

January 2024 MNR's IN-HOUSE MAGAZINE



Splendid moment as the Chairman, **Sri. M.N. Raju** and Vice-Chairman, **Sri. Ravi Varma Mantena**, MNR Educational Trust, extend a warm felicitation to the Honourable President of India, **Smt. Droupadi Murmu**, at the illustrious **Golden Jubilee Celebrations** of MNR Educational Trust at Parade Grounds on 20th December, 2023

Steering Success: The Power of Discipline

Discipline is the beacon illuminating the path to success, guiding individuals through the maze of challenges toward their goals. In every domain, from academia to professional spheres, discipline fosters a strong work ethic essential for progress.

"Success is neither magical nor mysterious. Success is the natural consequence of consistently applying basic fundamentals." - Jim Rohn.

MNR Educational Trust, in its 50-year saga, showcases the transformative might of discipline in education. It's the silent force propelling consistent effort, shaping leaders and achievers. Discipline isn't restriction; it's the freedom to choose commitment over convenience. In the tapestry of accomplishments, discipline weaves the threads of dedication and perseverance.

"Discipline is the soul of an army. It makes small numbers formidable; procures success to the weak, and esteem to all." - George Washington



MNR's legacy echoes the triumphs born from structured learning and unwavering dedication. Success isn't a stroke of luck; it's the masterpiece sculpted by disciplined habits and focused determination. Discipline is the compass steering the voyage toward greatness, shaping futures and leaving indelible marks on the sands of time.

Here's to Congratulating our MNR Educational Trust on its illustrious

50-Year Milestone

Postal Address:

INFOCUS

MNR's In-House Magazine

MNR Research Conventions Pvt. Ltd.

2-23B/350, Bhagyanagar- Phase III, HMT Hills Colony, Opp. JNTU Kukatpally, Hyderabad - 500 085.

Ph: 040-23890835

Email: infocus@mnrindia.org

Facebook: www.facebook.com/infocusinhouse

INFOCUS

MNR's In-House Magazine

Publisher

&

Editor-in-Chief

Sri M.N. Raju

Editor

Dr. Kodaparthi Ashwitha

Illustrations and Designing

Nagarjuna Ambati K Kishore Kumar

Supervision

P. Sharmila



BEST PERFORMANCE AWARDS (Golden Jubilee Celebrations)

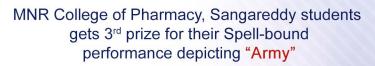


MNR Homoeopathic Medical College & Hospital, Sangareddy students received 1st prize for their mesmerizing dance performance on theme "Dussehra" Students of MNR School & College of Nursing, Sangareddy bags 2nd prize for their mesmerizing dance performance on "Women Empowerment"





MNR Medical College and Hospital, Sangareddy received 2nd prize for their engrossing "Theoretical Drama"









BEST PERFORMANCE AWARDS (Golden Jubilee Celebrations)



MNR School of Excellence, BHEL students received

1st prize for their mesmerizing dance performance
titled "Dashavatharam"



Students of MNR School of Excellence, Sangareddy bags 1st prize for their mesmerizing dance performance, "Five Elements"



MNR I-Exceed School, JNTU students received 2nd prize for their enchanting dance performance titled "Krishna Leelalu"



MNR School of Excellence, Kamothe students gets 3rd prize for their mesmerizing "Maharashtrian Folk Dance"





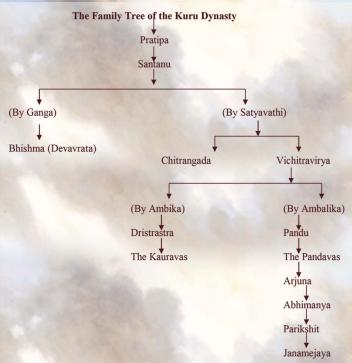
(THE STORY CONTINUED FROM THE LAST TWO ISSUES)

he Mahabharata has eighteen sections. Out of them, the first section establishes the context of the rivalry between the Pandavas and the Kauravas. The next three sections build up to the war. The next six sections give the details of the war. The last eight sections describe the emotional, material and spiritual consequences of the war.

The epic is made up of about 10,00,000 verses. It is the longest epic in the world which is longer than the Greek epics. The verses can be classified into three major sections. The verses before war are used to tell tales of romance, sex, childbearing

and worldly issues. After that a third of the verses are used for the war. The verses after the war deal with the meaning of life and spirituality. Hence the verses speak about Dharma, Artha, Kama and Moksha, that is, social conduct, economic activities, pleasurable pursuits and spirituality, which are known as Purushartha, according to the Hindu tradition.

The Mahabharata was populated not only by Manavas (human beings) but also by Devas (who lived in the sky), Asuras (who lived under the earth), Apsaras (river nymphs), Nagas (hooded Snakes), Yakshas (forest spirits), Gandharvas (warrior-musicians of the woods) and Rakshasas (Brute Barbarians).



This is the structure of mighty Mahabharata, with many hundreds of stories and thousands of characters. Bhishma is the most important of all of such characters and his story is also an interesting one. Bhishma's presence was there from the very beginning till almost the end of the Mahabharata.

The second stage of Bhishma's life was also full of twists and surprises. He became the care-taker of the Kuru family.

Among the Pandavas and the Kauravas, the eldest prince was Yudhistira. As per the tradition of epic times, the eldest of the brothers and the cousin brothers, was to be named as the crown prince. So Yudhistira (Dharmaraja) was made as the King. This was opposed by Duryodhana, the eldest of the Kauravas. Duryodhana's original name was Suyodhana. But because of his bad attitude, later he was known as Duryodhana.

Bhishma, the mentor of the Kuru dynasty, brought an agreement. Duryodhana was made as the crown prince of Hastinapura and Yudhistira was made as the king of Indraprastha, after his father, Pandu, relinquished his throne.

After a few years of peaceful ruling, there took

place the game of dice, in that the Pandavas lost everything, because the dice game was played by Shakuni with the magic loaded dice, which were made from the finger bones of his dead father. But with the intervention of Bhishma, Drutharastra, father of the Kauravas, gave back all the things what ever they lost in the game, to Yudhistira, on the request of Draupadi.

When the Pandavas were about to leave the palace of the Kauravas, after getting free from all the condition of the game, Karna started laughing at them and started insulting them, saying that the mighty Pandavas were mockery because they were free not by their strength, but by Draupadi's charity. Yudhistira got hurt and he came back and played dice game once again.

Again, they lost everything. Then they were obliged to leave everything and had to spend 12 years Aranyavasa and one-year Agnathavasa. Even after the 13 years, the Pandavas were not given back their kingdom.

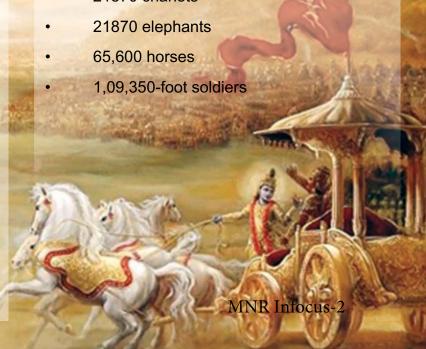
Then the Mahabharata battle took place. The war was fought for 18 days.

The Kauravas army consisted of 11 Akshonies.

The Pandavas army consisted of 7 Akshonies.

One Akshony means:

21870 chariots



- Each Akshoni was under one Commander.
- The entire army was under one Commanderin-Chief.

The Commanders-in-Chief of the Kauravas Army:

First10 days - Bhishma

Next 5 days - Dronacharya

Next 2 days - Karna

Next 1 day - Salya

The Commander-in-chief of the Pandavas Army for all 18 days:

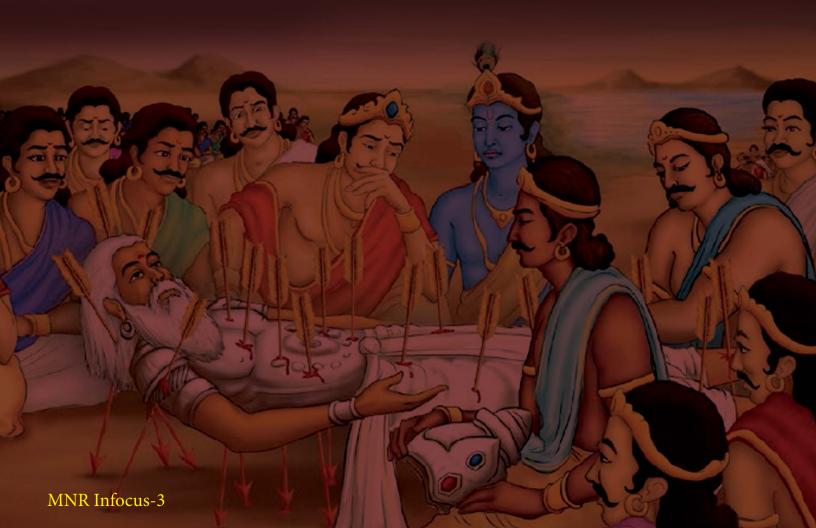
Drishtadyumna, brother of Draupadi and Shikandini

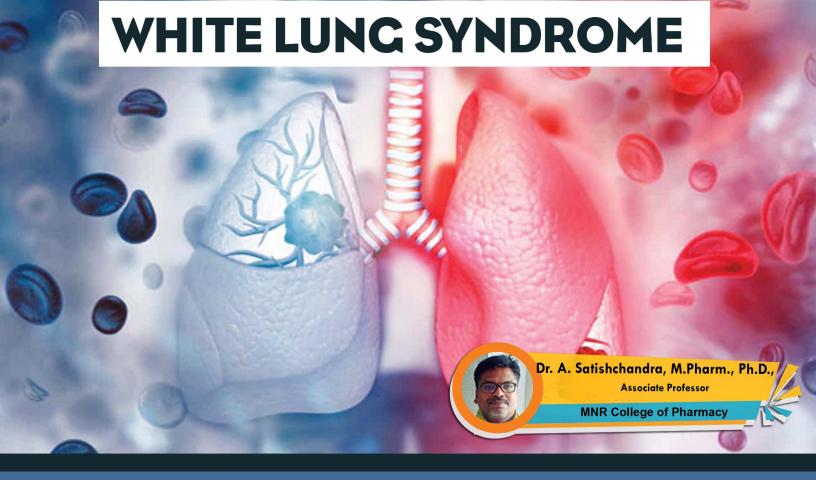
Bhishma was killed by Arjuna by hiding behind Shikandini. Bhishma had a boon by Gods that he could never be killed as long as he was holding the bow and he could select his own death. Bhishma had also a war principle that he would never fight or kill a woman in the war field. So, Arjuna kept Shikandini in his front, hid behind her and wounded Bhishma very severally. The arrows pierced every inch of his flesh and he fell from the chariot. His body did not touch the earth but was suspended on the arrows pierced through his body.

Bhishma's fall spread across the battle field. The soldiers lowered their weapons in respect. He waited for an auspicious day as per his choice to die.

Dronacharya was killed by Dhrishtadyumna. Karna was killed by Arjuna. Salya was killed by Yudhistira.

On the last day of the war, Ashwatthama was killed by Arjuna. Bhima killed almost all the Kaurava brothers during the 17 days of war. He also killed Duryodhana on the final day of the war.





iny respiratory droplets carry the disease, which is spread through chatting, singing, coughing, and sneezing. The mysterious outbreak has also impacted a few areas in Ohio, making it the first state in the US to record cases of the disease, especially given the state's very high hospitalization rate for youngsters.

In a report published by US News & World Report, the Centre for Disease Control and Prevention stated that they have communicated with China and that they do not believe a novel virus is to blame for the recent increase in respiratory ailments in that nation.

"What we know as of right now, today, what's happening in China is that they are seeing an increase in some of their respiratory illnesses; they're seeing them in the northern part of their country; they're seeing an uptick in their pediatric population," Mandy Cohen, the CDC director, told a House sub.

"Again, as of right now, we do not think that this is a brand-new or unique disease. We think that RSV, mycoplasma, flu, and COVID are all real. However, they are witnessing a revival of syndromei.e., white lung syndrome."

White Lung Syndrome

White Lung Syndrome is a severe form of pneumonia that can cause lung scarring and discoloration. The exact cause of the illness is still unknown, but it is believed to be caused by a combination of bacterial, viral and environmental factors.

Symptoms

Symptoms of White Lung Syndrome include:

- Fever
- Cough
- Shortness of breath
- Chest pain
- Fatigue



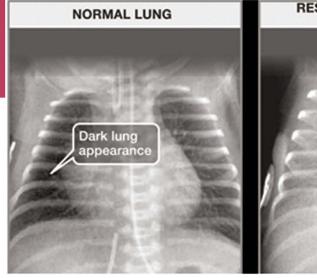
Treatment

- The treatment is mainly focused on addressing the symptoms of pneumonia and ensuring the respiratory health of the patients.
- Medicines are given to alleviate symptoms like cough and fever overall monitoring must be done and oxygen therapy provided if necessary.
- "In the US, this is the flu season, one more factor leading to more worry.
- It is important to take preventive measures not just in the US, but also for us here in India.

• These include following personal hygiene such as hand washing, covering mouths when coughing, staying at home if ill, and ensuring that we take the flu vaccinations that are available today. With the year-end festivities coming up, we must be careful to take all precautions especially when attending any gathering, where the risk of contracting a respiratory infection is higher,"

Precautions

- Hygiene
- Mask
- Physical distancing can decrease the risk of respiratory infections including virus or micro plasma like bacteria
- Vaccination is also very important







G radiation refers to the electromagnetic waves emitted by 5G wireless technology. It operates at higher frequencies, including millimeter waves, compared to previous generations of wireless technology. The potential health effects of 5G radiation have been a subject of debate and research

5G Radiation Frequency Bands

5G utilizes various frequency bands, including low, mid and high bands. Low bands (sub-1 GHz) provide wider coverage but lower data speeds. Mid bands (between 1 and 6 GHz) offer a balance between coverage and capacity.

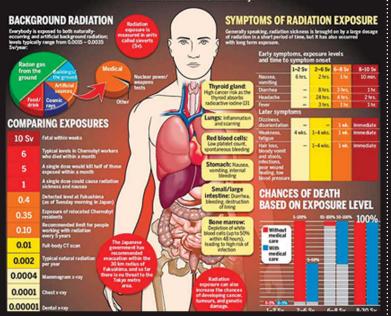
Exposure to 5G Radiation

Exposure to 5G radiation occurs through proximity to 5G base stations or devices. The proximity and duration of exposure determine the level of radiation individuals may experience. 5G radiation exposure is generally lower compared to previous generations due to the use of beam forming and improved antenna technologies.

Radiation exposure

As fears of a meltdown in Japan rise, so do the fears of radiation exposure.

What does radiation do to the human body?



Safety Guidelines and Regulations

International organizations like the International Commission on Non-Ionizing Radiation Protection (ICNIRP) set safety guidelines for electromagnetic radiation. These guidelines include limits on electromagnetic field exposure to protect against potential health risks. Regulatory bodies, such as the Federal Communications Commission (FCC), enforce compliance with these guidelines.

Potential Health Effects of 5G Radiation

Studies on the health effects of 5G radiation are ongoing and current evidence suggests that it is unlikely to cause significant harm. The World Health Organization (WHO) states that no adverse health effects have been proven for exposure to 5G radiation. However, research is ongoing to understand any potential long-term effects.

Concerns and Misconceptions

Some concerns and misconceptions about 5G radiation include conspiracy theories, exaggerated claims and misinformation. It is important to rely on reputable sources and scientific research when evaluating the potential

risks of 5G radiation. Addressing concerns through transparent communication and public education is crucial.

Comparing 5G Radiation to Other Sources

The levels of 5G radiation exposure are generally lower compared to other sources, such as sunlight and household appliances. The power levels of 5G base stations are regulated to ensure compliance with safety guidelines. Proper infrastructure design and installation play a significant role in minimizing exposure to 5G radiation.

Ongoing Research on 5G Radiation

Ongoing scientific research aims to better understand the potential health effects of 5G radiation. Studies focus on various aspects, including long-term exposure, biological effects, and potential risks to vulnerable populations. It is important to consider the results of peer reviewed research when evaluating the safety of 5G radiation.

Mitigating Potential Risks

Implementing strict safety guidelines and regulations mitigate helps potential risks associated with 5G radiation. monitoring of radiation levels ensures compliance with the established limits. Public awareness campaigns and education programs promote responsible use of 5G technology.

Conclusion

5G Radiation is a subject of ongoing research, with current evidence suggesting itis unlikely to cause significant harm. Strict safety guidelines and regulations are inplace to protect against potential risks. Continued research, transparent communication and responsible use of 5G technology are essential for addressing concerns and ensuring public safety.

Homoeopathic Approach to Pernicious Anaemia

Abstract

In the recent years considerable increase in the number of cases of pernicious anaemia has been recorded and the prevalence increases with the age esp. over the age of 60 years. It is one of the autoimmune conditions which is treated by parenteral administration of vitamin B12 intramuscularly or through oral route. But this is not the curative treatment as the patients will have to continue with similar treatment throughout the life.

As homoeopathic medicines treat the individual and not the condition or diseases, they help body in establishing the normal secretion of intrinsic factor and hence correct the deficiency.

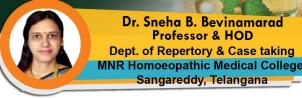
Keywords: Pernicious anaemia (PA), vitamin B12, homoeopathic approach, homoeopathic medicines

Introduction

Pernicious anaemia is an organ specific autoimmune disorder resulting from impaired uptake of vitamin B12 due to deficiency of intrinsic factor as the result of loss of parietal cells in gastric mucosa [1-6]. It is the result of an autoimmune reaction against the gastric parietal cells. The exact cause is unknown. Abnormal auto antibodies such as anti-parietal antibody and anti-intrinsic factor antibodies are formed which leads to low absorption of Vitamin B12.

Vitamin B12 helps in the production of RBCs and keep neurons healthy. If goes untreated for long period deficiency leads to permanent damage to nerve cells or degeneration of spinal cord and other organs.

The incidence of PA is high in patients with other autoimmune diseases like Graves's disease, vitiligo, myxoedema, thyroiditis or family history of these or of pernicious anaemia.



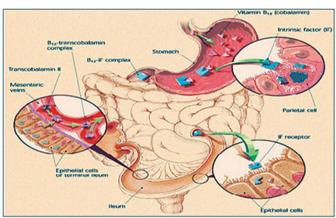


Figure 1: Diagrammatic representation of metabolism of Vitamin B12

Clinical features

- Anaemia
- Glossitis
- Neurological abnormality neuropathy, subacute combined degeneration of the spinal cord,
- Cerebrum : dementia, optic atrophy
- Peripheral nerves: glove and stocking paraesthesia, loss of ankle reflex
- Gastrointestinal manifestations anorexia, diarrhoea, weight loss, dyspepsia etc

Diagnosis

The condition is diagnosed usually based on medical history and family history, physical examination, and investigation results.

Investigations

a. Haematology

Complete Blood Count:Macrocytic anaemia with leucopoenia and thrombocytopenia if seen.

Blood film: shows oval macrocytes with variation in RBC size.

MNR Infocus-8

Bone marrow aspirate: hypercellular with erythroid hyperplasia and increased early erythroid precursors seen.

b. Biochemistry

Low levels of Serum Vitamin B12

High levels of homocysteine and methylmalonic acid (MMA) is a sign of PA

c. Immunology

Parietal cell and intrinsic factor antibodies are confirmatory findings in PA.

Treatment

Modern medicine

In severe anaemia intramuscular administration of vitamin B12 is given.

In less severe cases Vitamin B12 is given orally.

Supplementation of Vitamin B12 has to be continued throughout the life in case of PA

Homoeopathic Approach

Holistic approach of homoeopathy is very useful in treatment of such conditions as it not only removes the symptoms of the diseases but cures the disease completely. Few remedies which are found useful in treatment of pernicious anaemia are arsenicum, picric acid, phosphorus, crotalus, thyroidinium and carcinocinum is more useful when there is family history of pernicious anaemia.

Following are the indications of the abovementioned Homoeopathic medicines:[8, 15-19]

1. Arsenicum album: It's directly acts on the red blood corpuscles and hence the medicine of first choice in cases of perniciousanaemia. The changes produced in the blood are most marked and it retards the waste of RBC. Gradual weight loss due to impaired nutrition. Gradual decrease of appetite. Paleness which is seen due to destruction of RBC. Impaired muscular power. Face swollen, pale, cachetic, with sucken eye and cold sweat. Tongue dry, ulcerated with burning. Easily bleeding gums. Great exhaustion after slight exertion. Liver and spleen enlarged and painful. Anasarca and ascites. Skin dry, rough, scaly.

- Sleep disturbed, anxious and restless with palpitation.
- 2. Picric acid: Indicated for Progressive pernicious anaemia. The extreme prostration of pernicious anaemia, with a heavy tired feeling all over the body, burning pains along the spine and aggravation from excitement indicate this remedy. Shallow complexion. Neurasthenia. Anaesthesia of legs as if one has on elastic stockings. Muscular debility. Aversion to food. Great weakness esp. in legs. Feet cold.
- 3. Phosphorus: It brings about important change in the blood cells esp. RBC. Indicated when RBCs become smaller, and even change their shapes. Palpitation of heart. Petechial spots in the skin. Purpura hemorrhagica. Remarkable paleness in the skin and mucous membrane. Sickly complexion with blue rings around the eyes. Tongue dry, smooth, red or white. Painless, copious, debilitating diarrhoea. Numbness of arms, hands, fingers and toes. Weakness and trembling of limbs on every exertion. Pulse rapid, small and short.
- 4. Crotalus horridus: Useful when there is disorganisation and decomposition of blood leading to haemorrhages and jaundice. Tongue fiery red, dry in centre, smooth and polished. Vertigo with weakness and trembling. Face yellow with death like pallor. Palpitation with trembling feeling of heart. Feeble Pulse. Easily tired by slight exertion. Old age nutritional troubles. Purpura hemorrhagica. Skin is cold &dry.
- 5. Thyroidinum: This medicine is indicated for anaemia, emaciation, muscular weakness, tingling sensation and paralysis. Tachycardia, weak and frequent pulse. Persistent headache.Coldness and cramps in extremities. Aching of lower limbs. Itching without eruptions. Peeling of the skin of lower limbs. Oedema and trembling of lower limbs. Tired and irritable. Flushed face with dry, red burn lips. Peeling of skin of lower limbs.
- 6. Carcinocinum: It is more useful in cases where family history of pernicious anaemia is found. Weak heart, even a short walk exhaust. 'Can feel the heart and hear it on lying down'.

Conclusion

As Homoeopathy is based on the principle, 'treats the person and not the disease', it has good scope in such condition where modern medicine can provide only the supportive therapy.

References

- Davidson's Principle and Practice of Medicine. Edited by Brain R. Walker, Nicki R. Colldge, Sturat H. Ralston, Ian D. Penman. 22nd edition Churchill Livingstone Elsevier, 2014, 1025p.
- 2. Medicine. Edited by John Axford and Chris O'Callaghan. 2nd edition Blackwell Publishing Company, 2004, 10311-10322.
- Harsh Mohan. Textbook of Pathology. 3rd Edition. Jaypee Brothers Medical Publishers (P) LTD, New Delhi; 2000, Reprint, 2006, 150p.
- 4. Dr. MS Balan. Treat Vitamin B12 deficiency through Homoeopathy. Homoeopath the friend of Health; Dr. N.V. Sugathan, Tamil Nadu. 2018; 6(9):25-27.
- 5. Pernicious Anaemia Society [Internet] cited on 28 Oct, 2018. Available form: https://pernicious-anaemia-society.org/b12deficiencyandperniciousanaemia/
- 6. US. Department of Health and Human Services, NIH- National Heart, LUNG and Blood Institute; Pernicious Anemia[Internet]. Updated on Nov2018Available form: https://www.nhlbi.nih.gov/health-topics/pernicious-anemia
- 7. Samuel Hahnemann. Organon of medicine 6th edition, translated with Preface by William Boericke. Indian books and Periodicals Publishers, New Delhi; Reprint Edition, 2016, 214.
- 8. William Boericke. New Manaul of Homoeopathic Materia Medica & Repertory. Ninth edition, Indian books and Periodicals Publishers, New Delhi; Fourth reprint edition, 2015, 103-108, 307-309, 649-650, 637-642, 1336p.
- 9. Robin Murphy. Homoeopathic Medical Repertory. Third revised edition, B. Jain Publishers (P) LTD New Delhi; First Indian

- Edition 2010, 6th impression, 2017, 373.
- Dr. Frederik Schroyens. Augmented Clinical Synthesis Edition 9.1. B. Jain Publishers. (P) LTD New Delhi; Indian edition, 2016 1895p.
- Softwares. Mind Tecnologies Zomeo Ultimate LAN (Hompath 11 Zomeo LAN) and RADAR opus Program and Databases Version 1.38 (DVD ROM).
- 12. Clarke JH. Clinical Repertory to the Dictionary of Materia Medica. Indian books and Periodicals Publishers, New Delhi; Reprint Edition, 2008, 36.
- 13. Dr. Phatak SR. Concise Repertory of Homoeopathic Materia Medica. 2nd Edition B. Jain Publishers PVT. LTD, New Delhi; reprint Edition, 1996, 11p.
- 14. Calvin Knerr B. Repertory of Hering's Guiding Symptoms of our Materia Medica. First Edition 2006, New Delhi; 9th impression, 2013, 1307-1308.
- 15. Allen HC. Keynotes and characteristics with comparisons of some of the leading remedies of the Materia Medica with Bowel Nosodes. 8th edition Jain Publishers (P) LTD, New Delhi; 48th impression, 2016. 247p.
- 16. Burt WMH. Physiological Materia Medica. 3rd Edition. B. Jain Publishers (P) LTD, New Delhi; 14th impression, 2015, 116-136, 353-360, 689-715p.
- 17. Dr. Phatak SR. Materia Medica of Homoeopathic Medicines. B. Jain Publishers (P) LTD, New Delhi: Reprint Edition, 1993, 69-74, 220-223, 460-465, 598-600p.
- IshwardasTarkas P, Ajit Kulkarni K. A select Homoeopathic Materia Medica Part 1. 3rd Edition 2000, Indian books and Periodicals Publishers, New Delhi; Reprint edition, 2006, 150p.
- 19. Samuel Lilienthal. Homoeopathic Therapeutics. Indian books and Periodicals Publishers, New Delhi; Reprint edition, 2016, 27p.

Employees of MNR Educational Trust received the prestigious 20 Years of Service Award for their Commitment and dedicated service



MNR College of Pharmacy, Sangareddy





MNR Homoeopathic Medical College and Hospital, Sangareddy









MNR School of Excellence, Kamothe



MNR Medical College and Hospital, Sangareddy





MNR Dental College and Hospital, Sangareddy





MNR 50 Years of Excellence: Formation by Staff & Students



MNR College of Engineering & Technology, Sangareddy





MNR Sanjeevani College of Physiotherapy, Sangareddy









MNR School and College of Nursing, Sangareddy





MNR Rural PG College of Education, Sangareddy





MNR Golden Kids, Mumbai





MNR Infocus-14

MNR I-Exceed School, JNTU





MNR School of Excellence, BHEL





MNR School of Excellence, Sangareddy





MNR Infocus-15

MNR High School, Chintal





MNR School of Excellence, Mehdipatnam





MNR School of Excellence, Kamothe





MNR Infocus-16





MNR Teacher Educaton College, JNTU



MNR Medical College & Hospital, Sangareddy



MNR International School, Palaspe



MNR PG College, Kukatpally



MNR International School, Palaspe



MNR Homoeopathic Medical College, Sangareddy



MNR Medical College & Hospital, Sangareddy



MNR High School, BHEL



MNR Homoeopathic Medical College, Sangareddy



MNR Medical College & Hospital, Sangareddy



MNR

MNR Medical College & Hospital, Sangareddy





MS. SHANTI POLAMREDDY

VILLAGE PALAPSE, GOA HIGHWAY, PANVEL TALUKA, NAVI MUMBAI, PH. NO: +91 8451800989.

WHY CHOOSE MNR SCHOOLS

- * Ideal educational institutions for strong academic foundation
- * Innovative and experimental academic system
- * Excellent infrastructure
- * Student-centered teaching
- * Competent and dedicated faculty
- * Individual attention on students
- * Well-connected by strong Transport System
- * Regular Interaction with parents
- * Playground for outdoor games
- * MNR's 50 years PAST expertise clubbed with the PRESENT day class-room technology creates golden FUTURE for the young.



MNR HIGH SCHOOL (STATE) Ms.G.PADMA Opp. BHEL, HYD. PH.NO.9849984831



MNR SCHOOL OF EXCELLENCE (CBSE) Ms. P. HANNAH LAVANYA Opp. BHEL, HYD. PH.NO.9989133173



MNR I EXCEED SCHOOL (CBSE) Mr. VENKAT SUDHIR Opp. JNTU, KUKATPALLY, HYD. PH.NO.9849988254



MNR HIGH SCHOOL(STATE) Ms. P. ANANTHA LAKSHMI SURYANAGAR, CHINTAL, HYD. PH.NO.9849984815



MNR SCHOOL OF EXCELLENCE (CBSE) Ms. RAJANI NAIR KAMOTHE, NAVI MUMBAI. PH.NO.08451800701



Ms. P. NAGA JYOTHI MNR NAGAR, SANGAREDDY. PH.NO.9849984837



MNR SCHOOL OF EXCELLENCE (CBSE) MNR SCHOOL OF EXCELLENCE (STATE) Ms. RADHA MEHDIPATNAM, HYD. PH.NO.9849984817