

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

LIST OF FACULTY PROVIDED WITH FINANCIAL SUPPORT TO ATTEND CONFERENCES/WORKSHOPS AND TOWARDS MEMBERSHIP FEE OF PROFESSIONAL BODIES FOR THE ACADEMIC YEAR 2021-22

Sno	NAME OF THE FACULTY	
1.	DR SUBHA DESHPANDE	
2.	DR V V S N RAJU JAMPANA	
3.	DR LAKSHMIKANTA NAYAK	
4.	DR BHANUCHANDAR D	
5.	DR M VIMALA SAI	
6.	S KUMARA RAJU KURAPATI	
7.	DR C M R RIZWANULLA	
8.	DR Y CHANDRA MOULI	
9.	DR SUDHENDRA DESHPANDE	
10.	DR K KRISHNA MOHAN	
11.	DR K SREEHA	
12.	DR ANISH KUMAR L	
13.	DR P SHINY MOUNIKA	
14.	DR AKULA TEJASWINI	
15.	DR M CHAITANYA	

16.	DR D LAKSHMI SOWJANYA
17.	DR K JYOTHSNA
18.	DR LAKSHMI BHAVYA K
19.	DR G SRINIVAS
20.	DR V PHANI HIMAJA
21.	DR R NAREN KISHORE
22.	DR T ROGER PAUL
23.	DR SAJAN ANAND G
24.	DR K RAJIV KUMAR CHOWDHURY
25.	DR M SOWMYA
26.	DR VASUDEVAN S D
27.	DR CH PAVAN KUMAR
28.	DR SRI HARSHA YELCHURU
29.	DR G R RAVEENDRA VARMA
30.	DR K EKAVENIKA
31.	DR R SRI MONICA
32.	DR G SREEDHAR
33.	DR.G.KARTHEEK
34.	DR.R.SUMA KALYANI
35.	DR.G.SANJEEV ANAND
36.	DR.V.SHIVA KUMAR
37.	Dr.G.V.NAGA SAI SUJAI
38.	DR.P.PRANITHA DEVI
39.	Dr.S.S.SAI KARTHIKEYAN

40.	Dr.K.LAKSHMI KEERTHI
41.	DR KARTEEK ESWARA
42.	DR.G.PUJA DEVI
43.	DR SUMALATHA M N
44.	DR.VEERA KUMARI M
45.	Dr V NARAYANA RAO
46.	Dr.AVINASH VELAMALA
47.	DR.P.MANIKYA DEEPA
48.	DR.GOUSMOHEDDIN MD
49.	DR.V.AKHILA
50.	DR.CH NAGA VEERA SATYA SIVANI
51.	DR.PRAMEELA K
	DR P DEDIPYA GAYATRI
52.	DR Y POOJITHA
53.	
54.	DR K RAMYA
55.	DR M MAHADEV
56.	DR M GOWTHAMI SAI LAKSHMI
57.	DR V AJAYCHANDRA
58.	DR.JALLI VISWANATH
59.	DR.SALADI VEERA VENKATESH
60.	DR.M.VIJAYA BHASKAR REDDY
61.	DR B SATISH
62.	DR J RAMJEE VIJAY KUMAR
63.	DR.K.PRASANNA JYOTHI

64.	DR.V.KRANTI KUMAR
65.	DR U RAVEENA
66.	DR M V K CHAITANYA
67.	DR.A.RAMA KRISHNA





1. Name of the Staff Member: Dr. C.M.R. Rizwunalla

2. Designation: Sr. lecturer

3. Department: prosthodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari Institute of engineering and Technology.

6. Date & Duration of the Program: 24/1/22 - 28/1/22

7. Associating Professional Body/Agency: faculty development programme on topic: usage of microsoft office in Medical field.

8. Title of the Paper:

9. Financial support particulars

Registration charges: Q11500 |-

Travel Allowance:

10001-

Membership Fee:

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Signature of staff member:

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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1.	Name of the Staff Member:	Dr.	Lakshmi	Bhavya. K
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2. Designation: Senior Lecturer

3. Department: Conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari Institute of Engineering and Technology

- 6. Date & Duration of the Program: 27-1-12 28-1-22
- 7. Associating Professional Body/Agency: Faculty development programme
 8. Title of the Paper: on topic usage of microsoft office in medical field

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: 1,000 -

Membership Fee:

Signature of staff member:

K. Lakeloui Pharys

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. H. rimala Sai
2. Designation: Assistant profesor
3. Department: prosthodonlies
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Godavari Institute of engéneering & Jechnology.
6. Date & Duration of the Program: 27-1-2022 to 28-1-22
7. Associating Professional Body/Agency: 8. Title of the Paper: Jaculty development programme on Jopic of
8. Title of the Paper: Jeaning for mage of minosoft office 9. Financial support particulars
Registration charges: 500/
Travel Allowance: 1,000
Membership Fee:

Signature of staff member:

I male for

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Na	me of the	Staff Member:	En.	dod	akshui	Sailaja
-------	-----------	---------------	-----	-----	--------	---------

2. Designation: Assistant Professor

3. Department: Prosthodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details: Godavari Institute of Engineering & Technology

6. Date & Duration of the Program: 27-1-22 - 28-1-22

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on topic of Praining for usage of Microsoft Office.

9. Financial support particulars

Registration charges: \$\vartheta \cdot 500 | -

Travel Allowance: £ . 1,000 |-

Membership Fee:

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Signature of staff member:

Ladubi Sälija

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

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Accountant:



FINA	NC	IAL	SUPI	PORT	REQ	UEST	LETTER

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: S. Kunara Royan Kurapati
2. Designation: Assistant profession
3. Department: Prosthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Godavari Institute of Engineering & Technology 6. Date & Duration of the Program: 27/1/22 - 28/1/22
7. Associating Professional Body/Agency: Faculty Sovelopment programme on the topic training for usage of microsoft office 8. Title of the Paper:
9. Financial support particulars
Registration charges: Rs. 500/-
Travel Allowance: Rs. 600/-
Membership Fee:

Date: 20 1 22

Signature of staff member:

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

ma

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. y. chardra Mouli'

2. Designation: Assistant Professor

3. Department: prosthodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details: Godvasi Institute of Engineering and Technology

6. Date & Duration of the Program: 27-1-22 - 28-1-22

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on Topic of Training for usuge of Microsoft office

9. Financial support particulars

Registration charges: Rs, 5001-

Travel Allowance: Rs. 1000/-

Membership Fee:

Signature of staff member:

4. clarde noul:

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of	the S	Staff	Member:	Dr.	P.Sh	annukh	K	am
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2. Designation: Assitant Porofession

3. Department: Conservative and Endodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: Godavari Institute of Engineering and Technology.

- 6. Date & Duration of the Program: 27-1-22 to 28-1-22
- 7. Associating Professional Body/Agency:

Faculty development Programme on Popui 8. Title of the Paper: 9. Financial support particulars

Registration charges: Rs. 5001-

Travel Allowance: Rs. 1000

Membership Fee:

Signature of staff member:

P. Shambalden

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



- 1. Name of the Staff Member: Dr. Sudherdra Desh Parde.
- 2. Designation: Perofett & and HOD.
- 3. Department: Conservative and Endodontics.
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Giet Institute of Institute of engineering and Technology.

- 6. Date & Duration of the Program: 27 1 22 to 28 1 22 .
- 7. Associating Professional Body/Agency:

- Faculty development programme on Topic of training for usage of reicrosoft office. 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: Rs. 500 /-

Travel Allowance: Rs. 1000 / -

Membership Fee:

20-1-22.

Signature of staff member:

Dr. Sudhendera Deshpande.

- 1. Recommendations of the HOD: Dr. Sudhendra Deshpande.
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. P. Shiny Mounika 2. Designation: Observed Designation:
2. Designation. Assistant Professor
3. Department: Consuvatru and Endoclorities
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Godavan Lystate of Engineering and Technology
6. Date & Duration of the Program: 27 -1-2022 to 28-1-2022
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development programme on Topic of Training for Ungl of Minosoft Office. 9. Financial support particulars
9. Financial support particulars
Registration charges: R 500/-
Registration charges: $R_{1}500/-$ Travel Allowance: $R_{2}500/-$
Membership Fee:

Date: 20-1-22

Signature of staff member:

Dr. P. Shiny Mounta

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. K. Jyoshne
2. Designation: Assistant Professor
3. Department: Conservative & Endodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Godarani Institute of engineerity & Technology
6. Date & Duration of the Program: 27-1-2022 to 28-01-2022
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development Programme on Topic of training for leage of microsof 9. Financial support particulars Office.
Registration charges: sol_{-}
Travel Allowance: 10001-
Membership Fee:

Date: 21-1-2022

Signature of staff member:

L. Tyoshra.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member:	Dr. D. Lakshmi	sawianya
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2. Designation: Assistant professor

3. Department: conservative and Endodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari institute of Engineering & technology

6. Date & Duration of the Program: 27-1-22 to 28-1-22

7. Associating Professional Body/Agency:

Faculty development programme on topic of training for usage of microsoft office

9. Financial support particulars

Registration charges: Rs. 500/-

8. Title of the Paper:

Rs. 1000/-**Travel Allowance:**

Membership Fee:

Signature of staff member:

D. Secret

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the S	taff Member:	Dr. No	chaîta	nya	
2.	Designation:	Amistant.	proder	DOY	·	
3.	Department:	conservative	re.			
4.	Conference/ M	Iembership Fee	/ Worksh	op I FDI	P I Semi	nar I
	Training/Indu	strial Visit/Tou	rs:			
	and	feehnologi.	araei	Instit	ute o	1 enginerin
5.	Organizing In	stitution Details	3:			16-1-22.

6. Date & Duration of the Program: falulty Levelop ment programme on topic of training for usage opmicrosoft.

7. Associating Professional Body/Agency:

8. Title of the Paper:

9. Financial support particulars

Registration charges: M 500

Travel Allowance: My [000]

Membership Fee:

Signature of staff member:

Oster

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Anish Kumar L

2. Designation: Associate professor

3. Department: Conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details: Godavari institute of Engineering and Technology

6. Date & Duration of the Program: 27-1-22 to 28-1-22

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development Programme on Topic of Training for usage of microsoft office

9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000

Membership Fee:

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Signature of staff member:

Arish know

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:



1. Name of the Staff Member: Dr Akula Tejaswini

2. Designation: Assistant professor

3. Department: Conservative & Endodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

GIET Institue of Engineering and Technology

6. Date & Duration of the Program: 27-1-22 to 28-1-22

7. Associating Professional Body/Agency: Faculty development programme

8. Title of the Paper:

on topic of training for usage of microsoft office

9. Financial support particulars

Registration charges: Rs . 500 |-

Travel Allowance: RS 1000] -

Membership Fee:

Date: 20-1-22

Signature of staff member:

Dr. Akula. Tejaswini

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. K. KS'shna mohan

2. Designation: Assocrate professor

3. Department: Conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details: godavasi Institute of engineering and technology

6. Date & Duration of the Program: 27-1-22 - 28-1-22

7. Associating Professional Body/Agency:

8. Title of the Paper: faculty development programme on topic of

9. Financial support particulars to usage of microsoft office.

Registration charges: Rs - 500[-

Travel Allowance: Rs - 1000 | _

Membership Fee:

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr. V.V.S.N. R	aju Jampana
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2. Designation: Associate professor.

3. Department: Prosthodontius

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details: MNR Dental college and Hospital

6. Date & Duration of the Program: 18-06-2022

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic of minimally invasive sugical Techniques

9. Financial support particulars

Registration charges: 4001-

Travel Allowance: 9000 1-

Membership Fee:

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Signature of staff member:

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- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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recountant.



1. Name of the Staff Member: Dr. K. Svecha

2. Designation: Associate Professor

3. Department: Conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

M. N. R Dental Collège & Hospital

6. Date & Duration of the Program: 18.06.22

7. Associating Professional Body/Agency:
On the topic of Minimally mustive suegical techniques.

9. Financial support particulars

Registration charges: 400|-

Travel Allowance: 2000 -

Membership Fee:

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Signature of staff member:

Dr. K. Greekse

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:

who



1. Name of the Staff Member: Dr. k. knihna mohan

2. Designation: Audele profesier

3. Department: Consensive and endodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details: MNR Dertal College

6. Date & Duration of the Program: 18.6.2022.

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic of clinically invarine surgical techniques

9. Financial support particulars

Registration charges: RI 400

Travel Allowance: R1. 2000

Membership Fee:

Signature of staff member:

Dr. Krii Marnoho

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Doy, Anish kuman. L.

2. Designation: Associate Porofessor.

3. Department: Conservative.

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

M. N. R. Dental college and Hospital.

6. Date & Duration of the Program: 18 | 06/2022 .

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic of minimally invarive

9. Financial support particulars suggical techniques.

Registration charges: 400 |-

Travel Allowance: 2000 -

Membership Fee:

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	10	Ti	<i>y</i> •

Signature of staff member:

Dr. Drich Comar

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. Sudendra Desh Panday
- 2. Designation: Professor and HOD
- 3. Department: Conservative and Endodoutics
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: MNR Dental College
- 6. Date & Duration of the Program: 18.6.2022
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: On the Topic of Clinically invasive Surgical Techniques

9. Financial support particulars

Registration charges: Rs. 400

Travel Allowance: Rs - 2000

Membership Fee:

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	,	4		C	

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DY, C.M, R. RIZWanulla

2. Designation: Assistent professes

3. Department: prosthodonfics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

M.N.R Dental collage & Hospital

6. Date & Duration of the Program: 18.6.22

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic of Minimally Invasive Surgical techniques

9. Financial support particulars

Registration charges: RS.4001-

Travel Allowance: RS. 20001-

Membership Fee:

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Signature of staff member:

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Do. P. Shiny mounika.

2. Designation: Assistant professor

3. Department: Conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

M.N.R Dental College & Hosipital

6. Date & Duration of the Program: 18 .66 . 22

7. Associating Professional Body/Agency:
on the topic of minimally invasive sugical techniques
8. Title of the Paper:

9. Financial support particulars

and the state of t

Registration charges: 400/-

Travel Allowance: 2000 /-

Membership Fee:

Signature of staff member:

Dr. Shinymounts

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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- 1. Name of the Staff Member: Dr. S. Kumara Raju Kurapati.
- 2. Designation: Assistant Professor.
- 3. Department: Department of Psiosthodontics.
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: M.N.R Dertal college and Holpital.
- 6. Date & Duration of the Program: 18/06/2022
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: on the topic of minimally invaline surgical techniques.
- 9. Financial support particulars

Registration charges: Rs. 400 1 -

Travel Allowance: Rs. 2000 |-

Membership Fee:

Signature of staff member:

Riman Page

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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DENTAL COLLEGE & HOSPI

FINANCIAL SUPPORT REQUEST LETTER

Deshpande. 1. Name of the Staff Member: Dr. Subha

2. Designation: Associate Professor

Prosthodontics. 3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental collège & Hospital.

6. Date & Duration of the Program: 18-6-2022.

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic of Minimally Invasive surgical techniques

9. Financial support particulars

Registration charges: 4001-

Travel Allowance: 2,0001-

Membership Fee:

Signature of staff member:

Sulla dudipade

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

Department of Prosthodonties

1. Name of the Staff Member: Dr. Bhance Chandae D

Assistant Peofessor.

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

2. Designation:

3. Department:

Training/Industrial Visit/Tours:

Registration charges: 400 |-

Travel Allowance: 2000 |-

Membership Fee:

5. Organizing Institution Details:	
MNR Devital College.	
6. Date & Duration of the Program: 18 06 2022	
7. Associating Professional Body/Agency:	
8. Title of the Paper: On the topic of minimally 9. Financial support particulars	Embasine Sugrea
9. Financial support particulars	techniques

Signature of staff member:

Bhare charolas

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr Mllimala Sai

2. Designation: Assistant, Professor

3. Department: Prosthodontus

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details: MNR Dental College and Hospital

6. Date & Duration of the Program: 18/06/2022

7. Associating Professional Body/Agency:

8. Title of the Paper: On the Topic of Climinally Throwine Sugical
9. Financial support particulars

Registration charges: Rs. 400

Travel Allowance: Rs. 2000

Membership Fee:

Signature of staff member:

Sprale Jai

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Lakshmi kanta Nayak

2. Designation: Assistant professor

3. Department: Prosthodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR pental collège & hospital

6. Date & Duration of the Program: 15 6 22

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic of minimally Invalive surgical

9. Financial support particulars

techniques

Registration charges: 400/-

Travel Allowance: 2000|-

Membership Fee:

Signature of staff member:

Raphir Manting

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Juntant.



1. Name of the Staff Member: Dr. 4. chandramouli

2. Designation: Assistent · Professor

3. Department: prostnoclontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

M.N.R Dental college & Hospital

6. Date & Duration of the Program: 18 10612029

7. Associating Professional Body/Agency:

8. Title of the Paper: On topic of minimally invasive surgical technique

9. Financial support particulars

Registration charges: 4001-

Travel Allowance: 20001 -

Membership Fee:

Signature of staff member:

J. Chardra Mouli

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. P. Shanmukh Rom

2. Designation: Assistant Profesior

3. Department: Conservative Dentismy and Endodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 15 - 12 - 21 to 17 - 12 - 21

7. Associating Professional Body/Agency: Faculty development

8. Title of the Paper: Programme on the topic Research methodology

9. Financial support particulars

Registration charges: R 500/_

Travel Allowance: Rs 1000 | -

Membership Fee:

Date: 08 | 12/24

Signature of staff member:

Shanter

- 1. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: D9. M. Chaitanya
2. Designation: Conservative Assistant Professor.

Conservative 3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: KLR's Institute of Dental Sciences.

6. Date & Duration of the Program: 15-12-21 to 17-12-21

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development programme.

9. Financial support particulars

Registration charges: R. 500 |-

Travel Allowance: Rs. 1000 -

Membership Fee:

Date: 9-12-21

Signature of staff member: Quit.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Ch. PAVAN KUMAR

2. Designation: ASSISTANT PROFESSOR

3. Department: ORTHODONTICS

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR'S LEMORA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 15-12-21 to 17-12-21

7. Associating Professional Body/Agency:

8. Title of the Paper: FACULTY DEVELOPMENT PROGRAMME ON THE TOPIC RESEARCH METHODOLOGY

9. Financial support particulars

Registration charges: R 500 -

Travel Allowance: & 10001-

Membership Fee:

Date: 08 12 21

Signature of staff member:

Ch Faver beumal

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



- 1. Name of the Staff Member: Dr. Akulatejas wini
- 2. Designation: Assistant professor
- 3. Department: Conservative and Endodontice
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

KLR'S Lenora institute of dental sciences

- 6. Date & Duration of the Program: 15-12-21 to 17-12-21
- 7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic Research methodology

9. Financial support particulars

Registration charges: 12.500/-

Travel Allowance: Ps. 1000/-

Membership Fee:

Date: 07/12/22

Signature of staff member: Dr. Tejaswiri

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name	of the	Staff	Member:	Dr.	Anusha	4
			19				

2. Designation: Associate Bropessor

3. Department: Outhodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KIR's Lenova Enstitute of dental sciences

- 6. Date & Duration of the Program: 15-12-21 to 17-12-21
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Faculty development Brogramme on the topic of Research Methadology

9. Financial support particulars

Registration charges: P100/-

Travel Allowance: Ps 1000/-

Membership Fee:

Date: 05/12/22

Signature of staff member:

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Recognized by Govi. of India Military W. No. V.12017/3/2017-DE 14-05-2017, Affiliated to D.N. Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Vasudevan S D
2. Designation: Professor
3. Department: Osthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
KLR'S Lenosa institute of dental Sciences
6. Date & Duration of the Program: 15 - 12 - 21 to 17 - 12 - 21
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development programme on th
8. Title of the Paper: Faculty development programme on the topic Research methodology. 9. Financial support particulars
Registration charges: RS. 500/-
Travel Allowance: RS. 1000 /-
Membership Fee:

Date: 06/12/21

Signature of staff member:

I. Recommendations of the HOD: Vouch

2. Recommendations

- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. Shee Hassha yelchuru
2. Designation: Assosiate professor.
3. Department: Ollhodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
X. L. R's Lenda Institute of dental Ciences
6. Date & Duration of the Program: 15-12-21 to 17-12-21
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development programme on the topic Sesearch methodology 9. Financial support particulars
9. Financial support particulars
Registration charges: Rs. 5001-
Travel Allowance: Rs. 1000/-
Membership Fee:

Date: 07/12/21

Signature of staff member:

Y. Sin Harshe.

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Recognized by Govt, of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. K. EKAVENIKA

2. Designation: ASSISTANT PROFESSOR

3. Department: ORTHODONTICS

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR'S LENDRA INSTITUTE OF DENTAL SCIENCES

- 6. Date & Duration of the Program: 15-12-21 to 17-12-21
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: FACULTY DEVELOPMENT PROGRAMME ON THE TOPIC RESEARCH METHODOLOGY

9. Financial support particulars

Registration charges: Rs.500/-

Travel Allowance: E. 1000 |-

Membership Fee:

Date: 9/12/21

Signature of staff member:

Luma. h

1. Recommendations of the HOD: What

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. SRIDHAR . G

2. Designation: PROFESSOR

3. Department: ORAL PATHOLOGY

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details: GIET SCHOOL OF PHARMACY

6. Date & Duration of the Program: 20-9-21 to 24-9-21

7. Associating Professional Body/Agency:

8. Title of the Paper: FACULTY DEVELOPMENT PROGRAMME ON THE TOPIC OF REBUILDING PHARMACY

9. Financial support particulars

EDUCATION POST COVIDIA

Registration charges:

Travel Allowance: Rs 1000 1-

Membership Fee:

Date: 14/9/21

Signature of staff member:

Seedher

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Sarjeev-Anand 2. Designation: Assistant Professor
2. Designation: Assistant Professor
3. Department: Onal Pathology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: GIET school of Pharmacy
6. Date & Duration of the Program: 20.09.2021 - 24.09.2021
6. Date & Duration of the Program: 20.09.2021 - 29.09.2021
7. Associating Professional Body/Agency:
8. Title of the Paper: faculty development programme on the topic rebuilding pharmacy education post COVID-19 9. Financial support particulars
9. Financial support particulars
Registration charges:
Travel Allowance: R& 1000 -
Membership Fee:

Date: .13/9/21

Signature of staff member:

Dr Sajew Drud

- 1. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. P. Panitha Devi

2. Designation: Associate professor

3. Department: Periodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details: GIET School of Pharmacy

6. Date & Duration of the Program: 20.09.2021 -24.09.2021

7. Associating Professional Body/Agency:

8. Title of the Paper: faculty development programme on the topic rebuilding pharmacy education post 9. Financial support particulars could - 19

Registration charges:

Travel Allowance: RS - 1000 |-

Membership Fee:

Date: 13/21/31

Signature of staff member:

De Danife Davi

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. V. Shiva Kumar
2. Designation: professor & Mineipel 3. Department: persodontics
3. Department: persodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Gret School of phaemay.
6. Date & Duration of the Program: 20.9, 21 to 24.9, 21
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development Mogranime on the topic of Rebuilding phennay Education
9. Financial support particulars Post could 19
Registration charges:
Travel Allowance: Rs. 10001-
Membership Fee:

Date: 13-9-21.

Signature of staff member: www.

1. Recommendations of the HOD: 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Da. G. Kartheek 2. Designation: Associate peofessel. 3. Department: Olal Pathology
2. Designation: Associate professel.
3. Department: Olal Pathology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: GIET school of Pharmacy
6. Date & Duration of the Program: 20.9. 21 to 24.9.21
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: 8. Title of the Paper: faculty Development programme on the Topic of Rebuilding pharmacy Education 9. Financial support particulars Port wind 19.
Registration charges:
Travel Allowance: Rs. 1000]-
Membership Fee:

Date: 14-9-21

Signature of staff member:

Pr. G. Canth

- 1. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	K.	Ekavenika
----	---------------------------	-----	----	-----------

2. Designation: Assistant Professor

3. Department: Orthodontici

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Giet School of Pharmacy.

6. Date & Duration of the Program: 20.9. 21 to 24.9.21

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic of Rebuilding phaemacy Education

9. Financial support particulars

Post COVIDIA

Registration charges:

Travel Allowance: RS. 10001-

Membership Fee:

Date: 13-9-21

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. R. Sni. Movica
2. Designation: Assistant professor.
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Gict school of Pharmacy.
6. Date & Duration of the Program: 20.9.21 to 24.9.21
7. Associating Professional Body/Agency:
8. Title of the Paper: faculty Development programme on the Popic of Rebuilding pharmacy 9. Financial support particulars COVID 19.
Registration charges:
Travel Allowance: Rs-1000/-
Membership Fee:

Date: 13-9.21

Signature of staff member: Denube

- 1. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the St	aff Member:	Dr. V. Phani	Himaja
2.	Designation:	Reader 1	Dralsurgery	

Department: Deal Surgery
 Conference/ Membership Fee/ Workshop / FDP / Soming

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: Anil Neevukonda institute of dental Sciences

6. Date & Duration of the Program: 25/5/22

7. Associating Professional Body/Agency:
Faculty development programme on the topic
8. Title of the Paper:

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1000/-

Membership Fee:

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	1	0	4	0	i
	,	а	L	e	ì

Signature of staff member:

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. Sajan Anand G
2. Designation: Reader
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Anil Neerokonda Institute of Deutal Sciences
6. Date & Duration of the Program: 05/05/22
7. Associating Professional Body/Agency: faculty development programme
7. Associating Professional Body/Agency: faculty development programs 8. Title of the Paper: Author Horkshop & Scopus metric Analysis 9. Financial support particulars
9. Financial support particulars
Registration charges: 400/-
Registration charges: φοο/- Travel Allowance: 1000/-
Membership Fee:
Others (mention):

Date:

Signature of staff member:

or Sapontal

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: DR.K. RAJIV KUMAR CHOWDHURY
- 2. Designation: SR. LECTURER

2 ----

- 3. Department: ORAL SURGERY
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF DENTAL SCIENCE

- 6. Date & Duration of the Program: 25/05/2022
- 7. Associating Professional Body/Agency:

FACULTY DEVELOPMENT PROGRAMME ONTOPIC:

- 8. Title of the Paper: AUTHOR WORKSHIP AND SCOPUS HEIRIC ANALYSIS
- 9. Financial support particulars CONDUCTED

Registration charges:

4001-

Travel Allowance:

10001

Membership Fee:

Date:

Signature of staff member:

Dr & Lujir Kumar Chouday

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

Mud

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

(ma)



0 10

Membership Fee:

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: De Roja paul.
2. Designation: Associate professor
2. Designation: Acoctate professor 3. Department: Qual Durgery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil nieukonda enstitute of dental sitences
6. Date & Duration of the Program:
7. Associating Professional Body/Agency: Jaculty Levelopment Mogram
7. Associating Professional Body/Agency: Jaculty Levelopment Mogram onlonic Authus wukshqu and stopus mittie Analysis 8. Title of the Paper:
9. Financial support particulars
Registration charges: 460
Travel Allowance: loot [

Date:

Signature of staff member:

l. Recommendations of the HOD:

2. Recommendations of the principal:

Popperl

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr	Navenkishore
----	---------------------------	----	--------------

2. Designation: Reader

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Amil Neerokonda institude of clental sciences

25/05/22 6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

{accuty development programm on topic

8. Title of the Paper:

Author workship and scoper metre Amalysis

9. Financial support particulars

Registration charges:

4001-

Travel Allowance:

10001-

Membership Fee:

-			
1)	0	te	
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Signature of staff member:

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. S. kumala Raja kurapatti
2. Designation: Sr. Lecturer, Prontho Lonting
3. Department: prosthodontigs
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Neerukonda institute of Deutal science
6. Date & Duration of the Program: 25 5 22
7. Associating Professional Body/Agency:
8. Title of the Paper: -faculty development programme, on the topic Author workshop and stopm metric Analysis
9. Financial support particulars
Registration charges: 400 -
Travel Allowance: 1000
Membership Fee:

Date:

Signature of staff member:

Dr. S. Kumen Raja Kurepatta

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

and



FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the	Staff Meml	oer: Dy	· W	vimala	îse

2.	Designation:	ST	Lecturer	,	prosthodentics
----	---------------------	----	----------	---	----------------

3.	Department:	Prosthodontics
----	-------------	----------------

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil heesukonda insistute of pental sciences.

6. Date & Duration of the Program: 25/5/2022.

7.	Associating Professional	Body/Age	ney:	0.cccccc c	nome on topic
8.	Associating Professional 1 Title of the Paper:	Facult	y development workship &	Scopus	metric Analysis

9. Financial support particulars

Registration charges: 400 |-

Travel Allowance: 1000 |-

Membership Fee:

Date:

Signature of staff member:

Dr Vinde lei

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

(Volume)



Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. A. Ventata Mahudhas.
2. Designation: Reader, Clal Burgery.
2. Designation: Reader, Chal Surgery. 3. Department: Olah Lungery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Neeukonda institute of Deutal Leience
6. Date & Duration of the Program: 25/5/22
7. Associating Professional Body/Agency: Faculty development programme on the 8. Title of the Paper: Acuthos Workshop & Scopers metric Analysis. 9. Financial support particulars
9. Financial support particulars
Registration charges: 400 -
Travel Allowance: 1000 -
Membership Fee:
Others (mention):

Date:

Signature of staff member:

D. Surventa Greekenda

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Somo



FINANCIAL SUPPORT REQUEST LETTER

ETTER
1. Name of the Staff Member: Dr. G.R. Raveendra Varma
2. Designation: Sr. Lectures
3. Department: orthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
And Neeeukonda institute of Doutal Science
6. Date & Duration of the Program: 25 5 22
7. Associating Professional Body/Agency: Faculty development programme as the topic 8. Title of the Paper: Author work shop and Sugas Mehric analysis 9. Financial support particulars
Registration charges: 400 -
Travel Allowance: 1000 [-
Membership Fee:

Date:

Signature of staff member:

D. C. Jenender Clause

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

(May)



- 1. Name of the Staff Member: Dr. Lakshmi kanta Nayak
- 2. Designation: Senior Lecturer
- 3. Department: prosthodonties
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Anil Necru konda Institute of Dental Sciences

- 6. Date & Duration of the Program: 25 05 22.
- 7. Associating Professional Body/Agency: Faculty development.
 8. Title of the Paper: Workshop & scopus metric analysis
- 9. Financial support particulars

Registration charges: 4001-

Travel Allowance: 1000 -

Membership Fee:

Date:

Signature of staff member:

Dr. lokuhi kuthu kayab

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Monat



1. Name of the Staff Member: Dr. Bhanu Chandar

2. Designation: Assistant profesor

3. Department: most book

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Nirukonda institute of dental sciences

6. Date & Duration of the Program: 25) \$\mu_2 \cdots

7. Associating Professional Body/Agency: Jacusty development programme on top 10. Author workshop and supus metric Analysis. 8. Title of the Paper:

9. Financial support particulars

Registration charges: 400 F

5 700/

Travel Allowance: 1000

Membership Fee:

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n	0	+	Λ	٠
	4	1	40	_

Bhowen

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



- 1. Name of the Staff Member: Dr ' P. 37) Monica
- 2. Designation: Assistant pro persor
- 3. Department: orthodontics
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Anil Ninekonda institute of dental scriences.

- 6. Date & Duration of the Program: 5/8/21
- 7. Associating Professional Body/Agency: Faculty development programme on the topic care for 11 festale
- 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 1000 1-

Membership Fee:

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Dr. R. Sri Monice

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

(ma)



1. Name of the Staff Member: Dr. G. freethal

2. Designation: mojerros.

3. Department: Ow Nathology

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Duil Neudonde enstêtute of dental sciences

5/8/2001 6. Date & Duration of the Program:

7. Associating Professional Body/Agency: faulty development proframme on tapie andor life style

8. Title of the Paper:

9. Financial support particulars

RS 500 **Registration charges:**

Travel Allowance: [1000 |

Membership Fee:

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Dr. C. Smidher

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member:	Dr.	G. Priya	Devi

2. Designation: Assistant professor

3. Department: Pedodoutics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerukonda Institute of Dental Science

6. Date & Duration of the Program: 05 |08 | 2021

7. Associating Professional Body/Agency: Faculty development programme 8. Title of the Paper: on topic care for your life style

9. Financial support particulars

Registration charges:

1000/-Travel Allowance:

Membership Fee:

Date:

Signature of staff member:

Dr G. Poya Dens

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

(June)



1.	Name of the Staff Member:	Dr	·M	Sowmya	V

2. Designation: Assistant profession

- ---

3. Department: mal and maxillary surgery.

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Amil neerukonda invittute of Dental Science

6. Date & Duration of the Program: 5 |8 |2021

7. Associating Professional Body/Agency: Faculty development programme
8. Title of the Paper:

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 1,000 [-

Membership Fee:

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Dr. Sowny

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

and



1. Name of the Staff Member: DR. K. Varweedhal
2. Designation: Assistant professor
3. Department: pedodontics.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
-Ansi Neceukonda institute of Dental Sciences
6. Date & Duration of the Program: \$ \8 \2021
7. Associating Professional Body/Agency: facilty development programme. 8. Title of the Paper:
8. Title of the Paper:
9. Financial support particulars
Registration charges: 500/-
Travel Allowance: 1, bool
Membership Fee:

Date:

Signature of staff member:

or of Unwaller

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

mar

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

MA



- 1. Name of the Staff Member: Dr. Sumalatna . UN
- 2. Designation: Professor
- 3. Department: Oral medicine & Radiology
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Anal neerukonda institute of Dental Sciences

- 6. Date & Duration of the Program: 5 8 2021
- 7. Associating Professional Body/Agency:

 faculty Development programme on the topic concesor

 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 1000/_

Membership Fee:

Date:

Signature of staff member:

Simolethe

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



- 1. Name of the Staff Member: Dr. Anus ha. Y.
- 2. Designation: Associate professor
- 3. Department: Orthodontics.
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerulconda gristitute of Dental Sciences

- 6. Date & Duration of the Program: 5/8/2021
- 7. Associating Professional Body/Agency:

faculty development programme on the topic case for lifestyle

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500/-

Travel Allowance:

1000/-

Membership Fee:

Date:

Signature of staff member:

or y Amula

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. pramecia. k

2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE DENTAL SCIENCE

6. Date & Duration of the Program: 5/8/8/

7. Associating Professional Body/Agency: Faculty development programme on the topic care for your life style

8. Title of the Paper:

9. Financial support particulars

Registration charges:

Travel Allowance: 1000 |-

Membership Fee:

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Dr. pearle

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

Souly .

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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Name of the Staff Member: D.s. C.H. Naga Vecora Sa	otya Sivani
Designation: Tuton	
Department:	
Conference/ Membership Fee/ Workshop I FDP I Seminar	I
Training/Industrial Visit/Tours:	
	Designation: Tuton Department: Conference/ Membership Fee/ Workshop I FDP I Seminar

- 5. Organizing Institution Details: Anil Neeswooda institute of dental Sciences
- 6. Date & Duration of the Program: 5-08-2021
- 7. Associating Professional Body/Agency: Faculty development programme on the topic Core for your 18-8 style
- 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000

Membership Fee:

Date:	
Signature of staff member:	Man veryelm simi

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



- 1. Name of the Staff Member: Dr. P. Manikya Deepa
- 2. Designation: Tutor
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE OF DENTAL SCRENCES
- 6. Date & Duration of the Program: 5/2021
- 7. Associating Professional Body/Agency: Faculty Development programme
 On the topic care to your life style
 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: **TOO**

Travel Allowance: 1000

Membership Fee:

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Signature of staff member:

Dr. P. Manikouja peeper

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. V. Akhila

2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE DENTAL

6. Date & Duration of the Program: 5 |08 | 2021

7. Associating Professional Body/Agency: Fauculty development programmes on the topic case for your life style

8. Title of the Paper:

9. Financial support particulars

Registration charges: 5000

Travel Allowance: 1000

Membership Fee:

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1)	a	+	0	
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Signature of staff member: Dr. V. Alila

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: OR Y POOJITHA

2. Designation: Tuton

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details: ANIL NEERUKONDA

INSTITUTE OF DENTAL

SCIENCES

6. Date & Duration of the Program: 5/08/2021

7. Associating Professional Body/Agency: Facuulty development programme on the topic care for year life style.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000

Membership Fee:

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Dr. V. poojitha

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member:	Dn.	K.Ramya.
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2. Designation: Tulor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: Anil Neukonda Institute of Dental Sciences

6. Date & Duration of the Program: 5 - 08 - 202

7. Associating Professional Body/Agency: Faculty Development programme on the topic care for your life style. 8. Title of the Paper:

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000

Membership Fee:

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Signature of staff member: Dn. K. Lauya

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



. Name of the Staff Member:	Dr. M.	Gowthami	São	Lakshmi
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2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: AMIL NEERUKONDA INISTITUTE OF DENTAL SCIENCE .

6. Date & Duration of the Program: 5 [8 2021

7. Associating Professional Body/Agency: Faculty Development programme on the topic care for your tofe Style.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000.

Membership Fee:

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M. Gorothami

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Jalli Viswanath.
2. Designation: Tutor.
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Anil Neerukonda Institute of Dental Sciences.
6. Date & Duration of the Program: 5 21.
7. Associating Professional Body/Agency: Faculty development programme. 8. Title of the Paper:
9. Financial support particulars
Registration charges: Sool-
Travel Allowance: 1000 [

Membership Fee:

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J. Visuousth

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

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*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Gousmoheddin MD

2. Designation: Tutov

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 5/8/21

7. Associating Professional Body/Agency: Faculty Development programme on the topic care for your life style.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500 |_

Travel Allowance: 1000/_

Membership Fee:

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Dr. Gowmoheddin

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. M. Mahader

2. Designation: tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE SCIENCES.

6. Date & Duration of the Program: 5/8/21

7. Associating Professional Body/Agency: faculty development programme on the topic care for your by style

8. Title of the Paper:

9. Financial support particulars

Registration charges:

Travel Allowance: 1000/-

Membership Fee:

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Mahader

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: DR. SALADT VEERA VENKATES	1.	Name of the	Staff Member:	DR. SALADI	VEERA	VENKATEST
--	----	-------------	---------------	------------	-------	-----------

2. Designation: Tutox

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details: ANTL NEEPULDNDA INSTITUTE OF DENTAL SCIENCE

6. Date & Duration of the Program: 5 18 2021

7. Associating Professional Body/Agency: faculty development programme.

8. Title of the Paper:

on the topic care for your life style.

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 1000/-

Membership Fee:

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Unkontelle

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of	the Sta	ff Member:	Dr. V.	Ajay	Chandra
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2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 5 8 2021

7. Associating Professional Body/Agency: Faculty development programme
On the topic care for your life Style
8. Title of the Paper:

8. Title of the Paper:

9. Financial support particulars

Registration charges: 5001-

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Membership Fee:

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V. Djay Chandre

- 1. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member:	Dv. P	· Dedeepida	Crayathin
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- 2. Designation: Totor.
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: ANIL NEERU-KONDA INSTITUTE OF DENTAL SCIENCES.
- 6. Date & Duration of the Program: 5/8/2021
- 7. Associating Professional Body/Agency: Faculty Development Programme
 on the topic care for your life syle
 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000.

Membership Fee:

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P. Dedipya Gayathi

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



- 1. Name of the Staff Member: Dr. M. vijaya Bhaskhar reddy.
- 2. Designation: +UtOV
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE OF DENTAL JLIENCES
- 6. Date & Duration of the Program: 5 (8 | 202 |
- 7. Associating Professional Body/Agency: Facult olevelopment programme on the topic can for your life style.
- 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000

Membership Fee:

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Vijay

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. 8n. Harcha yelchum

2. Designation: Associate professor

3. Department: or the donties

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Nerrukonda Institute of Dental Science

6. Date & Duration of the Program: (8 209)

7. Associating Professional Body/Agency: faculty developmental

Programme on topic core for 19 festyle

8. Title of the Pancy:

8. Title of the Paper:

9. Financial support particulars

Registration charges: 560

Travel Allowance: 1000

Membership Fee:

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Visition.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Amostant profesor

1. Name of the Staff Member: Dr. k. Lavenika

orthodontius

2. Designation:

3. Department:

Membership Fee:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Nirudonda Institute of Dental sciences
6. Date & Duration of the Program: 5 18 1260
7. Associating Professional Body/Agency: faculty development progra 8. Title of the Paper: On topic care for life style
9. Financial support particulars
Registration charges: Rs 500 -
Travel Allowance: Ps 1000

Date:	
Signature of staff member:	Sant-b
	Cust
I.D	***

l. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Kartheekeswara

2. Designation: ASSOCIATE Professor

3. Department: Pedodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerukonda Institute of Dental Sciences

6. Date & Duration of the Program: 5/8/2021

7. Associating Professional Body/Agency: Faculty development Programme

8. Title of the Paper: On the topic care for your life style

9. Financial support particulars

Registration charges: 500 [-

Travel Allowance: 1000 [-

Membership Fee:

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- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr NTP LHS Village of the Control of the

FINANCIAL SUPPORT REQUEST LETTER

ELITER SCHOOL REQUEST LETTER
1. Name of the Staff Member: Dr. K. dakshmi Keerthi
2. Designation: Assistant Professor
3. Department: Periodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Neerukonda Institute of Dental Sciences
6. Date & Duration of the Program: 5 08 2021
7. Associating Professional Body/Agency: Faculty development
7. Associating Professional Body/Agency: faculty development 8. Title of the Paper: Program on the topic core for your 9. Financial support particulars
9. Financial support particulars
Registration charges: 500/-
Travel Allowance: 800' 1000/-

Membership Fee:

Signature of staff member:

Leure

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Da. S.s. sai kanthekeyan
2. Designation: Assistant propessor
3. Department: Periodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Neukonda Institute q Dental sciences
6. Date & Duration of the Program: 5 8 2.02
7. Associating Professional Body/Agency: Faculty development
7. Associating Professional Body/Agency: Faculty development 8. Title of the Paper: Programme on me topic saw for you life style
9. Financial support particulars
Registration charges: 500/-
Travel Allowance: 1000/-

Membership Fee:

Signature of staff member:

death

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member:	Dr. Vasudevan	SD
----	---------------------------	---------------	----

2. Designation: Professor

3. Department: Orthodontius

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Nevulanda Institute & deutal science

6. Date & Duration of the Program: 05 (08 | 2021

7. Associating Professional Body/Agency:

faculty development Programs on the topic word for your life stule

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500|-

Travel Allowance: 1000 |

Membership Fee:

Signature of staff member:

Dr - Variaburay

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

South



1. Name of the Staff Member:	Do.	ch	parand	Kumay
------------------------------	-----	----	--------	-------

2. Designation: Assistant professor

3. Department: Orthodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerikenda Institute of dental Science

6. Date & Duration of the Program: 5/8/2021

7. Associating Professional Body/Agency:

8. Title of the Paper: Fawlty development programme on the topic Care for lifertyle

9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000/-

Membership Fee:

Signature of staff member:

ch punkag

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Bhann Chandas D
2. Designation: Gr. lectures
3. Department: Prostho dontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Amil Nerukonda Austritute of Dental Science
6. Date & Duration of the Program: 16-02-2022
7. Associating Professional Body/Agency:
8. Title of the Paper: On the topic of the Promisions of General Harrenness
8. Title of the Paper: On the topic of the Promisions of Sexual Harssemens of Women at Workplace 9. Financial support particulars
Registration charges: R 400
Travel Allowance: Rs 1200
Membership Fee:

Signature of staff member:

D. Bhanu Chandau

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03,2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Da. Subha derhapunde.

2. Designation: Reader.

3. Department: Pourthodontics.

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neenskonda Institute of Deutal Sciences.

6. Date & Duration of the Program: 16 2 2022.

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic overview of the Provisions

9. Financial support particulars of the rexual havanment of women at work place.

Registration charges: 400 |-

Travel Allowance: 1200 -

Membership Fee:

Signature of staff member:

Sulha de Sh pande

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member:	DR.	P.	shing	mounika
------------------------------	-----	----	-------	---------

SY Lectusex 2. Designation:

3. Department: conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil neerukonda Institute of Dental sliences

6. Date & Duration of the Program: 16/2/2022

7. Associating Professional Body/Agency:

8. Title of the Paper: ON the Topic overview of the provisions of 9. Financial support particulars

Registration charges:

Rs. 400 /-

Travel Allowance:

Rs. 1200/-

Membership Fee:

Signature of staff member:

7. Shiny Mouika.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

and.



Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. kartheck

2. Designation:

Reader

3. Department:

boral pathology

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Neerukonda înstitute of pental sciences

- 6. Date & Duration of the Program: 16-02-2022
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: on the topic overview of the provisions of the sexual Harrisment of women at work place.

9. Financial support particulars

Registration charges:

RS 400f

Travel Allowance:

RI 800/-

Membership Fee:

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: DV.V. Shiva Kumar

2. Designation: Professor

3. Department: periodentice

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Neeuukonda Enstitute q Dentell Sciences. MANA

6. Date & Duration of the Program: 16-02-2022

7. Associating Professional Body/Agency:

on the topic overview of the provisions of the 8. Title of the Paper: Harrsment of women at mork place. Sexual

9. Financial support particulars

Registration charges: Rs 4006

Travel Allowance: Rs 12001-

Membership Fee:

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Judy

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS. Vijavawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. S.S. Dai faithe Lugar
2. Designation: fr lectures
3. Department: peciodonties
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil alceendonda Enstitute of Idental sciencer
6. Date & Duration of the Program: 18/2/3622
7. Associating Professional Body/Agency:
8. Title of the Paper: on the topic overview of the professions
8. Title of the Paper: on the topic overview of the peoplesions of the peoplesions of the people of
Registration charges: 400
Travel Allowance: (200)

Membership Fee:

Signature of staff member:

Charact

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. LAKHMI BHAVYA K

2. Designation: SR-LECTURER

3. Department: CONSERVATIVE

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANII NEERUKONDA INISTITUTE OF DENTAL SCHEENCES

6. Date & Duration of the Program: 16 \ 2 2022

7. Associating Professional Body/Agency:

ON THE TOPIC OVERVIEW OF THE PROVISIONS 8. Title of the Paper: OF THE SEXUAL HARESMENT OF WOMEN AT

9. Financial support particulars

WORK

Registration charges: RJ 4001_

Travel Allowance: Ry 12001 -

Membership Fee:

Signature of staff member:

K. Lakelini Bharyk

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. V. V. S. N RAJU JAMPANA

2. Designation: READER

3. Department: PROSTITIO DONTICS

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF DENTAL SLIENCES

6. Date & Duration of the Program: 16 10 2021.

7. Associating Professional Body/Agency:

8. Title of the Paper: ON THE TOPIC ONERVIEW OF THE PROVISIONS OF SEXUAL HARRSOMENH OF WOMEN AT WOKE PLACE. TITE

9. Financial support particulars

Registration charges:

Ry 400 -

Travel Allowance: 4 1200 -

Membership Fee:

Signature of staff member:

Mountage

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. A Venleata Makeedhar
2. Designation: Sr. Lecture
3. Department: oral surgem
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Avil Neerukonda Institute of Dental sciences
6. Date & Duration of the Program: 16/2/282.
7. Associating Professional Body/Agency:
8. Title of the Paper: on the to pro overview of the provinionsof I sexual Harvanment of women at workplace
9. Financial support particulars of women at workplace
Registration charges: 400
Travel Allowance: (200)

Membership Fee:

Signature of staff member:

Vaherdham

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member:	Dr.	Kau Kheek	Eswara

2. Designation: Reader

3. Department: pedo dontes

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR dental wollege & Hospital

6. Date & Duration of the Program: 04 /2/21

7. Associating Professional Body/Agency:

Jonsthedians & muconyears 8. Title of the Paper:

9. Financial support particulars

Registration charges:

Travel Allowance: 2000/-

Membership Fee:

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Signature of staff member:



- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. V. Shiv kunag
2. Designation: Portes & prince al.
3. Department: periodontio.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR. dontal college. and hospital.
6. Date & Duration of the Program: 24/4/2)
7. Associating Professional Body/Agency:
8. Title of the Paper: prosttesis in multipropried.
9. Financial support particulars
Registration charges:
Travel Allowance: 3DD
Membership Fee: 20001—

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	21	1	e	Ξ

Signature of staff member:

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Or G. Kartheek
2. Designation: Reader
3. Department: Oral pathology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: HNIR dental College and hospital
6. Date & Duration of the Program: 24 7 21
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: faculty development programm on the 8. Title of the Paper: topic Prothering in mucor my cosis 9. Financial support particulars
9. Financial support particulars
Registration charges: 300 (—
Travel Allowance: 2000

Membership Fee:

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D	0	+	Δ	٠
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Signature of staff member:

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G Sanices arond.

Sr. Lectures

2000 1-

3. Department: Oral Pathology

2. Designation:

Travel Allowance:

Membership Fee:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR Bental Oblege & Hospital
6. Date & Duration of the Program: 24/7/21.
7. Associating Professional Body/Agency: Faculty development Programme
7. Associating Professional Body/Agency: Faculty development Programme 8. Title of the Paper: 8. Title of the Paper:
9. Financial support particulars
Registration charges: 300

Signature of staff member:

Dr. G. Sanjeer Anand.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr P. manithe devi
2. Designation: Recorder
3. Department: fredocloritie
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR dental college & hospital
6. Date & Duration of the Program: 24 14 21
7. Associating Professional Body/Agency: Jaculty development program on the topic
8. Title of the Paper: Prostheri is Llucormycosi
9. Financial support particulars
Registration charges: 200/-
Travel Allowance: 2000L
Membership Fee:
Others (mention):

	(20)	4	
	0	10	7 .
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Signature of staff member: propropravitha devi

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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Signature of staff member:

Dr. Neura Kumeni mos

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



0 23

Others (mention):

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dv. G. V. Nagasai Sijai
2. Designation: Portexix
3. Department: picis dantig
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
*
5. Organizing Institution Details: MNR down course & Hospital
6. Date & Duration of the Program: 2417 121
7. Associating Professional Body/Agency:
8. Title of the Paper: the topic of prosthering a mar comy const
9. Financial support particulars
Registration charges:
Travel Allowance: 2000
Membership Fee:

- 52 4

Signature of staff member: Dr. G. V. Naga. Sai Sujas.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. S Sai karthikayan.
2. Designation: Serior lecture.
3. Department: Periodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: M.N.R dental college and horpital.
6. Date & Duration of the Program:
7. Associating Professional Body/Agency: + taculty development programme on topic 8. Title of the Paper: prostheid in mucoronyosii. 9. Financial support particulars
Registration charges:
Travel Allowance: 8001- Membership Fee: 2000 -
Membership Fee: 2000 -
Others (mention):

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Signature of staff member:

(en en pay

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



ar Sumstativa mo
1. Name of the Staff Member: Dr. Survalatha m?
2. Designation: parfermon
3. Department: pralmed circ.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: MAR dental college and hospital
6. Date & Duration of the Program: 241 7 21.
7. Associating Professional Body/Agency:
8. Title of the Paper: faculty development programme on top Prostheris in nucormy with.
9. Financial support particulars
Registration charges:
Travel Allowance:
Membership Fee:

Signature of staff member:

Dr. Sumaletha Model

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. K. Vauseedhar
2. Designation: Senior lecturer
3. Department: Pedodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR Deutal collège & hospital
6. Date & Duration of the Program: 24/7/21
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: 8. Title of the Paper: Fawly development programme on topic prosthesis in mucormylosis 9. Financial support particulars
9. Financial support particulars
Registration charges: 300
Travel Allowance: 2,000
Membership Fee:

Signature of staff member:

Da. K. Kamseedhaq

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member:	D.G.	Pyja devi
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2. Designation: Senior dectioner

3. Department: Redoctorhu

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

mne dental College and hospital

6. Date & Duration of the Program: 24 7121

7. Associating Professional Body/Agency:

faculty development programs on the topic

8. Title of the Paper:

prosthuis mucomycosa

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 2000/-

Membership Fee:

Signature of staff member:

Dr G. puja devi

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member: Dr. J Ramjee Vija	s kumar
2.	Designation: Tutor	
3.	Department:	

- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: Giet school of charmacy.
- 6. Date & Duration of the Program: 18 6 22
- 7. Associating Professional Body/Agency: Faculty development programe

8. Title of the Paper:

on topic surgical.

minimally invasive techniques

9. Financial support particulars

Registration charges: 400 | -

Travel Allowance: 2000 | __

Membership Fee:

Signature of staff member:

J. Kangers

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member:	Dr. K.	Prasanna	Tyothi
------------------------------	--------	----------	--------

2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Giet school and phoumany

6. Date & Duration of the Program: 18/6/22

7. Associating Professional Body/Agency:

faculty programme Development on the topic

8. Title of the Paper:

Maramally anvasive surgical treatment

9. Financial support particulars

Registration charges: 400/_

Travel Allowance: 2000/-

Membership Fee:

Signature of staff member:

V. Pravam Jyetry

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	M.V.	k. Chaitanya
	· ·			0

2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Giet School of Pharmacy

6. Date & Duration of the Program: 18 6 22

7. Associating Professional Body/Agency:

8. Title of the Paper: faculty development programme On the topic Minimally invasive Surgical techniques

9. Financial support particulars

Registration charges: 400 |-

Travel Allowance: 2000 |-

Membership Fee:

Signature of staff member:

M.v.k. Chaitanger

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. V. Krartki Kumay
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Piet School of pharmacy
6. Date & Duration of the Program: 18/6/22
7. Associating Professional Body/Agency: -faculty development programm on the top
faculty development programm on the top 8. Title of the Paper: Ninimally invarive Surgical technique 9. Financial support particulars
Registration charges: 400/_
Travel Allowance: 2000/
Membership Fee:

Signature of staff member:

Kniking

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPI

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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: DR. R. Santosh
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Giet School of pharmacy
6. Date & Duration of the Program: 18 6 みな
7. Associating Professional Body/Agency: faculty development programm on tope 8. Title of the Paper: Minimally invalide techniques.
9. Financial support particulars
Registration charges: 400/_
Travel Allowance: 2000/_
Membership Fee:

Signature of staff member:

3. Jacksey

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. V. Raveena
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Giet school of Pharmary.
6. Date & Duration of the Program: 18 6 22.
7. Associating Professional Body/Agency: Faculty development programme on the topic 8. Title of the Paper: Minimally invasive sugical techniques. 9. Financial support particulars
Registration charges: 400 _
Travel Allowance: 2000 —

Membership Fee:

Signature of staff member:

DePareerra.

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. CH. Naga Vecoa Satya Strami
2. Designation: Tutoe
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Necaulanda Enstitute of Jendal Science
6. Date & Duration of the Program: 5-08-21
7. Associating Professional Body/Agency: Wookshop
8. Title of the Paper: Cardiopulmonory Resuscitation
9. Financial support particulars
Registration charges: 500
Travel Allowance: 1000
Membership Fee:

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	a	ı.		٠

Signature of staff member:

Naga Vhue zehozui

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

Jane 1

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. p. Manikya Deepa

2. Designation: Tuto

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Nevrukonda institut of Dental science

6. Date & Duration of the Program: 5 08 21

7. Associating Professional Body/Agency: workshop

8. Title of the Paper: Cardio pulmonary Resuscitation

9. Financial support particulars

Registration charges: 500

Travel Allowance: 1000

Membership Fee:

Signature of staff member:

Dr. P. Manikya Perpa

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name	of	the	Staff Member:	On.	v. Alehilo	2
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- 2. Designation: Tutor
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Anil Necukonda institute of Dental Sciences

- 6. Date & Duration of the Program: 5 3 21
- 7. Associating Professional Body/Agency: work shop on cordio pulmorally Rescucitation.
- 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: 500 |

Travel Allowance: 1000 |-

Membership Fee:

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J	a	ı		

Signature of staff member: Dr. Akhila

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



THE STATE OF THE S
1. Name of the Staff Member: Dr. Gowmoheddin MD
2. Designation: Tutor.
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE OF MEDIC DENTAL SCIENCES
6. Date & Duration of the Program: 5/8/21
7. Associating Professional Body/Agency: Workshop on
8. Title of the Paper: Cardio pulmonary Requisitation
9. Financial support particulars
Registration charges: 500
Travel Allowance: o o o -

Membership Fee:

Signature of staff member:

Dr. Gous mohed din

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. January Velomata
2. Designation: Sr Luciuru
3. Department: public Health
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
And Meerokonda instituted dental science
6. Date & Duration of the Program: 5/0/21
7. Associating Professional Body/Agency:
8. Title of the Paper: Cardio pulmonay Requestation
9. Financial support particulars
Registration charges: 500 -
Travel Allowance: 1000
Membership Fee:
Others (mention):

Signature of staff member:

J. Augranh

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member:	Dr.	\ /.	Marayana	Ras
				11	

2. Designation: Aspociate professor

3. Department: Public fkalth

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

-Anil Neeru Konda institute of Dental Sciences

6. Date & Duration of the Program: 5 8 21

7. Associating Professional Body/Agency: Morkehop on

8. Title of the Paper: Caerdio polmonary Repulcitation

9. Financial support particulars

Registration charges: 200

Travel Allowance: 10001-

Membership Fee:

Signature of staff member:

Marayan Roso

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. M. Venalogiai
2. Designation: Sh. Section
3. Department: Prosthuclonting
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Vishou dental collège
6. Date & Duration of the Program: 21 9/21
7. Associating Professional Body/Agency: facility development programmen the topic
8. Title of the Paper: Artificial centelligene in denterty
9. Financial support particulars
Registration charges: 5001
Travel Allowance: 500)_
Membership Fee:
Others (mention):

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1	1	0	+	Ω	
		-			

Signature of staff member:

Dr. m. Vimalasai

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Affiliated to Dr.NTR UHS, Vijayawada
FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: On S. Konava roje konapati
2. Designation: de Letime
3. Department: Prosthodontice
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
6. Date & Duration of the Program: $2 2 2 $
7. Associating Professional Body/Agency: Jaculy development program on the April 8. Title of the Paper:
8. Title of the Paper: Artifical intelligent en dentity
9. Financial support particulars
Registration charges: 因の人
Travel Allowance: 500/_
Membership Fee:
Others (mention):

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	2 TO	۰
1	all	۰

Signature of staff member:

Par S. Kumara raju kurapati

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Cakshmisailaga.
2. Designation: So lectures.
3. Department: prosthadorics.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Vishnudental collège.
6. Date & Duration of the Program: 21/9/21
7. Associating Professional Body/Agency: Faculty gevelopment programme on topic 8. Title of the Paper: artificial intelligence in dentistry.
9. Financial support particulars
Registration charges: 500/
Travel Allowance: SDD / -
Membership Fee:

Signature of staff member:

Dr. Jakshni Sailaja.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

John John Bridge

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Mue



FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Or. Subha deshpande 2. Designation: Reader
3. Department: prosthodontieg
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Vishno dental college
6. Date & Duration of the Program: 21/9/21
7. Associating Professional Body/Agency: faculty development programm on the topic 8. Title of the Paper:
8. Title of the Paper: Artifical intelligence in Dentictry 9. Financial support particulars
Registration charges: 500 L
Travel Allowance: 500 _
Membership Fee:
Others (mention):

-				
1)	0	+	Λ	•
v	a	ı	C	

Signature of staff member: Dr Sulha deshpande

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

Janes .

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Do lakshmikarth Nayak
2. Designation: So lecture.
3. Department: prothodorticl.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Wishnu dental collège.
6. Date & Duration of the Program: 249 202)
7. Associating Professional Body/Agency: 8. Title of the Paper: Structy development programme on topic 9. Financial support particulars
Registration charges: 500]-
Travel Allowance: 500/-
Membership Fee: Soot

_				
•	1	- 4	-	
	"	11		1

Signature of staff member:

Der Lakehmillanth Mayde

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the S	taff Member:	Dr.	Bhanu	chardae	O
2.	Designation:	Ir. Lectura				

3. Department: pronthodontice

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Withou dental collège

6. Date & Duration of the Program: 21 9 21

7. Associating Professional Body/Agency: faculty development programm on the topic 8. Title of the Paper: Astificial intelligence in dentity

9. Financial support particulars

Registration charges: 500

Travel Allowance: 500-

Membership Fee:

Signature of staff member:

Dr. Bhay

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

ELIMINATION REQUEST EFFEK
1. Name of the Staff Member: Dr L. Sreeka
2. Designation: Reade
3. Department: Conjessiative
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
6. Date & Duration of the Program: $2(/9/2)$
7. Associating Professional Body/Agency: faculty development programm on the 8. Title of the Paper: topic Antificial intelligence in dentity 9. Financial support particulars
Registration charges: 700L
Travel Allowance: Tool
Membership Fee:

Signature of staff member:

DR. E. Smell

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

boles.

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. v. v. S. N. Roje Jampson
2. Designation: Reades
3. Department: prosthodontics.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Vishau deutal correge.
6. Date & Duration of the Program: 219/21.
7. Associating Professional Body/Agency:
8. Title of the Paper:
9. Financial support particulars
Registration charges:
Travel Allowance: 500/

Membership Fee:

Signature of staff member:

Justin

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member:	Dr. Y. Poojitha.
------------------------------	------------------

2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: Vishnu dental college And Hospital

21/9/21 6. Date & Duration of the Program:

7. Associating Professional Body/Agency: Workshop on the Topic

* Artificial intelligence in Pentistry

8. Title of the Paper:

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500 -

Travel Allowance: 500

Membership Fee:

Signature of staff member:

Dr. y poojithe

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



- 1. Name of the Staff Member: Do Jalli viswarath
- 2. Designation: Tutoon
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: Vishou dentae Courge and hospital
- 6. Date & Duration of the Program: Q1 09 Q1
- 7. Associating Professional Body/Agency: workshop on the topic Chotifical interigence in dentistay
- 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: 500

Travel Allowance: 500 RS

Membership Fee:

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\mathbf{L}	\boldsymbol{a}	ı	v	

Signature of staff member: Don Jaul viswarata

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DA. V Ajay Chandna

2. Designation: Tutoл

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: VISHNU DENTAL COLLEGE AND HOSPITAL

6. Date & Duration of the Program: 21/9/21

7. Associating Professional Body/Agency: Work shop on the topic "Antificial intelligence in dentistry"

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 500/-

Membership Fee:

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v	44	u	·	٠

Signature of staff member:

Юл. У . Взаусhandna

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

THE SCITORI REQUEST LETTER
1. Name of the Staff Member: Dr. M. Gowthami Sai lakshmi
2. Designation: Jotov
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Vishnu Dental College and hospital.
6. Date & Duration of the Program: 21 9 2
7. Associating Professional Body/Agency: Workshop on the topic 8. Title of the Paper: arhitical intelligence in dentity
8. Title of the Paper: artificial intelligence in dontify
9. Financial support particulars
Registration charges: 500 -
Travel Allowance: 500 -
Membership Fee:
Others (mention):

Signature of staff member:

Dr. M. Gowthami Sai lakonni

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	r-Mahadev · M
------------------------------	---------------

2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details: Vishnu dental college and hospital

6. Date & Duration of the Program: 21 921

7. Associating Professional Body/Agency: workshop on the Topic Artifical

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: 500 |-

Membership Fee:

Signature of staff member:

Dr. M. Mahader

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. K. Ramya

2. Designation: Tutor

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details: vishnu dental college and Hosipital

6. Date & Duration of the Program: a oal a

7. Associating Professional Body/Agency: workshop on the topic

"ARTIFICAL INTELLIGENCE" IN DENTISTRY

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 500

Membership Fee:

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1)	0	4	^	
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Signature of staff member:

Douk Ramy a.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr. P	Dedipya	Gayatri
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2. Designation: Tutov

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details: Vishnu Dental college 4 Hospital

6. Date & Duration of the Program: 21 -09-201

7. Associating Professional Body/Agency: workshop on the topic Arlificial Intelligence in Sentistry

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500 | -

Travel Allowance: 500)-

Membership Fee:

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Signature of staff member: Dr. Dedipya.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1 Name Cale Care College Dr. Oravelock
1. Name of the Staff Member: Dr. poraveleck.
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Visher dental conlegue and hospital
6. Date & Duration of the Program: 21-09-21
7. Associating Professional Body/Agency: woosk shop on the topic Antiticial Interigence in dentistry 8. Title of the Paper:
9. Financial support particulars
Registration charges: 500
Travel Allowance: 500Ps

Membership Fee:

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Signature of staff member: poulele.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Divivi
2. Designation: The or
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Giet school of Pharmacy.
6. Date & Duration of the Program: 18/6/22
7. Associating Professional Body/Agency: faculty development program 8. Title of the Paper: Ninimally invasible techniques. 9. Financial support particulars
8. Title of the Paper:
9. Financial support particulars
Registration charges: 400/-
Travel Allowance: 2000[-

Membership Fee:

Signature of staff member:

A Camelaishney

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: On V. V. S. N. Raju jampara
2. Designation: Reader
3. Department: prontho dontice
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
-Ail Meero Konda Pristabile of dental science
6. Date & Duration of the Program: 5 2
7. Associating Professional Body/Agency:
8. Title of the Paper:
9. Financial support particulars
Registration charges: 50.1
Travel Allowance:
Membership Fee:

Signature of staff member:

Mineto

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. R March Kichore
2. Designation: Intercorrection
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
And Meerokorda instillate of dental reience
6. Date & Duration of the Program: 8/5/21
7. Associating Professional Body/Agency: faculty development programm on the topic 8. Title of the Paper: Cardio pulmo rany Resultion
9. Financial support particulars
Registration charges: 500
Travel Allowance: 1000 _
Membership Fee:

Signature of staff member:

A.N. (018/2.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

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*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Or M. Virrala Jai 2. Designation: In Lectura
2. Designation: In Lectura
3. Department: Prostho clontia
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Ail Neuverdo entituli of dental Science
6. Date & Duration of the Program:
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: faculty development programmes topic 8. Title of the Paper: Cardeo pulmonary Resortation
9. Financial support particulars
Registration charges: Tool Travel Allowance: (and
Travel Allowance: (a)
Membership Fee:
Others (mention):

Signature of staff member:

Dr. M. Vimale Dei

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Or Sojan Arand. G
2. Designation: Ready
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Anil Meenskords Lintitus of dertal Acierca
6. Date & Duration of the Program: 5/8/21
7. Associating Professional Body/Agency:
8. Title of the Paper: faculty development / Legramon the topin
8. Title of the Paper: Cardio pulmorary Renaction 9. Financial support particulars
Registration charges: 500/-
Travel Allowance: Look
Membership Fee:

Signature of staff member:

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- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER
 Name of the Staff Member: Dr. J. Nenkatch Designation: Se Lectura Department: prothodonfice Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Anel Meurikanda Enstituti of dental Accord
6. Date & Duration of the Program: 589
7. Associating Professional Body/Agency: faculty development programm on the topic 8. Title of the Paper: Carles peulmonary Reunction 9. Financial support particulars
Registration charges: 500
Travel Allowance: 1000
Membership Fee:

Signature of staff member:

Or Kuludy

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr w. Raven
2. Designation:
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Meenskorda Prititute of dental Science
6. Date & Duration of the Program: 8 5 2/2/
7. Associating Professional Body/Agency: faculty development programs on the topic 8. Title of the Paper: Condio polymoropy Resusction 9. Financial support particulars
Registration charges: 500/_
Travel Allowance: 000
Membership Fee:

Signature of staff member:

Dr. Ranu

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



FINANCIAL SUPPORT REQUEST LETTER

E E E E E E E E E E E E E E E E E E E
1. Name of the Staff Member: Dr. Anuska
2. Designation: Totar
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
,
5. Organizing Institution Details:
Anil Neerokondo Prutirbote of dental Sciences
6. Date & Duration of the Program: 5/8/2/
7. Associating Professional Body/Agency: fowty development programmen the dopic
8. Title of the Paper: Cardiopolonomy Resucction
9. Financial support particulars
Registration charges: 200[-
Travel Allowance: 10001-
Membership Fee:
Others (mention):

Signature of staff member:

Junk)

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Or M. K. Sumafhi
2. Designation: leader
3. Department: Oralpathology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Neuvisonda entituti of dental Sciences
6. Date & Duration of the Program: 5/8/21
7. Associating Professional Body/Agency:
8. Title of the Paper:
7. Associating Professional Body/Agency: faculty development programm on the topic 8. Title of the Paper: Cardiopulmonary Resultion 9. Financial support particulars
Registration charges: 500/
Travel Allowance: 000 _
Membership Fee:

Signature of staff member:

Just

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Bhanchandhaa B
2. Designation: So Lecturer
3. Department: proothodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
- pil Meero Kordo institute of dental sciences
6. Date & Duration of the Program: 5 8 21
7. Associating Professional Body/Agency: faculty developmed programm on the topic
8. Title of the Paper: Carolio pulmo rasy Resunction 9. Financial support particulars
Registration charges: 500
Travel Allowance: [000]
Membership Fee:

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr Sandhya Chhangana Trao
2. Designation: Sr lectures
3. Department: Orthodontico
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Necrokonda inetituli of dental Sciences
6. Date & Duration of the Program: 5 8 2
7. Associating Professional Body/Agency: faculty development Programme on the topic
8. Title of the Paper: Cardio pulmo nasy lesocotion
9. Financial support particulars
Registration charges: 5001
Travel Allowance: (000/_
Membership Fee:
Others (mention):

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- 8	,	4		t-	Ξ

Signature of staff member:

Jor SarryaChangenerar

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



EINANGIAI GUDDODE DEQUECE I EEED

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. V. Shiva kuman

2. Designation: Professon

3. Department: Department of Periodontics.

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Vishou Dental College.

6. Date & Duration of the Program: 12 5 22

7. Associating Professional Body/Agency:

Faculty duulopment programm on the topic

8. Title of the Paper:

Biomedical Hazards.

9. Financial support particulars

Registration charges: 200 | -

Travel Allowance: 500/-

Membership Fee:

Date:	
Signature of staff member:	Representation

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Donat



1. Name of the Staff Member: TV. K. Sveeha

2. Designation: Reaclen

3. Department: conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Vishnu dental collège

6. Date & Duration of the Program: 12/5/22

7. Associating Professional Body/Agency: Faculty development program on topic

8. Title of the Paper: Biomedical hazards

9. Financial support particulars

Registration charges: 2001-

Travel Allowance: 500/-

Membership Fee:

Signature of staff member:

Da. K. Grulf

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Out



1.	Name of	the	Staff Member:	Dr.	CMR	RIZNANUI LA
						IN LOUIS LET

2. Designation: Senior lecture

3. Department: prosthodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

vishnu dental college

6. Date & Duration of the Program: 12/5/22

7. Associating Professional Body/Agency: Fourth

8. Title of the Paper:

Biomedical hosaids

Faculty development program on

9. Financial support particulars

Registration charges: 200|-

Travel Allowance: SDOJ-

Membership Fee:

Signature of staff member:

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. Sudhendra desh pande

2. Designation: professor

3. Department: Conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

vishnu Dental collège

6. Date & Duration of the Program: 12/5/22

7. Associating Professional Body/Agency:

8. Title of the Paper: faculty development program on the topic Biomedical Hazards

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 500/-

Membership Fee:

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

•
1. Name of the Staff Member: Dr. M. Vimala sai
2. Designation: Q. leclura
3. Department: prosthodontica
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Vishnu Dental College
6. Date & Duration of the Program: 12/5/22
7. Associating Professional Body/Agency: faculty development programm on the topi
8. Title of the Paper: Blokedical Hazaada
9. Financial support particulars
Registration charges: 200[-
Travel Allowance: 500
Membership Fee:

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\mathbf{n}	-	40	
v	а	Le	r

Signature of staff member:

Just.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr Y Chandra Mouli

2. Designation: Sr lecturer

3. Department: Prosthodontics.

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

vishnu Deutal College.

6. Date & Duration of the Program: 12 5 22

7. Associating Professional Body/Agency:

Faculty decelopment programme on topic:

8. Title of the Paper: Biomedical Hacards

9. Financial support particulars

Registration charges: 200 /-

Travel Allowance: 500/-

Membership Fee:

Signature of staff member:

Chardra Moedi.

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

But



1. Name of the Staff Member: Anish kumar. L

2. Designation: Reader

3. Department: Conservative.

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

vishnu Dental college

6. Date & Duration of the Program: 12/5/12

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development Programme on topic of Biomedical Hazards.

9. Financial support particulars

Registration charges: 200 |-

Travel Allowance: 500 -

Membership Fee:

Signature of staff member:

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Akula	Tejaswini
	Akula

2. Designation: SR. Lecture

3. Department: of Conscivative & Endodonties

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Vishme Dental College.

6. Date & Duration of the Program: 12/5/22

7. Associating Professional Body/Agency: Faculty development program on 8. Title of the Paper: Biomedical hazards typic

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 800

Membership Fee:

Signature of staff member:

A. Tegrewani

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dro M. chaitanya-

2. Designation: St. Lecturest

3. Department: conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Vishnu dental collège

6. Date & Duration of the Program: 12 5 22

7. Associating Professional Body/Agency:

faculty development programm on the topic Biomedical hazards.

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 500 |-

8. Title of the Paper:

Membership Fee:

Signature of staff member:

M. Chartany

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

The

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Dong



DENTAL COLLEGE & HOS

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. P. Shiny Mounika

2. Designation: Sr. Lecturer

3. Department: Conservative and Endodontics

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Vishnu Dental college.

6. Date & Duration of the Program: 12/5/22

7. Associating Professional Body/Agency:

8. Title of the Paper: Bromedical Hazards.

9. Financial support particulars

Registration charges: 200/-

5001-**Travel Allowance:**

Membership Fee:

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Signature of staff member: P. Sking banker

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1.	Name of the Staff Member:	Dr. S.	Kumaro	raja kurapati

2. Designation: In lecture

3. Department: prosthodontia

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Withou dental college

6. Date & Duration of the Program: 10/4/21

7. Associating Professional Body/Agency: faculty development Programm on topic

8. Title of the Paper: Monedical Hazardy

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 500/-

Membership Fee:

Signature of staff member:

S. Kumala Rajukurapati.

- l. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



1. Name of the Staff Member: Dr. K. Krishna Mohan

2. Designation: Ready

3. Department: Department of conservative

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Vishnu Dental College.

6. Date & Duration of the Program: 12 5 22

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development Programm on the topic Biomedical Hazards.

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 500 |

Membership Fee:

Signature of staff member:

K. Krishue nohum

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr Sudhendro Deph parde 2. Designation: Profesor
3. Department: Conjecuative
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Vilhow dental College
6. Date & Duration of the Program: 12 21
7. Associating Professional Body/Agency: faculty development programme on the topic 8. Title of the Paper:
9. Financial support particulars
Registration charges: 2001-
Travel Allowance: 500
Membership Fee:
Others (mention):

Signature of staff member:

Sucherola Desh Parala

- I. Recommendations of the HOD:
- 2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant: