



# A.M. REDDY MEMORIAL COLLEGE OF PHARMACY

(Appr. by AICTE & PCI New Delhi; Reg. by Govt. of Andhra Pradesh, Affil. to Acharya Nagarjuna University)

Mastan Reddy Nagar, Petlurivaripalem (Po.), Narasaraopet (Md.), Guntur (Dt.) – 522601, AP, India

Phone: 08647-247194, 247193, Fax: 247192, Email: principalammcp2004@gmail.com, Website: www.amreddypharmacy.co.in

## LIST OF STUDENTS PARTICIPATED IN CERTIFICATE PROGRAMES

A.Y: 2018-19

S.No	NAME OF THE PROGRAM	DATE	NO.OF STUDENTS PARTICIPATED
1	Certificate Programme on Basic unit operations	06/08/2018-17/08/2018	25
2	Certificate Programme on Human genome project	10/09/2018-20/09/2018	80
3	Certificate Programme on Thermodynamics and humidification	1/10/2018-12/10/2018	80
4	Certificate Programme on Preformulation studies	13/11/2018-23/11/2018	24
5	Certificate Programme on Handling techniques for the extraction of phytochemicals	11/12/2018-21/12/2018	82
6	Certificate Programme on Artificial intelligence in clinical and genomic diagnostics	2/1/2019-12/1/2019	22
7	Certificate Programme on Food and Nutraceuticals	21/1/2019 – 1/2/2019	39
8	Certificate Programme on Pharmacokinetic drug interactions	4/2/2019-14/2/2019	77
9	Certificate Programme on Comprehensive description of brain strokes	18/3/2019-28/3/2019	82

*A. Sudhakar*

PRINCIPAL

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## CERTIFICATE

This is to certify that Mr./Ms./... *J. Sai SR* .....

of *B. Pharm.D* ..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at

A M Reddy Memorial College of Pharmacy, Petturivaripalem, Narasaraopet, from **06/08/2018 to 17/08/2018**.

*A. Santhi*

SECRETARY

**SMT A. SANTHI**

*M. Jhansi*

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**MRS.M.JHANSI RANI**

*A. Sudhakar*  
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**Dr A. M. SUDHAKAR BABU**



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## CERTIFICATE

This is to certify that Mr./Ms./...*S. Gowthami*.....

of *III* *Pharm.D.*..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at  
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This is to certify that Mr./Ms./..... *Gi. Lavanya*.....

of ..... *!!!* ..... *pharm.D.*..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at  
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## CERTIFICATE

This is to certify that Mr./Ms./..... *G. Santosh Kumari*.....

of .... *III*... *pharm.D*..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at

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This is to certify that Mr./Ms./..... *GI. Ashok* .....

of ... III ... *pharm* ... *D* ..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at  
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This is to certify that Mr./Ms./..... *Ch. Pyem Kumari*.....

of ... *III* ... *pharm. D.*..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at

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This is to certify that Mr./Ms./..... *B. Kalpana* .....

of *III* *pharm D* ..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at

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This is to certify that Mr./Ms./..... *A. Bhuvaneshwari* .....

of ..... *III phar m A.* ..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at

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This is to certify that Mr./Ms./..... *A. Abisthek* .....

of .... *III pharm D* ..... has participated in Certificate program on **BASIC UNIT OPERATIONS** held at  
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This is to certify that Mr./Ms./.....B. Obulu.....

of B.Pharmacy has participated in Certificate program on **HUMAN GENOME PROJECT** held at  
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## CERTIFICATE

This is to certify that Mr./Ms./..... *ch. suritha* .....

of *Su. Div. B. Pharmacy* has participated in Certificate program on **HUMAN GENOME PROJECT** held at  
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20/09/2018.

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## CERTIFICATE

This is to certify that Mr./Ms./.....*k. kishore*.....

of *III/IV B. pharm*... has participated in Certificate program on **HUMAN GENOME PROJECT** held at

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of ... III/IV B.pharm ... has participated in Certificate program on **HUMAN GENOME PROJECT** held at

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This is to certify that Mr./Ms./... *B. Suxette* .....

of ... *III / IV B. Pharm.* ... has participated in Certificate program on **HUMAN GENOME PROJECT** held at

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## CERTIFICATE

This is to certify that Mr./Ms./...*k. Srinivasu*.....

of ...*III/IV*...*B.Pharm*... has participated in Certificate program on **HUMAN GENOME PROJECT** held at

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This is to certify that Mr./Ms./..... *P. Anavlad* .....

of *III/IV B. Pharm.* has participated in Certificate program on **HUMAN GENOME PROJECT** held at

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## CERTIFICATE

This is to certify that Mr./Ms./..... *Y. Ramya* .....

of *III/IV B.Pharm.* has participated in Certificate program on **HUMAN GENOME PROJECT** held at

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of ..... *II/V B. Pharm.* ... has participated in Certificate program on **HUMAN GENOME PROJECT** held at

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## CERTIFICATE

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of ...II/IV B: pharmacy.... has participated in Certificate program on **THERMODYNAMICS AND**

**HUMIDIFICATION** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet,

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*A. Santhi*

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MRS. J. LAKSHMI PRASANNA

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Vinukonda Road, Petlurivaripalem, Narasaraopet (MD.), Guntur (Dt.), A.P., India – 522601

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## CERTIFICATE

This is to certify that Mr./Ms./..... *G. Vinimala* .....

of ..... *U/W B. Pharmacy* ... has participated in Certificate program on **THERMODYNAMICS AND HUMIDIFICATION** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet, from 1/10/2018 to 12/10/2018.

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of ....II/IV....B: pharmacy.... has participated in Certificate program on **THERMODYNAMICS AND HUMIDIFICATION** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet, from 1/10/2018 to 12/10/2018.

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of .....*II/IV*...*B. Pharmacy*... has participated in Certificate program on **THERMODYNAMICS AND**

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This is to certify that Mr./Ms./.....D.:..Mukunda.Nayak.....  
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This is to certify that Mr./Ms./..... SK. Feroz basha.....

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This is to certify that Mr./Ms./..... *S. Ramya* .....

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Of.....*Pharm.D.*..... has actively participated in Certificate program on

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Of..... *P. Pharm. D.*..... has actively participated in Certificate program on

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Of..... *Pharm.D* .....

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Of.....*B. Pharma*.....*D*:..... has actively participated in Certificate program on

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Of.....*B. Pharm.D.*..... has actively participated in Certificate program on

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Of.....*P*.....*Pharm. D.*..... has actively participated in Certificate program on

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This is to certify that Mr./Ms./.....*P. Vasavi*.....

Of.....*B.Pharmacy*..... has actively participated in Certificate program on

**HANDLING TECHNIQUES FOR THE EXTRACTION OF PHYTOCHEMICALS** conducted at A M

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This is to certify that Mr./Ms./.....*B. Renuka*.....

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21<sup>st</sup> December 2018.

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## CERTIFICATE

This is to certify that Mr./Ms./.....*P. Anil...kumar*.....

of *P/I...M.pharmacy..* has participated in Certificate program on **FOOD AND NUTRACEUTICALS** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet, from **21/1/2019 to 1/2/2019.**

*A. Santhi*

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This is to certify that Mr./Ms./.....Bhanu.....prakash.....Cherala.....

of P/D.M. pharmacy... has participated in Certificate program on **FOOD AND NUTRACEUTICALS** held  
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This is to certify that Mr./Ms./.....C. Naresh Babu.....

of ...P. I. M. Pharmacy.. has participated in Certificate program on **FOOD AND NUTRACEUTICALS** held  
at A M Reddy Memorial College of Pharmacy, Petturivaripalem, Narasaraopet, from **21/1/2019 to 1/2/2019**.

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This is to certify that Mr./Ms./.....*M. Koteswari*.....

of *P/D..M..pharmacy*... has participated in Certificate program on **FOOD AND NUTRACEUTICALS** held  
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## CERTIFICATE

This is to certify that Mr./Ms./.....*P. Sujatha*.....

of *D.D.M. Pharmacy*... has participated in Certificate program on **FOOD AND NUTRACEUTICALS** held

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This is to certify that Mr./Ms./.....*P. Shrivani*.....

of *D.R.M. pharmacy*.. has participated in Certificate program on **FOOD AND NUTRACEUTICALS** held at A M Reddy Memorial College of Pharmacy, Petturivaripalem, Narasaraopet, from **21/1/2019 to 1/2/2019**.

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**SMT A. SANTHI**

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## CERTIFICATE

This is to certify that Mr./Ms./...*B. Sujji*.....

of *D.V.D. B. pharmacy*..... has participated in Certificate program on **PHARMACOKINETIC DRUG INTERACTIONS** held at A M Reddy Memorial College of Pharmacy, Petturivaripalem, Narasaraopet, from **4/2/2019 to 14/2/2019.**

*A. Santhi*

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This is to certify that Mr./Ms./...C...Mani.Teja.....

of D.V.B. pharmacy... has participated in Certificate program on **PHARMACOKINETIC DRUG**

**INTERACTIONS** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet, from

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This is to certify that Mr./Ms./.....A:.....*Siva Nagaraju*.....

of .....*IV/IV B. pharmacy*..... has participated in Certificate program on **PHARMACOKINETIC DRUG INTERACTIONS** held at A M Reddy Memorial College of Pharmacy, Petturivaripalem, Narasaraopet, from **4/2/2019 to 14/2/2019.**

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This is to certify that Mr./Ms./.....*K. Haritha*.....

of *.IV/IV...B. pharmacy* has participated in Certificate program on **PHARMACOKINETIC DRUG**

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This is to certify that Mr./Ms./..... *K. Sathish* .....

of ...*lv/lv...B.pharmacy* has participated in Certificate program on **PHARMACOKINETIC DRUG**

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This is to certify that Mr./Ms./.....*K. Kishore*.....

of *IV/IV..B.pharmacy*.. has participated in Certificate program on **PHARMACOKINETIC DRUG**

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This is to certify that Mr./Ms./.....*A. Asha priya*.....

of *IV/IV... B. pharmacy* has participated in Certificate program on **PHARMACOKINETIC DRUG INTERACTIONS** held at A M Reddy Memorial College of Pharmacy, Petturivaripalem, Narasaraopet, from **4/2/2019 to 14/2/2019.**

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*A. Santhi*  
SMT A. SANTHI

*P. Raghu*  
COORDINATOR  
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This is to certify that Mr./Ms./.....*S. Rajiya*.....

of *B. pharmacy* has participated in Certificate program on **PHARMACOKINETIC DRUG INTERACTIONS** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet, from **4/2/2019 to 14/2/2019.**

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This is to certify that Mr./Ms./..... *A. Yamini Sowjanya* .....

of *N.V.B. pharmacy* has participated in Certificate program on **PHARMACOKINETIC DRUG**

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SMT A. SANTHI

*P. Raghu*  
COORDINATOR  
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This is to certify that Mr./Ms./..... *P. p.nema kumar*.....

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## CERTIFICATE

This is to certify that Mr./Ms./..... *A. Gopi*.....

of *II / IV B. Pharmacy* .....has participated in Certificate program on **COMPREHENSIVE DESCRIPTION OF BRAIN STROKES** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet, from **18/3/2019-28/3/2019**.

*A. Santhi*

SECRETARY

SMT A. SANTHI

*A. Ashok Kumar*  
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MR. D. ASHOK KUMAR

*A. M. Sudhakar Babu*  
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## CERTIFICATE

This is to certify that Mr./Ms./..... *G. Anusha*.....

of *D.V.B. Pharmacy* has participated in Certificate program on **COMPREHENSIVE DESCRIPTION OF BRAIN STROKES** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet, from **18/3/2019-28/3/2019**.

*A. Santhi*

SECRETARY

**SMT A. SANTHI**

*D. Ashok Kumar*  
COORDINATOR

**MR. D.ASHOK KUMAR**

*A. M. Sudhakar Babu*  
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## CERTIFICATE

This is to certify that Mr./Ms./..... B. Nandini.....

of II/IV B. pharmacy ...has participated in Certificate program on **COMPREHENSIVE DESCRIPTION**

**OF BRAIN STROKES** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet,

from **18/3/2019-28/3/2019**.

A. Santhi  
SECRETARY

**SMT A. SANTHI**

D. Ashok Kumar  
COORDINATOR

**MR. D.ASHOK KUMAR**

A. M. Sudhakar Babu  
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## CERTIFICATE

This is to certify that Mr./Ms./..... C. Ramanjaneyulu.....

of ..... II/IV B. pharmacy..... has participated in Certificate program on **COMPREHENSIVE DESCRIPTION**

**OF BRAIN STROKES** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet,

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A. Santhi  
SECRETARY

**SMT A. SANTHI**

D. Ashok Kumar  
COORDINATOR

**MR. D.ASHOK KUMAR**

A. M. Sudhakar Babu  
PRINCIPAL

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This is to certify that Mr./Ms./..... D. Aravind .....

of ...II/IV B. pharmacy...has participated in Certificate program on **COMPREHENSICE DESCRIPTION OF BRAIN STROKES** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet, from **18/3/2019-28/3/2019**.

  
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**SMT A. SANTHI**

  
COORDINATOR

**MR. D.ASHOK KUMAR**

  
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## CERTIFICATE

This is to certify that Mr./Ms./..... K. Swapna .....

of II/IV B. Pharmacy ..has participated in Certificate program on **COMPREHENSIVE DESCRIPTION**

**OF BRAIN STROKES** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet,

from **18/3/2019-28/3/2019**.

*A. Santhi*

SECRETARY

**SMT A. SANTHI**

*D. Ashok Kumar*

COORDINATOR

**MR. D.ASHOK KUMAR**

*A. M. Sudhakar Babu*

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## CERTIFICATE

This is to certify that Mr./Ms./..... M. Ravibabu .....

of II/IV B. Pharmacy. has participated in Certificate program on **COMPREHENSIVE DESCRIPTION**

**OF BRAIN STROKES** held at A M Reddy Memorial College of Pharmacy, Petlurivaripalem, Narasaraopet,

from **18/3/2019-28/3/2019**.

A. Santhi

SECRETARY

**SMT A. SANTHI**

D. Ashok Kumar  
COORDINATOR

**MR. D.ASHOK KUMAR**

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This is to certify that Mr./Ms./..... M. Aruna .....

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A. Santhi  
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