Kommareddy Venkata Sadasiva Rao
Siddhartha College of Pharmaceutical Sciences
(AUTONOMOUS)
Pinnamaneni Polyclinic Road, Siddhartha Nagar, Vijayawada - 520010, AP, INDIA
(Sponsors : Siddhartha Academy of General & Technical Education)
ISO 21001:2018, ISO 14001:2015 & ISO 50001:2018 CERTIFIED INSTITUTION
Approved by PCI, New Delhi, Govt. of Andhra Pradesh & Accredited by NAAC with 'A' Grade
Affiliated to Krishna University, Machilipatnam & Recognized as **2(f) & 12B** under UGC Act 1956
E-mail:kvsrsiddharthapharma@gmail.com Web: www.kvsrsiddharthapharma.edu.in

Application Format for Pharmacy Practice Excellence Award (Pharm.D)
(Outstanding Performance in Academics and Patient Care/Community Pharmacy)

To be filled by the Student:

1. **Full Name of the Student:** _____
2. **Enrollment Number:** _____
3. **Batch (Year of Admission – Year of Completion):** _____
4. **Current Year/Semester:** _____
5. **Mobile Number:** _____
6. **Email ID:** _____
7. **Academic Performance (Attach transcripts/marksheets):**
   CGPA / Percentage: _____
8. **Patient Care Activities / clincal training details (include hospital training , ward rounds, case handling, patient counselling):**
9. **Community Pharmacy Services/Activities(if any) like health camps, awareness programs, screening service, outreach activities etc. (if any):**
10. **Research/Case Presentations/Publications (if any):**
11. **Awards/Recognitions Related to Clinical/Patient Care Services (if any):**
12. **Justify your candidature for pharmacy Practice Excellence Award):**

Signature of the Student: _____
Date: _____

To be filled by the Clinical Preceptor / Internship Coordinator:

- Overall Evaluation based on Academic and Patient Care Performance:
  ☐ Below Average ☐ Average ☐ Good ☐ Very Good ☐ Outstanding
- Remarks (if any): _____

Verified by:
Name: _____
Designation: _____
Signature: _____
Date: _____
Final Recommendation by the Principal/Controller of Examinations:

- ☐ Not Approved ☐ Approved
- Remarks: _____

Signature & Seal
Date: _____