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 Best Outgoing Student Award(2025-26)
(Excellence in Academics, Co-curricular & Extracurricular Activities)

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 self assested of all semester marks sheets/class/division : CGPA / Percentage (upto last semester): _____
8. Co-curricular Activities (seminars, workshops, projects, etc.)attach certificates:

s.no	activity	Level(college/state) national	Role/contribution	year

9. Extracurricular Achievements (sports, cultural, NSS, etc.):attach certificates

s.no	activity	Level(college/state) national	Achievements/Position	year

10. Award/Recognitions (if any): attach certificates self assested

s.no	Award name	Issuing body	level	year

11. Brief Statement of justification (Why you believe you are eligible for this award):(100-200 words) _____

Signature of the Student: _____
Date: _____

Evaluation by the Department / HOD:

Acceptance criterion

Sl.No.	Criterion	Rating(5-1)5=excellent, 1-poor	Remarks
1	Academic performance		
2	Cocirrucular involvement		
3	Extra curricular activities		
4	Leadership & condurct		
5	Overall merit		

Remarks (if any): _____
Verified by:
Name: _____
Designation: _____
Signature: _____
Date: _____

Final Recommendation by the Principal/Dean/Controller of Examinations:

☐ Approved ☐ Not Approved
Remarks: _____
Signature & Seal
Date: _____