathsingh
2. Mr. D.M. Joseph
3. Dr. Prem Mony
4. Dr. Kavya
5. Dr. C. Ramesh
6. Dr. E. Aravind Raj
7. Mrs. Irvin Machado
8. Dr. Yogitha
9. Dr. Venkatasubramanian
10. Dr. Chitra Nagaraj
11. Dr. Ramakrishna Goud

12. Mr. Selwyn Jebasingh

It is requested to view the concerned letter by their names for topic, date and timings for delivering lectures

--

Kind Regards,

Senior Regional Director (H&FW)  
Regional Office for Health & FW, Govt of India,  
II Floor, 'F' Wing, Kendriya Sadan, Koramangala,  
Bangalore - 560034  
Ph: 080-25537688, 080- 25537310  
Fax: 080-25539249



**National Institute of Mental Health and Neuro Sciences**  
Bangalore - 560 029  
**External Training**  
Academic and Evaluation Section

**Application No.** : NIMHGH2024/ 08070  
**Name and Address of Applicant** : Dr Vishnupriya R  
: PES Institute of Medical Science and Research, Kuppam Andhra Pradesh, Andhra Pradesh, India  
**Purpose** : Training  
**Contact Number** : 9496775012  
**Email Id** : drvishnupriyaradhakrishnan@gmail.com  
**Type of Request** : Individual

Name of applicants	Duration From	Duration to	Department
Dr Vishnupriya R	01/04/2024	15/04/2024	Neuropathology

I certify that the above Information is true and correct

Signature of the Applicant

  
27/02/24

**Dr. RAMASWAMY A S**  
**Reg.No KMC 63889**  
**Professor & HOD**  
**Department of Pathology**  
**PES Institute of Medical Science and Research, Kuppam, A.P - 517425**

**Steps to be followed:**

- The applicant has to -
1. Take a print out of this application.
  2. Get signature and seal of the HOD/ Head of the Institute.
  3. Upload the scanned copy of the signed Application in upload portal, (in PDF format only)

**Note:**

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.

No :  
NIMHGH2023/  
05180Date :  
11/05/2023

Name and Address of Applicant : Kavitha Reddy Gade  
 Purpose(Requested) : PESIMSR, KUPPAM chittoor district Andhra Pradesh, 517425, Andhra Pradesh, India  
 Type of Request : Training  
 Request Number : Individual  
 Request Number : NIMHGH2023/ 05180  
 Contact Number : 9309977429  
 Email Id : kavithagade95@gmail.com

## Permission Details

No. of Candidates(Requested)	2
No. of Candidates(Permitted)	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
Kavitha Reddy Gade	16/08/2023 to 31/08/2023	01/01/2001 to 01/01/2001	Rejected - Slot is full	Neuropathology
Kavitha Reddy Gade	01/08/2023 to 15/08/2023	01/08/2023 to 15/08/2023	Accepted	Neuropathology

Fee Details : Rs. 10,000/- per month per trainee

## Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

## Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.

## NOTE:

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.  
 The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, training would not be imparted.  
 In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees,



National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029.

External Training

Academic and Evaluation Section

Save Paper  
Save Trees

No :  
NIMHGH2023/  
05401

Date :  
31/03/2023

Name and Address of Applicant : B LAVANYA  
: JAYARAMIREDDY BUILDING NEAR NARESH SUPER MARKET ,OPP TO  
PESIMSR KUPPAM 517425,Andhra Pradesh, India

Purpose(Requested) : Training

Type of Request : Individual

Request Number : NIMHGH2023/ 05401

Contact Number : 7349109763

Email Id : karteekv89@gmail.com

Permission Details

No. of Candidates(Requested)	1
No. of Candidates(Permitted)	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
B LAVANYA	01/04/2023 to 15/04/2023	01/04/2023 to 15/04/2023	Accepted	Neuropathology

Fee Details : Rs.10,000/- per month per trainee

Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. **Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.**

NOTE:

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that

*all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting.*

*The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, training would not be imparted.*

*In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld. On arrival, the trainees must contact the concerned departments, for further needful.*

[Click here to access SB Collect for online payment of the Training/observership/visiting fee.](#)

**Assistant Administrative Officer (A&E)**

**\*\* This is a Computer generated copy. No need of Signature. \*\***

**\*\* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) or COVID Vaccination report to be provided on the day of joining.**

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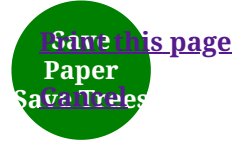


# National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029.

## External Training

Academic and Evaluation Section



No :  
NIMHGH2023/  
05018

Date :  
31/03/2023

Name and Address of Applicant : Dr Ramya kumari.G  
: Pes medical college ,Kuppam, andhrapradesh,517425,Andhra Pradesh,  
India  
Purpose(Requested) : Training  
Type of Request : Individual  
Request Number : NIMHGH2023/ 05018  
Contact Number : 7306166320  
Email Id : beingramya753@gmail.com

### Permission Details

No. of Candidates(Requested)	1
<b>No. of Candidates(Permitted)</b>	1

Name of Applicants	Duration (Requested)	Duration (Permitted)	Remark	Department
Dr Ramya kumari.G	01/04/2023 to 15/04/2023	01/04/2023 to 15/04/2023	Accepted	Neuropathology

**Fee Details** : Rs.10,000/- per month per trainee

### Instructions to the Applicants

- 1 The trainees/observers/visitors should compulsorily carry their college ID cards while posted at NIMHANS.
- 2 One stamp size photo should be given at the time of joining for issue of temporary ID card. (ID card should be returned at the end of training without fail)
- 3 Trainees/observers/visitors should carry a copy(Preferably soft copy) of this letter without fail.
- 4 The Training/observership/visiting fee for the whole duration has to be paid by through SB collect on the day of joining. The fee once paid will not be refunded.

**Accommodation Details:** The trainees/observers should make their own arrangements for accommodation. However all efforts will be made to provide hostel accommodation, but this **will be subject to availability as on the date of joining and on payment of charges as below:-**

Indian Resident	Rs. 100/- per day
Foreign Resident	Rs. 150/- per day

### Contact details of Manager/Supervisor

Men's Hostel :	080-26995095
Ladies Hostel :	080-26995092

Further, allotments, payment, check-outs, refunds and other official transactions are possible only on working days between 10 am to 3 pm. **Accommodation will not be provided to the candidates coming earlier than the scheduled date of training.**

**NOTE:**

Permission is subject to written assurance by Director/Dean/Principal/HOD of the above mentioned college/university that all the students who are posted will attend activity/duties of Neurology department everyday as per the timings of the department and will not take any planned leave during the period of posting. [Print this page](#)  
The nursing students should be compulsorily accompanied by a faculty member or a teacher, failing which, [Cancel](#) training would not be imparted.

In case of any damage of assets/property in the Hostels i.e., movable and immovable property of NIMHANS by the trainees, the college shall be directly responsible for such act of the trainees. The loss incurred has to be borne by the Institution/College deputing the trainees. Further the attendance certificate for training of such trainees will be withheld.

On arrival, the trainees must contact the concerned departments, for further needful.

[Click here to access SB Collect for online payment of the Training/observership/visiting fee.](#)

**Assistant Administrative Officer (A&E)**

\*\* This is a Computer generated copy. No need of Signature. \*\*

\*\* based on COVID 19 Pandemic situation and guidelines RTPCR negative report (latest by 72 hours) or COVID Vaccination report to be provided on the day of joining.

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## National Institute of Mental Health and Neuro Sciences

Bangalore - 560 029

### External Training

Academic and Evaluation Section

Application No. : NIMH/HT2023/ 10938  
 Name and Address of Applicant : Dr. Vaddavalli vidhya dhari  
 : PESIMSR, kuppam, Pes pg hostel, kuppam, Andhra Pradesh, India  
 Purpose : Training  
 Contact Number : 9392640122  
 Email Id : vidhyavaddavalli994@gmail.com  
 Type of Request : Individual

Name of applicants	Duration From	Duration to	Department
Dr. Vaddavalli vidhya dhari	01/08/2023	15/08/2023	Neuropathology

I certify that the above Information is true and correct

Vidhya Dhari  
 Signature of the Applicant

*[Signature]*  
 PROFESSOR & H.O.D.  
 DEPARTMENT OF PATHOLOG  
 PESIMSR  
 KUPPAM - 517 425 A.P.

#### Steps to be followed:

- The applicant has to -
1. Take a print out of this application.
  2. Get signature and seal of the HOD/ Head of the Institute.
  3. Upload the scanned copy of the signed Application in upload portal. (in PDF format only)

#### Note:

- Do not send the hard copy of application to NIMHANS (Paper-less Initiative by NIMHANS)
- The applicant can check the progress of application in the status portal using their User id and Password
- The minimum period for processing the application may take 15 to 20 days.
- The applications with Incomplete data and false credentials will be rejected
- **Hostel accommodation facility is purely subject to availability on the day of joining and prescribed charges will be collected.**



**Dr. YSR UNIVERSITY OF HEALTH SCIENCES, A.P. &  
ANDHRA PRADESH MEDICAL COUNCIL**



**CERTIFICATE OF ATTENDANCE  
ZONAL CME FOR POST GRADUATES**



This is to certify that Dr RAMASWAMY A S

Faculty in the Department of Pathology has participated in Zonal CME Titled "Hematopathology" held on 31-03-2024 at the Department of Pathology, S.V.MEDICAL COLLEGE, TIRUPATI and presented a talk on: **From Needle to Diagnosis" – Practical Approach to Bone Marrow Aspiration and Biopsies.**

This programme is awarded Two Credit Hours by Andhra Pradesh Medical Council.  
(Vide Letter.No. APMC/DR.YSRUHS/ZONAL CMES/0025/2024, dated 12.03.2024)



**Dr. G. BALESWARI**  
Co-Ordinator



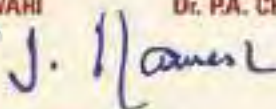
**Dr. P.A. CHANDRASEKHARAN**  
Principal



**Dr. K. BHARAMARAMBA**  
Head of the Department



**Dr. D.S. MURTHY**  
Observer, A.P. Medical Council



**Dr. I RAMESH**  
Registrar, A.P. Medical Council



**Dr. B SAMBA SIVA REDDY**  
Chairman, A.P. Medical Council



# 53<sup>rd</sup> Annual Conference of Orthopedic Surgeons Society of Andhra Pradesh

Conference Theme: **Recent Innovations and Challenging Opportunities in Geriatric Orthopedics**

26<sup>th</sup> - 28<sup>th</sup> January 2024

Organized by: Tirupati Orthopaedic Surgeons Society (TOSS)

## Certificate of Participation

This is to certify that Dr. **Naga Kiran.K.V**

for participating as **Delegate/Faculty** in **OSSAPCON - 2024**, 53<sup>rd</sup> Annual Conference of Orthopedic Surgeons Society of, Andhra Pradesh State held on 26<sup>th</sup> to 28<sup>th</sup> January 2024 at Shree Convention Centre, Tirupati.

Andhra Pradesh Medical Council has awarded accreditation of 6 (SIX) CME Credit hours (APMC/CME/207/2023 Dated:03/11/2023)

**Dr. B. S Siva Reddy**  
Chairman, APMC

**Dr. I Ramesh**  
Registrar, APMC

**Dr. K. Pradeep Kumar**  
Observer, APMC

**Dr. V. Sunand Kumar Reddy**  
Organizing Chairman

**Dr. R. Venkat**  
Organizing Secretary

**Dr. B. Hema Kumar Reddy**  
Organizing Secretary

**Dr. Deepak .K**  
Organizing Secretary

**Dr. P. Ravi Shankar**  
Scientific Chairman

**Dr. Venugopal S M**  
Scientific Co-Chairman



# PES Institute of Medical Sciences & Research

Kuppam - 517425, Chittoor Dist, A.P

State Level Workshop on RESEARCH METHODOLOGY -2024

Organized by

Institutional Research Committee (IRC) & Department of Community Medicine



## Certificate of Appreciation

Dr. RAMASWAMY A S bearing  
registration number KMC 63889 has participated as Resource person in  
three days workshop on "**Research Methodology - 2024**" held from 1st to 3rd February 2024 at PESIMSR,  
Kuppam. The workshop is accredited for 6(Six) Credit Hours by the **Andhra Pradesh Medical Council** (Vide  
reference Lt. No. APMC/CME/009/2024 dated 22-01-2024).

Dr. B.S. Siva Reddy  
Chairman, APMC

Dr. L. Ramesh  
Registrar, APMC

Dr. K. Krishna Prasad  
Observer, APMC

Dr. Praveen Kumar BA  
Organizing Secretary, Convener - IRC

Dr. Chitra Nagaraj  
Co-ordinator - IRC

Dr. H.R. Krishna Rao  
Dean & Principal, PESIMSR



# KAPICON-2024

41<sup>st</sup> Annual Conference of API Karnataka Chapter  
**Inspire-Innovate -Integrate**

Organised by: API Mandya Chapter

In association with

Mandya Institute of Medical Sciences, Mandya & Adichunchanagiri University, BG Nagar, Bellur

## CERTIFICATE OF APPRECIATION

Presented to

**DR. YJ VISHWESHWARA REDDY**

for delivering a "GUEST LECTURE" on

**Approach to patients with acute poisoning in adults**

at the 41<sup>st</sup> Annual Conference of the Association of Physicians of India - Karnataka Chapter  
**KAPICON 2024,**  
held from 26<sup>th</sup> to 28<sup>th</sup> of July 2024 at MIMS, Mandya.

Dr. B.V.Murali Mohan  
Chairman, API Karnataka

Dr. Viswanath Krishnamurthy  
Hon. Secretary, API Karnataka

Dr. Suresh V Sagarad  
Scientific Chairman, API Karnataka

Dr. Prasanna Kumar A M  
President, API Mandya Chapter

Dr. Shiva Kumar K M  
Organising Chairman,  
KAPICON 2024

Dr. Rekha M C  
Organising Secretary,  
KAPICON 2024

Dr. Manjunath M  
Scientific Chairman,  
KAPICON 2024



# KAPICON-2024

41<sup>st</sup> Annual Conference of API Karnataka Chapter  
Inspire-Innovate -Integrate

Organised by: API Mandya Chapter  
In association with

Mandya Institute of Medical Sciences, Mandya & Adichunchanagiri University, BG Nagar, Bellur

## CERTIFICATE OF APPRECIATION

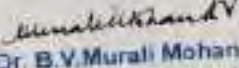
Presented to

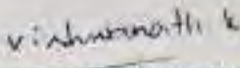
**DR. UMA MA**

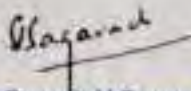
in grateful recognition of your invaluable support as a  
"JUDGE" for Paper Presentation Session


at the 41<sup>st</sup> Annual Conference of the Association of Physicians of India - Karnataka Chapter  
KAPICON 2024,


held from 26<sup>th</sup> to 28<sup>th</sup> of July 2024 at MIMS, Mandya.


  
Dr. B.V. Murali Mohan  
Chairman, API Karnataka

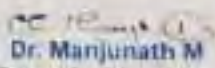
  
Dr. Vishwanath Krishnamurthy  
Hon. Secretary, API Karnataka

  
Dr. Suresh V Sagarad  
Scientific Chairman, API Karnataka

  
Dr. Shiva Kumar A M  
Mandya Chapter

  
Dr. Shiva Kumar K M  
Organising Chairman  
KAPICON 2024

  
Dr. Rekha M C  
Organising Secretary  
KAPICON 2024

  
Dr. Manjunath M  
Scientific Chairman  
KAPICON 2024



**RAMAIAH**  
Medical College

# CERTIFICATE

OF APPRECIATION

PROUDLY PRESENTED TO

**DR RAMASWAMY A S**

has participated as a Chairperson in  
Proffered Paper Session

during the 70th Annual Conference of IAPM, APCON 2022 Hybrid Conference  
from 02 to 04 Deceomber,2022 organized at M S Ramaiah Medical College, Bengaluru  
by Karnataka Chapter of Indian Association of Pathologists and Microbiologists.

Karnataka Medical Council has granted SIX (5+1) credit hours  
to the delegates vide letter No KMC/CME/382/2022 dt 13-10-2022

Dr Kim Vaiphei  
PRESIDENT  
IAPM

Dr Asaranti Kar  
SECRETARY  
IAPM

Dr G N Prabhakara  
OBSERVER  
KMC

Dr Nandakishore Alva  
ORGANIZING CHAIRPERSON  
APCON 2022

Dr Aditya Agnihotri  
ORGANIZING SECRETARY  
APCON 2022



# Tamilnadu Medical Council

#914, Poonamallee High Road, Arumbakkam, Chennai, India - 600 106.

<https://tamilnadumedicalcouncil.org>

## Continuing Medical Education Certificate

### Dr. RAMASWAMY

This is to certify that above mentioned medical practitioner has participated as Speaker from

**22 Sep, 2023 To 23 Sep, 2023**

in the topic of

**Diagnostic Pearls in Pathology**

conducted by

**Madras Medical College, Chennai**

Auditorium, 8th Floor, Tower-3, RGGGH & MADRAS MEDICAL COLLEGE, CHENNAI, CHENNAI, Tamil Nadu,  
India-600003

This institute activity has been reviewed, accredited, and it has been awarded 5 credit hours.



5840359



**Dr. A. Muruganathan**  
**DESIGNATED MEMBER**

**Dr. S. Sivaram Kannan**  
**REGISTRAR i/c**

Please use this link to verify  
<https://www.tamilnadumedicalcouncil.org/verify/5840359>  
or Scan the QR Code

Awarded on:  
**21 Nov, 2023**




**GOVERNMENT OF TAMILNADU**  
**DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE**  
**INSTITUTE OF VECTOR CONTROL AND ZONOOSES**  
**HOSUR**

**CERTIFICATE**

This is to Certify that Dr./Mr./Mrs./Ms. S. Soikanth, has  
undergone / participated in the Training / workshop on Public Health Entomology  
Held at this institute  
from 6.11.23 to 8.11.23

Hosur - 635 125.

Date: 8.11.23

  
Joint Director  
Institute of Vector Control &  
Zoonoses, Hosur.




**GOVERNMENT OF TAMILNADU**  
**DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE**  
**INSTITUTE OF VECTOR CONTROL AND ZOOSES**  
**HOSUR**

**CERTIFICATE**

This is to Certify that Dr./Mr./Mrs./Ms. Vignesh Jambulingam, has  
undergone / participated in the Training / workshop on Public Health Entomology  
\_\_\_\_\_ Held at this institute  
from 6-11-23 to 8-11-23

Hosur - 635 126.

Date: 8-11-23

  
Joint Director  
Institute of Vector Control &  
Zoonoses, Hosur.  
36



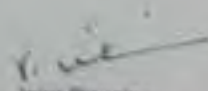
**GOVERNMENT OF TAMILNADU**  
**DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE**  
**INSTITUTE OF VECTOR CONTROL AND ZOOZOSES**  
**HOSUR**

**CERTIFICATE**

This is to Certify that Dr./Mr./Mrs./Ms. Singisi Mahesh, \_\_\_\_\_  
undergone / participated in the Training / workshop on Public Health Entomology,  
\_\_\_\_\_ Held at this institute  
from 6-11-23 to 8-11-23

Hosur - 635 126

Date: 8-11-23

  
Joint Director  
Institute of Vector Control &  
Zoonoses, Hosur.

39<sup>th</sup> Annual Conference of Association of Physicians of India - Karnataka Chapter



## KAPICON 2022 - HASSAN

Theme - Medicine beyond the urban boundaries.

Organised by  
**API HASSAN**

In association with

Department of Medicine HIMS, Hassan.



### CERTIFICATE OF APPRECIATION

awarded to

## DR. Y J VISHWESHWARA REDDY

for your invaluable contribution as a **GUEST SPEAKER** and delivering a Lecture on the topic

**Management of Organophosphorous poisoning in rural setup**

during **KAPICON 2022 - HASSAN** held on 19<sup>th</sup> to 21<sup>st</sup> August 2022 at

Hassan Institute of Medical Sciences (HIMS), Hassan.

Dr. Rajashekar H K  
Chairman, API Karnataka

  
Dr. Vishwanath Krishnamurthy  
Hon. Secretary, API Karnataka

Dr. Nagesh K  
Organizing Chairman

Dr. Aravind D C  
Organizing Secretary

Dr. Govinda Babu K  
Chairman, Scientific Committee

Dr. Suresh R M  
Chairman, Scientific Committee



(Regd. No. 579/2002)  
Andhra Pradesh Chapter of API



(Regd. No. 190/2007)  
Tirupati Chapter of API

49<sup>th</sup> Annual State Conference of  
Andhra Pradesh Chapter of  
Association of Physicians of India

**AP APICON 2022**

16<sup>th</sup>-18<sup>th</sup> Sept, 2022

Sri Venkateswara Medical College &  
Sri Venkateswara Institute of Medical Sciences (SVIMS) Sri Padmavathi Medical College for Women, Tirupati


**CERTIFICATE OF PARTICIPATION**


This is to Certify that Dr. Y. J. VISWESWARA REDDY with Medical Council  
Regd. No. 85085 participated as Delegate (Speaker)

Chairperson / Moderator in AP APICON 2022 held at Tirupati.


Andhra Pradesh Medical Council has awarded accreditation of Six(6) Credit hours for this

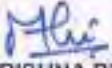
Programme vide Ref No: APMC/CME/115/2022 dated 16.08.2022

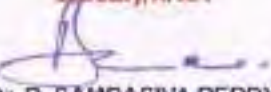
  
Dr. G. ESWAR  
Chairman, APAPI


  
Dr. K.S.R. SWAMY  
Secretary, APAPI

  
Dr. T. MUNESWAR REDDY  
Organising Chairman

  
Dr. K. THULASI RAM  
Organising Secretary

  
Dr. P. KRISHNA PRASANTHI  
Chairman Scientific Committee, APAPI

  
Dr. B. SAMBASIVA REDDY  
Chairman, APMC

  
Dr. B. K. NAIK  
Registrar, APMC

  
Dr. S.V.K. PRASAD REDDY  
E.C. Member & Observer, APMC





# KOACON-2022

6<sup>th</sup> | 7<sup>th</sup> | 8<sup>th</sup> May, 2022 - Bengaluru

This is to certify that

**Dr. Nagakiran KO**

has presented a **Free Paper**

titled Incarcerated Locking screw removal; A case report and review of literature

during the 46<sup>th</sup> State Annual Conference of Karnataka Orthopaedic Association  
held from 6<sup>th</sup> - 8<sup>th</sup> May 2022 at Bengaluru, Karnataka

**President - KOA**  
Dr. H S Chandrashekar

**Secretary General - KOA**  
Dr. Bharath Raju G

**Organizing Chairman**  
Dr. Mallikarjunswamy B

**Organizing Secretary**  
Dr. Rajkumar S Amaravati

**Treasurer**  
Dr. Rajgopal HP



# VIRTUAL KOACON 2021

30<sup>th</sup> & 31<sup>st</sup> July 2021 - Hassan

## CERTIFICATE OF PARTICIPATION

This is to certify that

**Prof. Nagakiran K V**

bearing State Medical Council Reg. No. KMC 59373

has attended the  
45<sup>th</sup> State Conference of Karnataka Orthopaedic Association  
held on 30<sup>th</sup> & 31<sup>st</sup> July 2021 - Hassan

Karnataka Medical Council has granted **03** Credit Hours  
(Vide Letter No. K.M.C. / C.M.E. / 068 / 2021 Dated:10-07-2021)

Dr. Mallikarjuna Swamy B  
President, KOA

Dr. Roshan Kumar B N  
Secretary General, KOA

Zonal Chairman  
KMC CME  
Accreditation Committee

Dr. Ramakrishna Bhatta  
Organising Chairman

Dr. Sreeranga N  
Organising Secretary

Dr. Poorna Chandra R  
Treasurer

# 44<sup>th</sup> State Conference of Karnataka Orthopaedic Association

Hosted By: Ballari Orthopaedic Society And Hospet Orthopaedic Society

“ACHIEVE OPTIMAL ORTHOPAEDIC STANDARDS IN RURAL KARNATAKA”

## CERTIFICATE OF PARTICIPATION

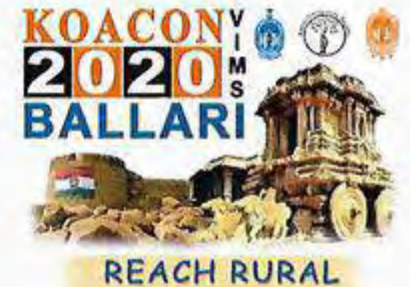
This is to certify that

**DR NAGAKIRAN K V**

has presented a Scientific Poster

at 44<sup>th</sup> State Conference of Karnataka Orthopaedic Association

held on 31<sup>st</sup> January, 1<sup>st</sup> and 2<sup>nd</sup> February 2020 at VIMS, Ballari.



**Dr. S B Kamareddy**  
President  
KOA

**Dr. Roshan Kumar**  
Hon. General Secretary  
KOA

**Dr. Ashwini Kumar Singh**  
Organizing Chairman  
KOACON - 2020

**Dr. Shashidhar Reddy**  
Organizing Secretary  
KOACON - 2020

**Dr. Satish Kandula**  
Organizing Secretary  
KOACON - 2020

**Dr. E Venkateshulu**  
Scientific Chairman  
KOACON - 2020



IOA



TNOA



COS



OASIS

# COS Hip 360

(Coimbatore Orthopaedic Society)

## *Certificate*

*This is to certify that*

**DR. NAGAKIRAN**

*participated as a **Delegate** in the above course*

*held from 23rd February 2020,*

*at The Residency, Coimbatore*

**Dr G Balasubramaniam**  
President - COS

**Dr P Dhanasekara Raja**  
Secretary - COS





**CME & WORKSHOP ON BASIC PRINCIPLES  
AND TROUBLE SHOOTING IN IMMUNOHISTOCHEMISTRY**  
Department of Pathology, Narayana Medical College, Nellore



**Certificate of Participation**

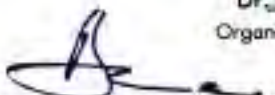
This is to certify *Ms./ Mr./ Dr. A.S. Ramaswamy, Prof and HOD*  
of *PESIMSR, Kuppam* has participated as  
✓ *Speaker / Chairperson / Delegate* in the CME & Workshop on Basic Principles and Trouble Shooting in Immunohistochemistry  
held on 24th, 25th September 2022 at Narayana Medical College, Nellore, Andhra Pradesh.

4 Credit hours Awarded by APMC / CME / 122 / 2022 Dated 21/08/2022

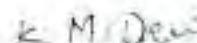
  
**Dr. K. Durga**  
Organising Chairman


  
**Dr. N. Mohan Rao**  
Organising Secretary

  
**Dr. B. Syam Sundara Rao**  
Organising Secretary

  
**Dr. B.S. Siva Reddy**  
Chairman, APMC

  
**Dr. B.K. Naik**  
Registrar, APMC

  
**Dr. Karri Maruthi Devi**  
Observer, APMC

  
**Dr. S.P. Rao**  
Dean, NMC, Nellore





SRI SIDDHARTHA ACADEMY OF HIGHER EDUCATION

(Accredited by NAAC with A+)

**SRI SIDDHARTHA MEDICAL COLLEGE & HOSPITAL**

Agalakote, Tumkur - 572107.

**DEPARTMENT OF PATHOLOGY**

**SSMC PATH - CME**

*Certificate*



*This is to certify that*

***Dr. A.S. Ramaswamy***

bearing Reg. No. 63889 registered with Karnataka Medical Council has participated as **SPEAKER** in SSMC PATH-CME held on 10<sup>th</sup> November 2023 at Sri Siddhartha Medical College, Tumkur. Karnataka Medical Council has granted 3 credit hours for delegate/ faculty vide letter No.KMC/CME/0396/2023 dated 27-10-2023. We appreciate your contribution to the success of CME.

Dr. Geetha J.P.  
Organising Chairman  
Professor & HOD Pathology, SSMC, Tumkur

Dr. Prabhakara G.N.  
Zonal Chairman  
K.M.C - C.M.E. Accreditation Committee

Dr. M.B. Shankar  
Principal, SSMC Tumkur