6.3 Faculty Empowerment strategies (30)

6.3.1 The Institution has effective welfare measures for teaching and non-teaching staff and avenues for career development progression. Provide the list of existing welfare measures for teaching and nonteaching staff in maximum of 500 words.

We as an Institution have evolved an excellent work culture of respecting each other and thus creating an ambience congenial for academic and personal growth. We believe that when the staff grows the Institution also grows. The institute has set high standards for imparting quality education and thus induct faculty with higher academic profiles, urge to excel in their respective fields and serve the students and the institution with dedication and high quality standards. All the faculty members inducted are qualified and competent teaching in all the academic courses. The institution has established a professional development allowance for a variety of academic activities for all levels and has encouraged faculty to participate in conferences, symposia, workshops, training programs etc. The institution provides seed money for research and also cncourages the faculty to register for their Ph.D.

For the non teaching staff, the institution has organized computer proficiency up gradation programmes, training on equipment, preparation of reagents, cleaning and maintenance of glassware, equipment etc, to achieve the desired standards. The non teaching staff has been motivated to undergo for demonstration programmes to handle the equipment as per SOP.

Along with these, the institution provides welfare measures like:

- Incentives to teaching and non teaching staff on the basis of their performance.
- Research awards for well worthy projects and publications.
- Staff's pursuing higher studies are allowed to avail study leave for carrying out their examinations.
- Health insurance and accidental insurance as applicable.
- House loans and Provident fund to teaching and non teaching faculty. Salary advance, loans to desired teaching and non-teaching staff.
- Medical leave, supporting staff for hospital expenditure.
- Health insurance to one companion of non-teaching staff
- Research academic awards to teaching staff.

Jayamukhi College of Pharmacy

Principal
Jayamukhi College of Pharmacy
Narsampet-506 332

FACULTY EXCELLENCE AWARD

Date	Name	Event	Area of participation
10/07/2023	Dr Baswaraju Macha	Faculty excellence award	Academics
18/03/2023	Dr. M. Srilatha	Best Researcher award	Academics
20/09/2023	M. Dhanalaxmi	Faculty innovative research award	Best research award
06/10/2023	P. Anusha	Best Women scientist award	Academics
12/02/2024	I.Shalini	Excellence in academics	Academics
10/03/2024	Syeda nishat fathima	Best teacher award	Academics
15/04/2024	T. Ashwin	NSS Award	Services

Principal
Jayamukhi College of Pharmacy
Narsampet-506 332

GOVERNMENT OF TELENGANA STATE
TELANGANA TRIBAL WELFARE RESIDENTIAL DEGREE
COLLEGE (WOMEN) MAHABUBABAD: MAHABUBABAD-DIST
E-Mail id:ttwrdegirls.mahabubabad@gmail.com

CERTIFICATE

This is to certify that Sri **Dr.MACHA.BASWARAJ, Associate Professor, in Jayamukhi College of Pharmacy** has given a seminar on ***Stereochemistry and Applications*** on 26.04.2023 and 28.04.2023 at TTWRDC W Mahabubabad, Mahabubabad District.

Date: 28.04.2023

Principal
TTWR Degree College (W)
TTWRDC(W)
MAHABUBABAD

Principal
Jayamukhi College of Pharmacy
Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name..Syeda...Nishat...Fathima.....
Designation; ..Asso..Prof.....Department: .Ph'.cology.
Mention reason for leave...Hypotension..&Health...issue.....
No. of Days: ..1....From: 20/6/24.....To: .....
Arrangement of class Work....G.Swetha.....

Signature of the Applicant

Date: 21/6/24

Place: Narsampet

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....
is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / Not Sanctioned.

Principal
Jayamukhi College of Pharmacy
Narsampet-506 332

Jayamukhi College of Pharmacy Narsampet

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name..... I. Shalini .....

Designation; ..... Assistant professor ..... Department: ..... pharm: Analysis .....

Mention reason for leave..... Fever .....

No. of Days: 02 ..... From: 19.06.2024 ..... To: 20.06.2024 .....

Arrangement of class Work..... Anusha. M. Madam .....

Signature of the Applicant Shalini

Date: 21/06/2024

Place: Narsampet.

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / NotSanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name....Dr. Srilatha Malvey.....

Designation; ...Asst. Professor.....Department: Pharmaceutics

Mention reason for leave.....Grand mother sick.....

No. of Days: ..5....From: ..4.11.2024....To: ...8.11.2024....

Arrangement of class Work.....

- 5 days - CL -

Signature of the Applicant

Date: 2/11/2024

Place: JCP.

Surrender - Note this -

Recommendation of the Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / Not Sanctioned.

Principal
Jayamukhi College of Pharmacy
Narsampet-506 332

Jayamukhi College of Pharmacy Narsampet Warangal

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. Warangal (Dt) 506 332 (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....M. Anil Kumar.....

Designation; ...Asst. professor.....Department: Pharmacology

Mention reason for leave.....personal, medical, EMA.....

No. of Days: ..half day From: ....24-10-24...To: ....24-10-24....

Arrangement of class Work.....Rakesh.....

Signature of the Applicant

Date: 24/10/24

Place: Narsampet

Recommendation of the

Head of the Dept.

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Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

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Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....Dr. Sailatha malvey.....
Designation: .....Asst. Professor. Department: Pharmaceutics
Mention reason for leave.....Health Problem.....
No. of Days: ..1...From: ..one..21/10/2024..To: .....
Arrangement of class Work.....

Signature of the Applicant

Date: 23/10/2024

Place: JCP.

Recommendation of the

Head of the Dept.

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Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit

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Principal
Jayamukhi College of Pharmacy
Narsampet-506 332

Jayamukhi College of Pharmacy Narsampet

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....T. Shalini.....

Designation; ...Assistant Professor...Department: Pharm. Analysis

Mention reason for leave.....Health issue.....

No. of Days: 01...From: ..14.10.2024...To: ..15.10.2024

Arrangement of class Work.....Nishat maam, Anusha maam

Signature of the Applicant

Date: 13/10/2024

Place: Narsampet.

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Head of the Dept.

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Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / Not Sanctioned.

Jayamukhi College of Pharmacy
Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....T. Ashwin Kumar.....

Designation; .....Asst. Professor.....Department: Pharmaceutics

Mention reason for leave.....Health problem.....

No. of Days: ..1.....From: ..21/09/2024.....To: ..21/09/2024...

Arrangement of class Work.....Santosh.....

Signature of the Applicant Ashwin

Date: 24/09/2024

Place:

Recommendation of the

Head of the Dept.

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Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

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Leave applied by the above individual is Sanctioned / Not Sanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name: Sk. Syeda Nishat Fathima

Designation: Asso. Prof. Department: Ph'cology

Mention reason for leave: Health Issues

No. of Days: 1 From: 23-7-24 To: —

Arrangement of class Work: P. Anusha

Signature of the Applicant

Date: 25/7/24

Place: Narsampet

Recommendation of the

Head of the Dept.

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Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

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Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. Warangal - 506 332 (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....T. Shalini.....

Designation: Assistant Professor.....Department: Pharmaceutical Analysis

Mention reason for leave.....Health issue.....

No. of Days: 01 From: 20.07.2024 To: 20.07.2024

Arrangement of class Work.....Nishat Madam.....

Signature of the Applicant T. Shalini

Date: 22/07/2024

Place: Narsampet

Recommendation of the

Head of the Dept.

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Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / Not Sanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....I. Shalini.....

Designation: ..Assistant pr Jessor...Department: pharm: Analysis

Mention reason for leave.....Fever, Cold, Cough.....

No. of Days: 03..From: 30.07.2024....To: 01.08.2024

Arrangement of class Work...Nishat madam, Anuda madam

Signature of the Applicant Shalini

Date: 02/08/2024

Place: Narsampet.

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / Not Sanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name....M. Dhanalaxmi.....

Designation; ....Ass.prof.....Department: .ph:chemistry

Mention reason for leave.....fever.....

No. of Days: ..01..From: ...27/07/24.....To: .27/07/24.....

Arrangement of class Work.....

Signature of the Applicant

Date:

Place:

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / NotSanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....I. Shalini.....

Designation: ..Assistant professor....Department: Pharm: Analysis

Mention reason for leave.....Health issue.....

No. of Days: 01 From: 09.07.2024....To: ..09.07.2024..

Arrangement of class Work.....Anusha Madam.....

Signature of the Applicant Shalini

Date: 10/07/2024

Place: Narsampet

-CL-

Recommendation of the

Head of the Dept.

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Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / NotSanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....I. Shalini.....

Designation; ....Assistant Professor...Department: Pharm. Analysis,

Mention reason for leave.....Fever.....

No. of Days: ..02...From: ..21.02.2024...To: ..22.02.2024

Arrangement of class Work.....Anusha mam, Sirisha maa...

Signature of the Applicant I. Shalini.

Date: 24/2/2024

Place: Narsampet

Recommendation of the

Head of the Dept.

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Eligible No. of C.L/C.C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / NotSanctioned.

Principal

Jayamukhi College of Pharmacy,

Narsampet-506 332

Jayamukhi College of Pharmacy

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist., Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name...Ch. Rathnakar Rao.....

Designation: ..Pharmacy Store Incha...Department: Pharmacy.

Mention reason for leave...Father...Death...Anniversary.....

No. of Days: .03..From: 25/01/2024.....To: ..29/01/2024...

Arrangement of class Work.....Surrender.Sir.....

Signature of the Applicant

Date: 29/01/2024

Place: Narsampet

Recommendation of the

Head of the Dept.

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Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / NotSanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

Jayamukhi College of Pharmacy Narsampet

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name..Dr..G..Vennela.....
Designation; ..Asst....Professor.....Department: pharmacy practice
Mention reason for leave.....Engagement ceremony.
No. of Days: .1.....From: ....28/12/2023....To: ..28/12/23.....
Arrangement of class Work.....Smitha...man.....

Signature of the Applicant

Date: 27/12/23

Place: Narsampet

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / Not Sanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

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JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....G. Swetha.....

Designation: ....Asst. professor.....Department: pharmacology

Mention reason for leave....Health issue.....

No. of Days: ..1.....From: 7/12/2023.....To: .....

Arrangement of class Work.....Anusha mam.....

Signature of the Applicant

Date: Swetha

Place: 8/12/2023.

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / Not Sanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332 (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....K. vishnu.....

Designation: .....Lab. Asst.....Department: ..Pharmacy

Mention reason for leave.....Fever.....

No. of Days: 2.....From: ...6/12/2023..To: ..07/12/2023

Arrangement of class Work.....Anusha.....

Signature of the Applicant vishnu

Date: 06/12/2023

Place: Narsampet

Recommendation of the

Head of the Dept

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr./Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit

Office Superintendent

Leave applied by the above individual is Sanctioned / NotSanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name.....Dr.:..Baswaraju...Mopka.....

Designation; ...Asso.:.Prof.essor.....Department: ..Pharmacy

Mention reason for leave.....Fathers..Health..issues.....

No. of Days: .....From: ..18.-12.-2024...To: 19.-12.-2024

Arrangement of class Work.....Assigned.....

Signature of the Applicant

Date: 17-12-2024

Place: Narsampet

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / NotSanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. : Warangal - 506 332. (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name....T. Ashwin kumar.....

Designation; ..Asst. Professor.....Department: Pharmaceutics

Mention reason for leave....Suffering from fever.....

No. of Days: ..1.....From: ...02/11/24.....To: ...02/11/24.....

Arrangement of class Work....Rakesh, Smitha.....

CL

Signature of the Applicant Ashwin

Date:

Place:

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

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Mr/Ms: .....Designation:.....

is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / Not Sanctioned.

Principal

Jayamukhi College of Pharmacy

Narsampet-506 332

JAYAMUKHI COLLEGE OF PHARMACY

NARSAMPET, Dist. Warangal - 506 332 (T.S.)

APPLICATION FORM FOR CASUAL LEAVE

Name....Syeda....Nishat....Fathima.....
Designation: ...Asso..Prof.....Department: .Ph'cology..
Mention reason for leave..Maternal..Aunt..Expired..attended..funeral.
No. of Days: ..4...From: ..11.6.24.....To: ..14.6.24.....
Arrangement of class Work....G.Swetha.....

Signature of the Applicant

Date: 15.6.24

Place: Narsampet

Recommendation of the

Head of the Dept.

For Office Use Only

Eligibility of C.L.

(Before taking Principal's signature for leave, fill the below given details from Accountant)

Mr/Ms: .....Designation:.....
is having.....Days C.L/C.C.L. at his/her credit.

Office Superintendent.

Leave applied by the above individual is Sanctioned / NotSanctioned.

Principal
Jayamukhi College of Pharmacy
Narsampet-506 332