

Recognized by Govt. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Health City, Amalapuram, East Godavari District, A.P. - 533201

LIST OF FACULTY PROVIDED WITH FINANCIAL SUPPORT TO ATTEND CONFERENCES/WORKSHOPS AND TOWARDS MEMBERSHIP FEE OF PROFESSIONAL BODIES FOR THE ACADEMIC YEAR 2020-21

SNO	NAME OF THE FACULTY
1.	DR SUMEET KUMAR SHARMA
2.	DR JYOTHI ATLA
3.	DR SUBHA DESHPANDE
4.	DR V V S N RAJU JAMPANA
5.	DR LAKSHMIKANTA NAYAK
6.	DR BHANUCHANDAR D
7.	DR A LAKSHMI SAILAJA
8.	DR M VIMALA SAI
9.	S KUMARA RAJU KURAPATI
10.	DR C M R RIZWANULLA
11.	DR Y CHANDRA MOULI
12.	DR SUDHENDRA DESHPANDE
13.	DR K KRISHNA MOHAN
14.	DR K SREEHA
15.	DR ANISH KUMAR L

Phone: 08856 - 239999 | Email: kimsdentalcollege@gmail.com | www.kimsdental.in

16.	DR P SHANMUKH RAM
17.	DR LAKSHMI BHAVYA K
18.	DR G SRINIVAS
19.	DR V PHANI HIMAJA
20.	DR A VENKATA MAHEEDHAR
21.	DR SAJAN ANAND G
22.	DR R NAREN KISHORE
23.	DR K RAJIV KUMAR CHOWDHURY
24.	DR VASUDEVAN S D
25.	DR ANUSHA Y
26.	DR SRI HARSHA YELCHURU
27.	DR G R RAVEENDRA VARMA
28.	DR CH PAVAN KUMAR
29.	DR K EKAVENIKA
30.	DR R SRI MONICA
31.	DR G SREEDHAR
32.	DR.G.KARTHEEK
33.	DR.G.SANJEEV ANAND
34.	DR.P.PRANITHA DEVI
35.	DR.S.S.SAI KARTHIKEYAN
36.	DR.G.PUJA DEVI
37.	DR SUMALATHA M N
38.	DR.AVINASH VELAMALA
39.	DR.V.KRANTI KUMAR

40.	DR U RAVEENA
41.	DR.JALLI VISWANATH
42.	DR.SALADI VEERA VENKATESH
43.	DR.M.VIJAYA BHASKAR REDDY
44.	DR ASHOK KUMAR N
45.	DR B SATISH
46.	DR M V K CHAITANYA
47.	DR.A.RAMA KRISHNA
48.	DR KANTIPUDI MOUNIKA
49.	DR.P.MANIKYA DEEPA
50.	DR V NARAYANA RAO
51.	DR M CHAITANYA
52.	DR D LAKSHMI SOWJANYA
53.	DR K JYOTHSNA
54.	DR TEJASWINI
55.	DR V SHIVA KUMAR
56.	DR V NAGA SUJAI
57.	DR GOUSMOHEDDIN MD
58.	DR K PRASANNA JYOTHI
59.	DR V AKHILA





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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Vasuduran & D

2. Designation: Professor, Orthodontics

3. Department: Orthodontics

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

5. Organizing Institution Details:

-Anil Neeru Konda institute of Dental Schenus

6. Date & Duration of the Program: 18 11 20

7. Associating Professional Body/Agency:

Faculty development programm on the topic

8. Title of the Paper:

Qualities of teacher

9. Financial support particulars

Registration charges: 300 |-

Travel Allowance: 1000-

Membership Fee:

Signature of staff member:

Or Vander

- 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. k - Divya

2. Designation: Cenior Lectures

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 Science

6. Date & Duration of the Program: 18/11/20

7. Associating Professional Body/Agency:

Faculty development programme on the topic

8. Title of the Paper:

Qualities of teacher.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Signature of staff member:

of. Ding

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKINIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No.-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Dr A. Venkata Mahredhan
2.	Designation: Reacles
3.	Department: Oral Surgery
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	Anil Neerokorda Enstitute of dental Science
6.	Date & Duration of the Program: 18 (u 20
7.	Associating Professional Body/Agency: faculty development programm on the topic
8.	Associating Professional Body/Agency: faculty development programm on the topic Title of the Paper: Qualities of Teacher
	Financial support particulars
	Registration charges: 300 -
	Travel Allowance: 1000/-

Membership Fee:

Signature of staff member:

Venlede Maherda

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: D8. G. Sheedhar

2. Designation: Plofessol

9-1

3. Department: Olal pathology

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Meerukonda institute of dental Science

6. Date & Duration of the Program: 18 120

7. Associating Professional Body/Agency

8. Title of the Paper:
Qualities of teacher

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: LOOO / -

Membership Fee:

Signature of staff member:

Co. Siellag

- 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	e of the	Staff I	Member:	m.	5	5	. sai	Karthire	yan
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2. Designation: Sevior Lectuser

3. Department: periodontics

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

Neembonda omstitute of dental science 5. Organizing Institution Details: Anil

- 6. Date & Duration of the Program: 18 1120
- 7. Associating Professional Body/Agency:
 Faculty development programme on the topec
 8. Title of the Paper: Qualifies of teacher.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000[-

Membership Fee:

Signature of staff member:

- 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: Dr. Veera Kumauf
2. Designation: Assistant professor
3. Department: Oral medicine
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Meen konda institute of dental sciency
6. Date & Duration of the Program: 22 3 21
7. Associating Professional Body/Agency: faculty development programm on top:
8. Title of the Paper: One view of Arrument
9. Financial support particulars
Registration charges: 400 [-
Travel Allowance: 10001

Membership Fee:

Signature of staff member:

Dr. M. Vergelinani MDS

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WKIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Jalli Viswanoth

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 Enstitute of Dental Science

6. Date & Duration of the Program: 23/3/21

7. Associating Professional Body/Agency:

Faculty development programme on topic

8. Title of the Paper:

overview of Accument

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1000/-

Membership Fee:

В	7	-	4	100	
z	- 3	23	т	a	۰
£	g	44	Ł	w	

Signature of staff member:

Vimareth

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Der.	M.	Vijaya Bhaskas	, rieddy
------------------------------	------	----	----------------	----------

- 2. Designation: Two
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Anil Necoukonda Institute of dental Sciences

- 6. Date & Duration of the Program: 23/3/31
- 7. Associating Professional Body/Agency:

faculty development programme on topic overview of assessment

8. Title of the Paper:

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: \000/ -

Membership Fee:

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- 1	- 3	•	т		۰
- 4	,	44	ı	•	

Signature of staff member:

Bhal Reddy

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

A /
1. Name of the Staff Member: Da. Saladi Veva Venkatert
2. Designation: Tuto91
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Nessukonda Institue of Dental Science
6. Date & Duration of the Program: 93/3/21
7. Associating Professional Body/Agency: Carrier of Topic
7. Associating Professional Body/Agency: Faculty development programme on Topic 8. Title of the Paper: Overview of Assessment 9. Financial support particulars
9. Financial support particulars
Registration charges: 400/-
Travel Allowance: 1000/-
Membership Fee:

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	3	0	1	a	4
	,	a			

Signature of staff member:

Juladi V. V

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Ashok kurnal N.
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 Denta Sciences 6. Date & Duration of the Program: 23/3/21.
7. Associating Professional Body/Agency: Faculty development 8. Title of the Paper: Overview of Assument 9. Financial support particulars
9. Financial support particulars
Registration charges: 400/-

1000|-

Travel Allowance:

Membership Fee:

Signature of staff member:

No Ashok Kung

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Ds.	M·V·K	· Chaitanya.
_				V

2. Designation: Two

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: 23/3/21

7. Associating Professional Body/Agency: Faculty development programe
8. Title of the Paper:
On Topic Overview of Assessment

9. Financial support particulars

Registration charges: 400 |-

Travel Allowance: 1000 |-

Membership Fee:

W		4		
	BO	24	•	4
1	ra			

Signature of staff member: Dy. Chaitanyo.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: DT. Kantipudi Mounika
- 2. Designation: Tutoカ
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Anil Neenukonda Institute of Dental sciences

- 6. Date & Duration of the Program: 23/3/21
- 7. Associating Professional Body/Agency:

faculty development programme on topic

8. Title of the Paper: on topic

overview of Assement

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1000/-

Membership Fee:

Signature of staff member:

K. Mounto

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. A. Ramaknihna

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Anii Meerukonda Institute of Dentalsciences

6. Date & Duration of the Program: 23 3 21

7. Associating Professional Body/Agency:

8. Title of the Paper: Foculty development programme on the topic Overview of Assessment

9. Financial support particulars

Registration charges: 400 | -

Travel Allowance: 1000 |-

Membership Fee:

Date:	
Signature of s	taff member:
	Dr Loveland
l. Recommend	ations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. B. satish
- 2. Designation: Tutox
- 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: 23 3 21
- 7. Associating Professional Body/Agency:

Faculty development programme on the topic overview of assument. 8. Title of the Paper:

9. Financial support particulars

Registration charges: 4.400 -

Travel Allowance: 4. 1000/-

Membership Fee:

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- 1	,	21	н	e	•

Signature of staff member:

Dr.B. Satish

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr Araum down karun abaran

2. Designation: - Associate praerior

3. Department: oral Mediline.

3

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

5. Organizing Institution Details:

April Neerakonala Institute of Pental Sciencel

6. Date & Duration of the Program: 23 3 2021

7. Associating Professional Body/Agency: faculty development programme

8. Title of the Paper:

9. Financial support particulars

Registration charges: 400 |-

Travel Allowance: 1000 /-

Membership Fee:

Signature of staff member:

Arwindhen Kamakerans

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr.	kokaja	vardhan
------------------------------	-----	--------	---------

2. Designation: Associate Profesior

3. Department: Redodortice

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

5. Organizing Institution Details:

April Neeculconda Institute of Dental reienceuration of the Program: 20/2/2021

6. Date & Duration of the Program: 23/3/20 21

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

9. Financial support particulars

Registration charges: 400 |

Travel Allowance: 1000

Membership Fee:

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		12	6.3	•
-	6.1	LΕ	· Will	

Signature of staff member:

K. Deja Vædher

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533 201

FINANCIAL SUPPORT REQUEST LETTER

FINANCIAL SUPPORT REQUEST EETTER
1. Name of the Staff Member: Que Gelstinivas G. Skinival
2. Designation: Achierant Projector
3. Department: Old kurgey
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Necchoude fruitires of
6. Date & Duration of the Program: 20 3 2021
7. Associating Professional Body/Agency: Faculty development of the topic Overview of the element 8. Title of the Paper:
9. Financial support particulars
Registration charges: uoo [-
Travel Allowance: 1000/.
Membership Fee:

Signature of staff member:

A Same

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: De & Amusha
	Designation: Assistant Regisson Department: Oral Medicini
3.	Department: Oral Medicine
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	Anil Merukanda Suititute of Deutal Serinces
	Date & Duration of the Program: 28 3 km 1.
7.	Associating Professional Body/Agency: Faculty Development
8.	Associating Professional Body/Agency: Forculty Development Title of the Paper: Security Development Out Financial support particulars
9.	Financial support particulars
	Registration charges: 400/-
	Travel Allowance: 1000
	Membership Fee:
	Others (mention):

Signature of staff member:

Auto

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

*Sanctioned/ Not Sanctioned:

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Accountant:

DENTAL COLLEGE & HOSPI

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07 2014. Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram, E.G.Dist, A.P. - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Pya Dev

Assistant professor 2. Designation:

3. Department: Pedodantics depastment

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

5. Organizing Institution Details:

And Menkonda institute & doubal sciences

23/3/21 6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

faculty development programe on topic.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 400 [-

Travel Allowance: 1000 |-

Membership Fee:

Signature of staff member:

Pya Devi

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram, E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Kondala Rao Boddeda

2. Designation: Assistant professor 1

3. Department: periodoritice de

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

5. Organizing Institution Details:

Anil neerukonda inetitute of dental ecience

6. Date & Duration of the Program: 23/03/2021

7. Associating Professional Body/Agency:

8. Title of the Paper: Fourty development programe on topic overview of ascernent

9. Financial support particulars

Registration charges: 400 /-

Travel Allowance: 1000-/-

Membership Fee:

Signature of staff member:

dordolar

- 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. Alfrach Velamele
2.	Designation: Assist and professor
	Department: poblic Heelth
	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	-Anil Mecrokonda Endette of dotal Acien
6.	Date & Duration of the Program: 21/2/
7. 8.	Associating Professional Body/Agency: Jaw 145 development Program on the topic Otterview Assument
9.	Financial support particulars
	Registration charges: 400/-
	Travel Allowance: \000 -
	Membership Fee:
	Others (mention):

Signature of staff member:

Dr. Auinach

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr	Revu	Srinivas
	or the Staff Member.	Dr	e eva	drinivas

2. Designation: Tuto

3. Department:

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

5. Organizing Institution Details:

MNR Institute y Dental Sciences

6. Date & Duration of the Program: 28 121

7. Associating Professional Body/Agency: Faculty development programme
8. Title of the Paper: On the topic, Come let become positive
9. Financial support particulars

dentity of the Paper.

9. Financial support particulars

Registration charges:

Travel Allowance: 2, 500/-

Membership Fee:

Signature of staff member:

D. PeruSinva

- 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	f the Staff Member:	Der	V. F	Akhila	_
------------	---------------------	-----	------	--------	---

- 2. Designation: Two
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

MNR Institute of Dontal Sciences

- 6. Date & Duration of the Program: 28 5 2
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: faculty development perogramme on the topic, come lets become politive dentists in 9. Financial support particulars this pandemid situation

Registration charges: 500/-

Travel Allowance: 2,500/-

Membership Fee:

Signature of staff member:

V. Ales

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINS DENTAL COLLEGE & HOSPIT

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Doll 196030 Med 2905	1.	Name of the Staff Member:	Dr.K	Prasanna	Tyothi
---	----	---------------------------	------	----------	--------

2. Designation: Tutosi

3. Department:

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

5. Organizing Institution Details: MNR Institute of Dental Sciences.

28/5/21 6. Date & Duration of the Program:

7. Associating Professional Body/Agency:
faculty development programme on the topic,
8. Title of the Paper:
Gome lets become positive dentists in
9. Financial support particulars this pandamic situation

Registration charges: 500 |-

2,500 |-Travel Allowance:

Membership Fee:

Signature of staff member:

Dr. K. Jyothi

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Or. P. Oedepya Gayathin 2. Designation: Tuto
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MRIR Institute of Dental Sciences
6. Date & Duration of the Program: 28 521
7. Associating Professional Body/Agency: Faculty development programme on the topic, 8. Title of the Paper: Come Lete become positive dentists in this pandemic situation 9. Financial support particulars
Registration charges: 500
Travel Allowance: 2,500 -
Membership Fee:
Others (mention):

	-				
- 8	1	0	ŕ	Ω	
	,	4	τ	v	

Signature of staff member:

Dr. Dedupye.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. Goumoheddin .MD
- 2. Designation: Tutol
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

MNR Institute of Dental Science

- 6. Date & Duration of the Program: 28-05-21
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Faculty development programme on the topic, come lets become positive dentity in
- 9. Financial support particulars the pandamic situation

Registration charges: 500[-

Travel Allowance: 2,500/-

Membership Fee:

Signature of staff member:

Dr. County day

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr. V.	Kranthi	kumar.
------------------------------	--------	---------	--------

- 2. Designation: Tutor.
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

MNR institute of Dental Science

- 6. Date & Duration of the Program: 28 -05 -21

7. Associating Professional Body/Agency;
Forculty development programme on the topic
8. Title of the Paper: come lets become positive dentists in the
9. Financial support particulars

pandente Situation

9. Financial support particulars

Registration charges: 500 -

Travel Allowance: 2,500 |-

Membership Fee:

Signature of staff member:

Dr. keanthi kumar

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. V. Ranne
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR Institute of Dental Sciences
6. Date & Duration of the Program: 28 5 2)
7. Associating Professional Body/Agency: 8. Title of the Paper: Come lets become positive deutists in this pandamic 9. Financial support particulars
Registration charges: 500/-
Travel Allowance: 2,500/_
Membership Fee:
Others (mention):

Signature of staff member:

Valuna

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIVIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr	Ch.	Nagaleera Sati	ja Strani
------------------------------	----	-----	----------------	-----------

Tutor 2. Designation:

3. Department:

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

5. Organizing Institution Details:

MNR Enstitute of Dental Sciences

28/5/21 6. Date & Duration of the Program:

7. Associating Professional Body/Agency: faculty development programme on
8. Title of the Paper: the topic Come lets become positive deutist in
9. Financial support particulars

this pandemic situatation

Registration charges:

2500/-Travel Allowance:

Membership Fee:

Signature of staff member:

mate

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dn. p. Manikya depa
- 2. Designation: Tuton
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

MNR Institute of Dental science

- 6. Date & Duration of the Program: 28 5/21
- 7. Associating Professional Body/Agency:

faculty development programme on the

8. Title of the Paper:

8. Title of the Paper: come lets become positive dentists in 9. Financial support particulars thes pandamic Situation

Registration charges:

2,500/-Travel Allowance:

Membership Fee:

The				
- 6 3	0	+	0	
v	a	ι	U	

Signature of staff member:

P. Marilago

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

*Sanctioned/ Not Sanctioned:

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Accountant:

QKINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

Name of the Staff Member: Dr. S. Kumara Raju Kurapah
Designation: S. Lecture
Department: proothoclontics
Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
Organizing Institution Details:
MNR Educational trust
Date & Duration of the Program: 28/5/21
Associating Professional Body/Agency: faculty development programme on the topic Title of the Paper: C
Title of the Paper: Come lete become pui-tive dentiete in this Financial support particulars Pondoneie Aituation
Financial support particulars Pordoneir Aitvation
Registration charges: 500 -
Travel Allowance: 2 500
Membership Fee:

Signature of staff member:

Kurras Raja Karapati

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Fle. G. Sninivas
2. Designation: Professol
 Designation: Professol Department: Olal Surgery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR Educational Trust
6. Date & Duration of the Program: 28/5/21
7. Associating Professional Body/Agency: Programme on the topic Faculty development Programme on the topic 8. Title of the Paper: Come lets become positive devilists In this pandanic Situation. 9. Financial support particulars
8. Title of the Paper: Come lets become positive deutists In
9. Financial support particulars This paudamic Situation.
Registration charges: 500/-
Travel Allowance: 2,500
Membership Fee:

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Dr. R. Laren Skishore
2.	Designation: Sr. Lector
3.	Department: Oral Surgery
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	MNR Educational trust
6.	Date & Duration of the Program: 21/24
7.	Associating Professional Body/Agency:
8.	Title of the Paper: Tom lety become positive dentist & this pardame is Financial support particulars.
9.	Financial support particulars Stration
	Registration charges: 500/_
	Travel Allowance: 2,500L
	Membership Fee:
	Others (mention):

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	,	1	в.		κ	7	×

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

TAL COLLEGE & HOSPI

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr. A.	Venkata	Maheedhag
------------------------------	--------	---------	-----------

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:

MAIR Educational truck

6. Date & Duration of the Program: 28 121

7. Associating Professional Body/Agency:

Jacolly development programme on the topic

8. Title of the Paper: Come lets becom positive dentiets in they particulars Pandemic situation

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2,500/-

Membership Fee:

Signature of staff member:

St. Venkale Maherde

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

AL COLLEGE & HOSPI

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff	Member: Dr · V	. Phani	Himaja
----------------------	----------------	---------	--------

2. Designation: Reader

Oral Surgery 3. Department:

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

5. Organizing Institution Details:

educational trust MNR

6. Date & Duration of the Program: 28/5/21

7. Associating Professional Body/Agency: Fragramme dwelopment on the typic 8. Title of the Paper: pandamic situation.

9. Financial support particulars

Registration charges:

2500/-Travel Allowance:

Membership Fee:

H		_	4		
	B٠	3	T.	α	۰
- 18	20		B./		

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Or. Showhit Chowdhay
	Designation: Reader
3.	Department: Oxal Surgery
	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	MAR Educational truct
	Date & Duration of the Program: 28 5 21
7.	Associating Professional Body/Agency:
8.	Associating Professional Body/Agency: faculty development programm On the book Title of the Paper: Come lete become possible dentisty in this Financial support particulars Pandomeic Situation
9.	Financial support particulars Pardomcic Situation
	Registration charges: 500/-
	Travel Allowance: 2,500/-
	Membership Fee:
	Others (mention):

Signature of staff member:

l. Recommendations of the HOD:

2. Recommendations of the principal:

Dry Louise Chy

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIVIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. L. Girish Kumag
2. Designation: Sr. Lectura
3. Department: Conservative
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR Educational Invit
6. Date & Duration of the Program: 20/4/21
7. Associating Professional Body/Agency: Faculty Occuelopment programm on the topic 8. Title of the Paper: Back to basice - Evaluation of Orthodontic partient 9. Financial support particulars
Registration charges: 500/-
Travel Allowance: 2,500 -
Membership Fee:
Others (mention):

Signature of staff member:

l. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533.201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: B. Nataraj

2. Designation: Enfortecturer, C

3. Department: Conservative

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

5. Organizing Institution Details:

MNR educational trust

6. Date & Duration of the Program: 20/4/21

7. Associating Professional Body/Agency:

docutly development program on the topic

8. Title of the Paper:

Back to bairer, Evaluation of Orthodonte

9. Financial support particulars

Patients

Registration charges: 500/

Travel Allowance:

2,500/-

Membership Fee:

Signature of staff member:

B aftery

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15-07-2014. Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533-201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr m. chaitarya

2. Designation: In Lecturer

3. Department: Conservative

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

5. Organizing Institution Details:

MAR Educational trust

6. Date & Duration of the Program: 20/4/21

7. Associating Professional Body/Agency:

Jacolty development programm on the topic

8. Title of the Paper:
Back to barrer Evaluation of orthodorship patients

9. Financial support particulars

Registration charges: 5001

Travel Allowance: 2000/_

Membership Fee:

Signature of staff member:

M. chitage

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

QKINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: D. P. Shanmukh Ram
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:
	MNIR Educational trust
6.	Date & Duration of the Program: 20 (4) 21
7.	Associating Professional Body/Agency: Jaculty development programm on the topic
8.	Title of the Paper:
9.	Cocketo Corier Evaluation of orthodontic patient

Registration charges: 500/-

Travel Allowance: 2004

Membership Fee:

Signature of staff member:

P. Demukk ley

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

*Sanctioned/ Not Sanctioned:

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Accountant:

OKINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr.	Sudhendro	Deeh	pande
------------------------------	-----	-----------	------	-------

2. Designation: Professor & HOW

3. Department: Conjuntative

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

5. Organizing Institution Details:

MNR Educational fruct

6. Date & Duration of the Program: 20/4/21

7. Associating Professional Body/Agency:
faculty development programm on the topic
8. Title of the Paper: Back to baxicy _ Evaluation of Orthodontic

Financial support particulars

Registration charges: 500/-

Travel Allowance: 2,500/-

Membership Fee:

Signature of staff member:

Suelliende Dupade

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

ENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Reader

3. Department: conservative

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

5. Organizing Institution Details:

MNR Educational trust

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

7. Associating Professional Body/Agency: Fuculty development programme Back-to basics evaluation of on the topic 8. Title of the Paper:

9. Financial support particulars

25001-Registration charges:

Travel Allowance:

Membership Fee:

Signature of staff member:

distre Mohan

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No.-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: De. P. Hari kiran

2. Designation: professol

3. Department: Consecuative

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

5. Organizing Institution Details:

MNR Educational teust

6. Date & Duration of the Program: 20(4/2)

7. Associating Professional Body/Agency: faculty development programme on the topic back to basics - evaluation of orthodontic patients.

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2500/-

Membership Fee:

Signature of staff member:

flux land

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINTS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Dr. Anish kumal. L
2.	Designation: Sr. Lectures
3.	Department: Consequative
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:

MNR Educational trust

6.	Date &	Duration	of the	Program:	204	21
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7. Associating Professional Body/Agency: Faculty development Programme
8. Title of the Paper: Orthodon-lic patients

9. Financial support particulars

Registration charges: 500 -

Travel Allowance: 250 -

Membership Fee:

Signature of staff member:

Anish Domas

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINS DENTAL COLLEGE & HOSPIT

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FINANCIAL SUPPORT REQUEST LETTER

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

Ready 2. Designation:

3. Department: Conservatine

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

5. Organizing Institution Details:

MNR Educational trult

6. Date & Duration of the Program: 20/4/21

7. Associating Professional Body/Agency: faculty development programm on the topic Back to baxie, Evaluation of orthodoletic particulars 8. Title of the Paper:

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2,500/-

Membership Fee:

Signature of staff member:

Dr. K. Greek

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIVIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:		Dr.	P.	Shiny	mounika	
2.	Designation:	8r.	Lectures	V		V	

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

Confecuative.

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

3. Department:

MNR Educational tent.

6. Date & Duration of the Program: 20/4/21

7. Associating Professional Body/Agency: Faculty duelopment Ingramme On the topic Back to Black - evaluation of 8. Title of the Paper: Orthodoxlic patients.

9. Financial support particulars

Registration charges: 50/-

Travel Allowance: 2500/-

Membership Fee:

Signature of staff member:

l. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DV. K. Krishnon Mohan -

2. Designation: Austate professor.

3. Department: Consendire

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

5. Organizing Institution Details:

KLR's Lenora Bustitute q Dental Seiences.

6. Date & Duration of the Program: 19/12/20 - 10/12/20.

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development programme on the topic All on 4 Duplants

9. Financial support particulars

Registration charges: 500 -

Travel Allowance: Re- 1000 -

Membership Fee:

2/12/21. Date:

Signature of staff member: Dr & krishna nishan.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Y. ANUSHA

2. Designation: ASSOSIATE PROFESSOR

3. Department: Ortho DONT 701

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: 9/12/20 to 10/12/20
- 7. Associating Professional Body/Agency:

8. Title of the Paper:

THE TOPIC ALL ON 4 IMPLANTS

9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000/-

Membership Fee:

Date: 2/12/20

Signature of staff member:

Anusha

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. ch. pavan Kuman.

2. Designation: Assistant professor

3. Department: Orthodoxics

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

5. Organizing Institution Details:

KLP's Lenora Enstitute q Dental Sciences

6. Date & Duration of the Program: 9/18/20 to 10/11/20

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the tope All on U Zuplants

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: Pr-10001-

Membership Fee:

Date: 3/12/20

Signature of staff member: Dr. ch. paran kuman

- 1. 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: Dv. Konchada Jagadeesh.
- 2. Designation: Associate Professor.
- 3. Department: Prosthadontics.
- 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: 9/12/20 to 10/12/20
- 7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic of all 4 implosts.

9. Financial support particulars

Registration charges: R. 500 |-

Travel Allowance: R. 1000 | -

Membership Fee:

Date: 2 12/10

Signature of staff member:

Jagadees V

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINDS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dy. P. Pravitha Den'

2. Designation: Attociate professor

3. Department: Periodonhics

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

5. Organizing Institution Details:

KIR's trehora Institute q deutal Sciences

6. Date & Duration of the Program: 19/12/26 - 10/12/20

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty bevelopment programme on the topic . All 9 4 Emplomes

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: Rs-1500/-

Membership Fee:

Date: 3/12/20.

Signature of staff member: Dr. p. pravitha Deni

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Vasudevan . S. D

2. Designation: Professor

3. Department: Orthodonties

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

5. Organizing Institution Details: K.L.R's Lenora Institute of Dental

6. Date & Duration of the Program: 9/12/20 - 10/12/20

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development program on the topic All on 4 implants

9. Financial support particulars

Registration charges: \$500

Travel Allowance: ₹1000

Membership Fee:

Date: 2/12/20

Signature of staff member:

Massaga,

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Avinosh Velamala

2. Designation: Assistant Professor

3. Department: Public Health

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

5. Organizing Institution Details:

KLR's Lenora Institute of Dental Science

- 6. Date & Duration of the Program: 19/12/20 10/12/20
- 7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development programme on the

Topic All on 4 Implents

9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000 |-

Membership Fee:

Date: 4/2/20

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. SANJEEV ANAND

2. Designation: ASSISTANT PROFESSOR.

3. Department: ORAL SURGERY

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

5. Organizing Institution Details: ICIR'S LENORA INSTITUTE OF DENTAL SCIENCES,

6. Date & Duration of the Program: 9 12 20 to 10 12 20

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: Pr 500 /-

Travel Allowance: R. 1000/-

Membership Fee:

Date: 4/1/10

Signature of staff member:

Sanjeny.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. G.R. Ravindra Kumar
- 2. Designation: Assistant Profesior
- 3. Department: Orthodontic
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

KLR's Lenora Institute of Dental science

- 6. Date & Duration of the Program: 09/12/20 10/12/20
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: faculty development programme on the topic All on 4 timplants
- 9. Financial support particulars

Registration charges: 500 | -

Travel Allowance: Rg. 1000/-

Membership Fee:

Date: 3/12/20

Signature of staff member: Dr. G.R. Ravindra kunar

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. 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:

KILR'S LENORA INSTITUTE OF DENTAL SCIENCES

- 6. Date & Duration of the Program: 9/12/20 10/12/20
- 7. Associating Professional Body/Agency:
- FACULTY DEVELOPMENT PROGRAMME ON 8. Title of the Paper:

THE TOPIC ALL ON 4 IMPLANTS

9. Financial support particulars

Registration charges: 2 5001-

Travel Allowance: Rs 1000/-

Membership Fee:

Date: 3 12 20

Signature of staff member:

Lewis Lander

- 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. y. Chandra 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:

Giet school of pharmacy.

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

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the role of phamacist in health care System.

9. Financial support particulars

Registration charges: RS. 500/-

Travel Allowance: R.s. 10001-

Membership Fee:

Date: 29 /03/21

Signature of staff member:

Thelie wands.

- 1. 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. Anish kuman L
2. Designation: Associate professor 3. Department: Conservative
3. Department: Conservative
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: 6421 to 10/4/21
7. Associating Professional Body/Agency:
8. Title of the Paper: faculty development programme on the rol 9. Financial support particulars
9. Financial support particulars
Registration charges: (2) 100/
Travel Allowance: (8 1000)
Membership Fee:
Others (mention).

Date:

30/2/21

Signature of staff member:

Dr. Anist

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Person



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr sydfiendra Deshpande

Professor 2. Designation:

Conservative 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: 6-4-21 to 10-4-21
- 7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the role of pharmacist on health care system.

9. Financial support particulars

Registration charges: Ps 500 1

Travel Allowance: Ps 1000 [

Membership Fee:

Date: 30-3-21

Signature of staff member:

Dr. sudhendra Deshpande

- 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. D. Shing Hornita.
2. Designation: Assertant perofessor.
3. Department: Concernative.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: GIFT School of Phanmacy
6. Date & Duration of the Program: 6-4-21 to 10-4-21
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty Leveloping programme on sole o
8. Title of the Paper: Faculty developing programme on sole of the Paper: Faculty developing programme on sole of the support particulars
Registration charges: 25 500 -

Travel Allowance: Pe 1000 -

Membership Fee:

Date: 29-3-21

Signature of staff member:

Dr. P. Shing Monike.

- 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. Skreeka

2. Designation: Associate proffesor

Conserative 3. Department:

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

5. Organizing Institution Details: GIET School of phalmay.

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

7. Associating Professional Body/Agency: Fatulty developing programme 8. Title of the Paper: on role of pharmacist in health care program.

9. Financial support particulars

Registration charges: Le 500

Travel Allowance: & 1000/

Membership Fee:

Date: 30-3-2/

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



TOTAL CURPORT PROJECT I STTER

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: DV. CMR Riwanulla
2. Designation: Assisstant professor
3. Department: Prosthodontics
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: 6/4/21 to 10-4-21
7. Associating Professional Body/Agency:
8. Title of the Paper: faculty development programme on the vole of Pharmacist on health care system. 9. Financial support particulars
Registration charges: \$5001-
Travel Allowance: Ps tooo -
Membership Fee:

Date: 29-3-21

Signature of staff member:

Dr. CMR Rizwamlu

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:

Membership Fee:

Others (mention):

Dr. P. Shanmuch Ram

2. Designation: Assistant professor 3. Department: Conservative
3. Department: Conservative
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
GI€7 school of pharmacy,
6. Date & Duration of the Program: 6 421 to 10 421
7. Associating Professional Body/Agency: faculty development programme of the role of pharmacust in healthcare system 8. Title of the Paper:
9. Financial support particulars
Registration charges: Rs 500/
Travel Allowance:

Date: 30/2/21

Signature of staff member:

Dr. Vleanmutal

- 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 Staff Member: Dr. K. Krishna Mohan

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: GIET School of Phanmocy.

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

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on role of pharmacist in healthcare System.
9. Financial support particulars

Registration charges: Re - 500 |-

Travel Allowance: Re 1000 |-

Membership Fee:

Date: 29-3-11

Signature of staff member: Dr. Karhultol

- 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: Dr. G. v. Norga Sai Rijai
2. Designation: Professor
3. Department: Periodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Qiel School of Thermacy
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 programe on topic of Rebuilding Pharmacy Education 9. Financial support particulars Post COVID 19
9. Financial support particulars
Registration charges:
Travel Allowance: Rs 1000 -
Membership Fee:
Others (mention):

12-9-21 Date:

Signature of staff member:

- 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-Ch pavan kumar.
2. Designation: Amitant professor.
3. Department: oettro doulies
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: MNR dental college effective
6. Date & Duration of the Program: \(\lambda \left[\beta \left(202) \right]
7. Associating Professional Body/Agency: 8. Title of the Paper: On the topic of pediathic Endodoulis 9. Financial support particulars
Registration charges: 4500/ Travel Allowance: 4500/
Travel Allowance: 2 2001

Membership Fee:

n		4		
	2	т	Ω	٠
	4	ι	·	

Signature of staff member:

- 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:	DY	G'R.	Raveendra Varma
_	a satart		10.00	~

2. Designation: Americant propersor

3. Department: orthodontics

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: 10 6 20d)

7. Associating Professional Body/Agency:

8. Title of the Paper: on the toppe of pediatric endodonting

9. Financial support particulars

Registration charges: 500+

Travel Allowance: 2000/-

Membership Fee:

Date:

Signature of staff member:

* Downlettanos

- 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. Sajan anand G

2. Designation: Associate Professor

3. Department: oral surgery

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: 18-6-2021

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topac of pediatoric endodontics

9. Financial support particulars

Registration charges: 500 -

Travel Allowance: 2000 -

Membership Fee:

Date:

Signature of staff member:

9 Sajan Anand

- 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. Rejin Kunar Chowder
2. Designation: Assisstant professor
3. Department: Oral Surgery
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 6 2021
7. Associating Professional Body/Agency:
8. Title of the Paper: On-the topic of pediatric dendodonties
9. Financial support particulars
Registration charges: Rs.500/-
Travel Allowance: Rs. 2000/-
Membership Fee:

Date:

Signature of staff member:

Dejuture.

- 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 Vijavayeda

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the S	taff Mei	nber:	Dr. B.H. Rama	krishnam	Raju
2.	Designation:	Profess	DY			
3.	Department:	oral	Surg	ery		
4.	Conference/ M	1em bers	hip Fe	e/ Workshop / FD	P I Seminar I	
	Training/Indu	strial Vi	sit/To	urs:		

5.	Organizing	Institution	Details:
----	------------	-------------	----------

MNR dental collège and hospital

- 6. Date & Duration of the Program: 18/06/2021
- 7. Associating Professional Body/Agency: 8. Title of the Paper: on topic of pediatric endodontics
- 9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2,000) -

Membership Fee:

Date:

Signature of staff member:

JAR. Rankander 16 Agir

- 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: DY. Gr Stinivas

2. Designation: Proffessor

3. Department: oral Surgery

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: 18-06-2021

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic of Pedratric Endodontics

9. Financial support particulars

Registration charges: 5001-

Travel Allowance: 2000/-

Membership Fee:

Signature of staff member:

C. Soonius

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Shat



FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Anusha y
2. Designation: Associate projector
3. Department: Orthodonties
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR dental collège and Hospital
6. Date & Duration of the Program: 18 -6 - 2021
7. Associating Professional Body/Agency:
8. Title of the Paper: on the topic of pediatric Endodontic
9. Financial support particulars
Registration charges: 500 -
Travel Allowance: 2000/-

Membership Fee:

Signature of staff member:

- 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 N	1ember:	Dr. Vasudevan SD
2.	Designation:	Professor.	

3. Department: Orthodonics

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

5. Organizing Institution Details:

MINR Dental Collège and Hospital

6. Date & Duration of the Program: 18 6 202

7. Associating Professional Body/Agency:
On the Topic of Paediatric Endedontics
8. Title of the Paper:

9. Financial support particulars

Registration charges: 500/Travel Allowance: 2000/-

Membership Fee:

Signature of staff member:

and.

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

Media

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

M.



FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the St	aff Member:	Dr. H. Sou	mys
2.	Designation:	Assistant	professor	Q

3. Department: Sal sugery

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: 18/6/2021

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic of pediatic endodontics

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Signature of staff member:

JA Sourys

- 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. T.	Roger	faul.
------	---------------------------	--------	-------	-------

2. Designation: Associate professor

3. Department: Oval Surgery

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

5. Organizing Institution Details:

MNR dental collège a hospital

6. Date & Duration of the Program: 18-6-21

7. Associating Professional Body/Agency:

8. Title of the Paper: Topic of Pediahec endodadics

9. Financial support particulars

Registration charges: 5001-

Travel Allowance: 2000 |-

Membership Fee:

Signature of staff member:

Donghaful.

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPI

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. A. Venkata Mahidhan

2. Designation: Associate Professor

3. Department: Oral Surgery

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details: MNR Dental College and Hospitals

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

on the topic of pediatric endodontics 7. Associating Professional Body/Agency:

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: 2000 |-

Membership Fee:

Signature of staff member:

Halls

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



DENTAL COLLEGE & HOSPITAL

Recognized by Govf. of India MH & FW. No: V.12017/5/2019-DE 14.03.2019, Affiliated to Dr.NTR UH5, Vijavawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Lakshmi Bhavya K

2. Designation: ASSISTANT Problemor

3. Department: Conservative

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental conlège & Hospital.

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

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

8. Title of the Paper:

Rediatric endodontes.

9. Financial support particulars

Registration charges: 500 \-

Travel Allowance: 2000 1-

Membership Fee:

Signature of staff member:

K. Lakehni Blangs

- 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. R. Naven Kishore
- 2. Designation: Assistant Professor
- 3. Department: Oral Surgery
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

M.N.R idental Colledge and hospital

- 6. Date & Duration of the Program: 18-6-2021
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: On the topic of paediatric endodontics
- 9. Financial support particulars

Registration charges: 5001-

Travel Allowance: 2000/-

Membership Fee:

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. Vijavawada

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Do. V. Phoni Himaja
2. Designation: redesociate Professor
3. Department: Oval Sugary
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 6 2021
7. Associating Professional Body/Agency:
8. Title of the Paper: on the topic of pediatric and Endodontic
9. Financial support particulars
Registration charges: \$60/-
Travel Allowance: 2000 -
Membership Fee:

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\mathbf{I}	-	4	-	
.,	24		g.a	۰

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15:07:2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:		Dr. A. Rama Krishner	
2.	Designation:	Tutor		

3. Department:

·

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

5. Organizing Institution Details:

Shil Weenkonda Fustibute of Dental Science

- 6. Date & Duration of the Program: 23 -03 2021
- 7. Associating Professional Body/Agency: On the topic Remonable Appliance
 8. Title of the Paper:

 Principly and Practices
- 9. Financial support particulars

Registration charges: 200

Travel Allowance: Rs 1200

Membership Fee:

Signature of staff member:

l. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

QKIVIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Sanjeev Anound

2. Designation: SR Lecturer

3. Department: oral pathology

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

5. Organizing Institution Details:

Amil neerukonda Bristitute q Dental Sciences.

6. Date & Duration of the Program: 23-03-2021.

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic aemovable appliance:

principle & practices

9. Financial support particulars

Registration charges: 2001-

Travel Allowance: 12001-

Membership Fee:

Signature of staff member:

Ahard.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the	Staff Member:	D. M. (Southami	Sai Lakshmi
----	-------------	---------------	---------	----------	-------------

- 2. Designation: Tut &
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Anil Neerukonda Surtitute of David Science

- 6. Date & Duration of the Program: 23 3 2021
- 7. Associating Professional Body/Agency: On the topk removable appliance Principles & practices
- 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: Rs. 200 /-

Travel Allowance: 2, 1200/-

Membership Fee:

Signature of staff member:

M. Gowthami Saiharn

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. P. shiny mountka

2. Designation: St. lecturer

3. Department: endodontics.

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Amil neerykonda Institute of Lental Schences.

6. Date & Duration of the Program: 23 3 2021

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic Removable appliance:
Principle & practices

9. Financial support particulars

Registration charges: 200/_

Travel Allowance: 1200 | -

Membership Fee:

Signature of staff member:

P. Shiny mounika

- 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: DY.K. Krishna Mohan

2. Designation: Reader

3. Department: Endodontics

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: 23 3 202

7. Associating Professional Body/Agency:

on the topic of removable appliance: principle 8. Title of the Paper: and practices

9. Financial support particulars

Registration charges: 2001-

Travel Allowance: 1200 [-

Membership Fee:

Signature of staff members

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. V. Kranthi kumor

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Anii Neevukonda Institute of dental sciences

- 6. Date & Duration of the Program: 23 3 2021
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: On the topic Removable appliance:
 principle & practices

9. Financial support particulars

Registration charges: 2001_

Travel Allowance: 12001-

Membership Fee:

Signature of staff member:

fronth

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014. Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram, E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Sumalatha M. N

Professor 2. Designation:

3. Department: Oral Medicine

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

5. Organizing Institution Details:

And Neeukonda Institute of dental sciences.

23/03/2021 6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

on the topic Removable appliance: Principle and practices. 8. Title of the Paper:

9. Financial support particulars

Registration charges:

200 -

Travel Allowance:

12001-

Membership Fee:

Signature of staff member:

Sunalatha

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



KINS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. y. Chardra Mouli

2. Designation: Senior Lecturer

3. Department: Prosthodontics

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: 23/3/2021
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: On the topic of removable appliance;
 Principle and practices.
- 9. Financial support particulars

Registration charges: 200 |-

Travel Allowance: 1200/-

Membership Fee:

Signature of staff member:

Y. Chandra Mouli

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayowada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Lakshni Bhavya

2. Designation: Sensor Lecturer

3. Department: Endodachics.

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

5. Organizing Institution Details:

Anil neem kanda Erstitute of deutag Sciences.

6. Date & Duration of the Program: 23-03-2021.

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic removable appliance:

9. Financial support particulars

Registration charges: 2001-

Travel Allowance: 1200 |-

Membership Fee:

Signature of staff member:

K. Lakehni Bharya

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKINS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No.-V.12017/2/2014 Dated 15:07.2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. R. Nazen Kishere

2. Designation: In Certurer.

3. Department: Ral Sugary

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: 23 03 2021

7. Associating Professional Body/Agency:

on the topic removable appliance

8. Title of the Paper:

Principles and fractices

9. Financial support particulars

Registration charges: 200 |-

Travel Allowance: 1200 |-

Membership Fee:

Signature of staff member:

RNINE

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

	FINANCIAL SUPPORT REQUEST LETTER
	Name of the Staff Member: Dr. Solidi Weba Venkatesh. Designation: Two
	Department:
	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
	Organizing Institution Details: ANIL NEERUKONDA IBTITUTE OF DENTAL SCIENCES.
6.	Date & Duration of the Program: $23/3/21$
	Associating Professional Body/Agency:
8.	Title of the Paper: Faculty development on TOPic of Financial support particulars Removable appliances
9.	Financial support particulars Removable appliances
	Registration charges: $\sqrt[6]{0}$
	Travel Allowance: 1000 -
	Membership Fee:
	Others (mention):

Date:	
Signature of staff member:	Dr. vent

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Kantipudi Yaonike

2. Designation: Tu tor

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: 23 3 2021

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

8. Title of the Paper: Removable appliances

9. Financial support particulars

Registration charges: 500 | -

Travel Allowance: 1000 \ -

Membership Fee:

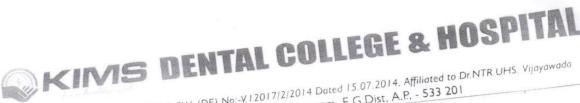
Date:	
Signature of staff memb	per:
	Dr. Tolor

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533 201

FINANCIAL SUPPORT REQUEST LETTER

Dr D. Sama Sownya 1. Name of the Staff Member:

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neenkonda Inhine of Denta Sciences

6. Date & Duration of the Program: 23 3 2021

7. Associating Professional Body/Agency: Faculty development programmes.

8. Title of the Paper: Removable Appliance

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: 10001-

Membership Fee:

Signature of staff member:

D. Soursa.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

DENTAL COLLEGE & HOSPITAL

Permitted by Gavt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the	Staff Member:	DV.	A.	Koma	Krishe
----	-------------	---------------	-----	----	------	--------

- 2. Designation: Tutor
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neenkonda Thinhite Of Dentel Sciences

- 6. Date & Duration of the Program: 23 3 2021)
- 7. Associating Professional Body/Agency: Faculty development on the 8. Title of the Paper: Removable Appliance
- 9. Financial support particulars

Registration charges: 5001-

Travel Allowance: [000] -

Membership Fee:

- 1	1		4	
		9	TE	7.
- 8	,	α		

Signature of staff member:

per:

Pr. Low Kult

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Dr. Jalle · Vi Swanth
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: 23 03 21
	Associating Professional Body/Agency:
8.	Title of the Paper: faculty development on Topic of Remarable Financial support particulars Oppliances.
9.	Financial support particulars Oppliances.
	Registration charges: 500 –
	Travel Allowance: 1000 -
	Membership Fee:
	Others (mention):

Date:	
Signature of staff member:	Dr. Msweath.
l. Recommendations of the H	HOD:

*Sanctioned/ Not Sanctioned:

2. Recommendations of the principal:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijoyawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of	the Staff	Member:	Dr.	Aslick	Kumar	N)
----	---------	-----------	---------	-----	--------	-------	---	---

- 2. Designation: tutor
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil necultonda smetitute q wental sciences.

6. Date & Duration of the Program: 23-03-2221.

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty occulopment programme on the topic

9. Financial support particulars Removable appliances.

Registration charges: 500/-

Travel Allowance: 1000-

Membership Fee:

1	J	0	+	0	
	,	а		C	

Signature of staff member:

Dr Ashole Kenner N

- 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	er: Dy.	D. L.	Venkata	Manogua.

2. Designation: tator

3. Department:

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

5. Organizing Institution Details:

Pristitute of Rental Sciences. Motorikonda MULL

6. Date & Duration of the Program: 23-03-2021.

7. Associating Professional Body/Agency:

Faculty Revelopment programme On the topic 8. Title of the Paper: Removable appliances.

9. Financial support particulars 2401-

> **Registration charges:** 10001-

Travel Allowance:

Membership Fee: Others (mention):

Date:

Signature of staff member:

nember:

N. D. L. Venkata Manogna

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS. Vijoyawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dy. B. lotish

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerakonda Enstitute & pental sciences.

6. Date & Duration of the Program: 23-03-2021.

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development programme on the

9. Financial support particulars topic of Removable appliances.

Registration charges: two

Travel Allowance: 1000-

Membership Fee:

Signature of staff member:

M. B. Satish

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

. Name of the Staff Member:	DA.	W. A. K	· chaitenya
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- 2. Designation: +(14oV)
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Amil necumenda amtitute of Dental Ferences

- 6. Date & Duration of the Program: 23 03 2021
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Faculty development programme on the topic
- 9. Financial support particulars & demovable appliances.

Registration charges: 500 |-

Travel Allowance: 1001-

Membership Fee:

Signature of staff member:

Dr.M.r.K. charternyo

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

bolen:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	De.	Y Positha.
2.	Designation: Tutor		

- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Ani Neenukanda institute of pental sciences

0 1 1

	Date & Duration of the Program:					
7.	Associating Professional Body/Agenc	ey:	faculty	tomargaland	m	top

8. Title of the Paper: Removable appliance.

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: 1006 |-

Membership Fee:

Signature of staff member:

Dr. N. bookspa

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Dr. M. vijaya Bhaskan reddy.
2.	Designation: Tutor
3.	Department:
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Opil neerukonda institute of Dental Sciences

6. Date & Duration of the Program: 23/3/31

7. Associating Professional Body/Agency: Faculty development on the topo

8. Title of the Paper: Removable appliances.

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: 1000 |

Membership Fee:

Signature of staff member:

Dr Waya Bhaskand

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIVIS DENTAL COLLEGE & HOSPITAL

1

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Or M. K. Sumattu
2. Designation: Reader
3. Department: Oral pattology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Neerukonde Sustitute q Dental Sciences
6. Date & Duration of the Program:
7. Associating Professional Body/Agency: 8. Title of the Paper: Cu the topic dental writing, local anesthetic technique, sulture of sulture technique. 9. Financial support particulars
Registration charges: 300/_
Travel Allowance: 200/_
Membership Fee:
Others (mention):

Signature of staff member:

A. Sunsala.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Sajan Anand, G

2. Designation: Oral Surgery Reader

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 Sciences

- 6. Date & Duration of the Program: 25 5 2021
- 7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic dentar writing, Locar
Anathetic technique & Suture technique

9. Financial support particulars

Registration charges: 300 |-

Travel Allowance: 1200 |-

Membership Fee:

Signature of staff member:

Sagara Drand.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

AL COLLEGE & HOSP

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr. Bhanu	Chandar D
1.	Name of the Staff Member.	J. D. Gevere	

2. Designation: Sensor Leuturer

3. Department: Prostundantes

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

5. Organizing Institution Details:

Anil neem konda justitude of deutal Corences

6. Date & Duration of the Program: 25-05-2021

7. Associating Professional Body/Agency:

8. Title of the Paper: On the topic dental only, local anestheir 9. Financial support particulars

Registration charges: 3001-

Travel Allowance: 12001-

Membership Fee:

Signature of staff member:

Bhan Candan

- 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: DY U Roweeva
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 Enstitute of deutal sciences
And Bustitute
6. Date & Duration of the Program: 25-05-2021,
7. Associating Professional Body/Agency:
8. Title of the Paper: on the topic devial writing, Local Anosthetic technique & suture technique
9. Financial support particulars
Registration charges: 300[_
Travel Allowance: 1200 [-
Membership Fee:

Signature of staff member:

O. Pavena)

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

- Sheet

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Seonor Lecturer

3. Department: prosthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Meerikonda Institute of dental Eierces

6. Date & Duration of the Program: 25/21

7. Associating Professional Body/Agency:

en the topic deutal writing, local-Anetherique technique, suture & suture technique

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300

Travel Allowance: 1,200 |-

Membership Fee:

Signature of staff member:

K. Verkatesh.

- 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 A. Anusha
2. Designation: TUTOY
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Neerulconda Institute of Dental Sciences
6. Date & Duration of the Program: 25 5 2021
7. Associating Professional Body/Agency:
8. Title of the Paper: On the topic dental Wriking, bo cal 9. Financial support particulars mehgue & Sulvet echnique
9. Financial support particulars
Registration charges: 300
Travel Allowance: 2,00 / -
Membership Fee:

Signature of staff member:

A. Anusha

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

and .

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

11 1 8 2 7 1 1 1 201
1. Name of the Staff Member: Dr. Saudhya changan Jadhar
2. Designation: Reader
3. Department: orthodonting
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Anil Neerulcorda Priktute of deutal sciences
6. Date & Duration of the Program: 25 5 20 21
7. Associating Professional Body/Agency: 8. Title of the Paper: M the topic deutal writing, local- Anuthine technique, Inline & subme technique. 9. Financial support particulars
Registration charges: 300 -
Travel Allowance: 1200
Membership Fee:
Others (mention):

Signature of staff member:

Sandhya changan rao gadhir

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

men

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the St	aff Member:	D8. NVSN	Raju	Tampana.		
2.	Designation:	Readen					
3.	Department:	prosthodo	Hics.				
	4. Conference/ Membership Fee/ Workshop I FDP I Seminar I						
	Training/Indu	strial Visit/T	ours:				

5. Organizing Institution Details:

anil Newwooda institute of Dental sciences

6. Date & Duration of the Program: 25 | 5 | 2021

7. Associating Professional Body/Agency: on the topic dental writing, welconesthetic technique, 8. Title of the Paper: Suture & suture technique

9. Financial support particulars

Registration charges: 300\-

Travel Allowance: 1200 |-

Membership Fee:

Signature of staff member:

Jun 1999

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:			Dr. Naren kishole
2.	Designation:	Sr.	lectures	

3. Department: Oral Surgery

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

5. Organizing Institution Details:

Anil Neeukonda Institute of Deutal sciences

1

6. Date & Duration of the Program: 25/5/2021

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic dental withing local anisthetic technique, suture distinct technique

9. Financial support particulars

Registration charges: 300)-

Travel Allowance: 200 -

Membership Fee:

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- 8	- 8	2	8	я	6	.2	•

Signature of staff member:

AN WAS

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. m. vimala sai
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:
Anil neerukonda Institute of pental sciences
6. Date & Duration of the Program: 25/5/2021
7. Associating Professional Body/Agency: on the topic dental writing 8. Title of the Paper: Local Arresthetic technique & suture
8. Title of the Paper: Local Anes Hetic Fechnique & suture
9. Financial support particulars +echnique
Registration charges: 300/-
Travel Allowance: 1200 -

Membership Fee:

Signature of staff member:

I. Recommendations of the HOD:

M. Vimaladai

2. Recommendations of the principal:

and a

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKINIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No.-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DR · C·M·R · RIZWANULLA
2. Designation: SR Lecturel
3. Department: Plosthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil pressuronda institute of dental sciences
6. Date & Duration of the Program: 23 3 20 21
7. Associating Professional Body/Agency:
8. Title of the Paper: on the topic Removable appliance:
9. Financial support particulars
Registration charges: 200/_
Registration charges: 200/_ Travel Allowance: 1200/_

Membership Fee:

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1	J	6	ι	ı	v	4

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WIVIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: De Lakehmi Manikonta Mayale
2. Designation: Recodes
3. Department: One Surgery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Godavaei Institution Détails:
6. Date & Duration of the Program: 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
7. Associating Professional Body/Agency:
8. Title of the Paper: Obserbored of Eleverance in Medical
9. Financial support particulars
9. Financial support particulars
Registration charges: 500
Travel Allowance:
Membership Fee:
Others (mention):

Signature of staff member:

haled Marker ray &

- 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. A. Lakshmi	sailaja	
----	---------	-------------------	----------------	---------	--

- 2. Designation: Assitant Professor
- 3. Department: Prosthodontics
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Crodavan institute of Engineering and technology

- 6. Date & Duration of the Program: 25/2/21 to 27/2/21
- 7. Associating Professional Body/Agency:

Paculty development Programme on the topic

8. Title of the Paper:

Development of E- Governance rollware

9. Financial support particulars

for medical beld.

Registration charges:

Travel Allowance: Rs 1000 |-

Membership Fee:

Date: 18/2/21

Signature of staff member:

Dr. A. Lakshmi Sailaja.

- 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	M.	Urmala	Eai

2. Designation: Assistant Professor

Prosthodontics 3. Department:

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

5. Organizing Institution Details:

Godavare Institute of Engeneering and Technology

6. Date & Duration of the Program: 25-2-21 to 27-2-21

7. Associating Professional Body/Agency:

Faculty Development Programme on the Topic Development of E-Governance Software for 8. Title of the Paper:

9. Financial support particulars

Registration charges:

Travel Allowance:

R, 10001-

Membership Fee:

18-2-21

Signature of staff member:

Dr. M. Vimala Sai

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

	TAT TO AT A DO DE LA COLLEGIA DEL COLLEGIA DEL COLLEGIA DE LA COLL
1.	Name of the Staff Member: Or Jyothi Atla
2.	Designation: Reader
3.	Designation: Reader Department: Prosthodonticy
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details: Godavaer Justitute of Engineering & Technology
6.	Date & Duration of the Program: 25 2 2 31 - 27 2 21
7.	Associating Professional Body/Agency: Faculty development programm on the topic
8.	Title of the Paper: development of E-Governance & medecal
	Financial support particulars
Re	egistration charges: 💴 –
Tr	avel Allowance: 1000

Membership Fee:

1	J	0	4	0	
- 8	J	21		10	-

Signature of staff member:

Dr. Tyothi

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Or K. Tagadee h
2.	Designation: Reader
3.	Department: Prosthodonkey
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details: Godovan Institute of Engineering & Teel
6.	Date & Duration of the Program: $2 \le 2 2 -2 + 2 2 $
7.	Associating Professional Body/Agency: faculty development programme onth topic
	Title of the Paper: development of F-Governance a medicul Financial support particulars Financial support particulars
9.	Financial support particulars Jeles
R	egistration charges:
Tı	ravel Allowance:
M	embership Fee:
0	thers (mention):

13	-		4		
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- 3	,	a	π	C	٠

Signature of staff member:

Dr. Jagadesh.

- 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. M. Chaitanya
2.	Designation: Appositute Professor
3.	Department: Conpenative
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	Godavasii Pretitute of Engineering and Technology
6.	Date & Duration of the Program:
7.	Associating Professional Body/Agency: Faculty development programme on the topic
8.	Associating Professional Body/Agency: Faculty development programme on the topic Title of the Paper: Ocuelopment of E- Governance Software Financial support particulars For medical field
9.	Financial support particulars for medical field
Re	gistration charges: 500/-
Γra	avel Allowance: 1000/-
Me	embership Fee:

В.	*		1			
		67	*	d	¥	9
E.	,	а	E	٤		

Signature of staff member: Dr. Chaitanya

- 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: Dr. Akula Fejawini
2. Designation: Resolver Sr lecturer
3. Department: Con pervalène
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Godavasi inetilité of Engineering and Technology
6. Date & Duration of the Program:
7. Associating Professional Body/Agency: Faculty development programme on the topic
7. Associating Professional Body/Agency: Faculty development programme on the topic 8. Title of the Paper: Development of E- Governonce Softwar
9. Financial support particulars
Registration charges:
Travel Allowance:
Membership Fee:
Others (mention):

	-				
- 8	1	0	ŧ	0	4
- 8	,	41			

Signature of staff member: Dr. Tejawini

- 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. Subha Deshpande

2. Designation: Associate professor

3. Department: prostho dontion

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: 25-02-21 to 27-02-21

7. Associating Professional Body/Agency:

8. Title of the Paper: faculty Development programme on the To pic

Development of 6. Governance Software formulical field

9. Financial support particulars

Registration charges:

Travel Allowance: RS 10001-

Membership Fee:

Date: 17-2-21

Signature of staff member:

Dr. Subhadeshpande

- 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 Sunut kunce Shown
2.	Designation: Professor and HOD
3.	Department: Prostho dontes
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	Godavari anstitute of Engineering and technology
6.	Date & Duration of the Program: 25-02-21 to 27-2-21
7.8.9.	Associating Professional Body/Agency: Faculty Development Programme on the Topic Title of the Paper: Development of E-Govergnance Software for Financial support particulars Medical Field
	gistration charges:
Tra	ivel Allowance: Ls · 1000 [-
Me	embership Fee:

Date: 17-2-21

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

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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. K. Jyothsna

2. Designation: Assistant professor

3. Department: Consciuative dentity & Endodonticy

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavasi Enstitute of Engineering and technology

6. Date & Duration of the Program: 25 2 21 -to 27 21

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

8. Title of the Paper: Development of E-Governence software

9. Financial support particulars for medical field

Registration charges: 500 |-

Travel Allowance: 1000 |-

Membership Fee:

Signature of staff member:

ar. of themes.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Lartheel
2. Designation: Mader
3. Department: Oral pathology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Lenora institute of dental Sciences
6. Date & Duration of the Program: 23 3 2
7. Associating Professional Body/Agency: Jacolly development programon the typic 8. Title of the Paper: CAD (App
CAD CAM
9. Financial support particulars
Registration charges: 300
Travel Allowance: 500

Membership Fee:

Signature of staff member:

R. G. Vanthard.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIVIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014. Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. R. Waren frichon
2. Designation: R. Lecture
3. Department: Ord Surgery
4. Conference/ Membership Fee Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Lenora chilitate of dental Sciences
6. Date & Duration of the Program: 22 3 2
7. Associating Professional Body/Agency: Sociating Professional Body/Agency: Congramme on the topic 8. Title of the Paper:
8. Title of the Paper:
9. Financial support particulars
Registration charges: 300/_
Travel Allowance:

Membership Fee:

Signature of staff member:

Q. 12. W. D.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIVIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014. Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dro k. ekarlinka
2. Designation: So lectures
3. Department: orthodorties
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: lenora enstitute of dental Sciences
6. Date & Duration of the Program: 23/3/21
7. Associating Professional Body/Agency: Sociating Professional Body/Agency: Sociat
Registration charges: 300/-
Travel Allowance: 500/-

Membership Fee:

Date:	
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. Sajon Arard. 6
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: Lenora Pribalit of dental Sciences
6. Date & Duration of the Program: 23 3 21
7. Associating Professional Body/Agency: - faculty development programm on the top
9. Financial support particulars
Registration charges: 300
Travel Allowance: 500

Membership Fee:

Signature of staff member:

G. Sajon Anard

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

THANCIAL SUFFORT REQUEST LETTER
1. Name of the Staff Member: Dr. Vasudevan SD
2. Designation: Proffesor
3. Department: Onhodontica
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Lenoro Étilitule of dental sciences
6. Date & Duration of the Program: 27/2/21
7. Associating Professional Body/Agency: faculty development program on the spice 8. Title of the Paper: (AD (AN) 9. Financial support particulars
Registration charges: 760
Travel Allowance: 500/_
Membership Fee:

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Vasudeen-SD

- 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: pr Ch. pavankumar

2. Designation: In Lecturer

3. Department: Orthodortice

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

5. Organizing Institution Details:

denora Enchante of dental science,

6. Date & Duration of the Program: 23/3/21

7. Associating Professional Body/Agency:

Faculty development programm on the topic

8. Title of the Paper:

CAD CAM

9. Financial support particulars

Registration charges: 300/

Travel Allowance: 500

Membership Fee:

Signature of staff member:

Pavon

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

AL COLLEGE & HOSPIT

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr.	G.R.	Ravcendra	Varma
------------------------------	-----	------	-----------	-------

2. Designation: Sr lecturer

3. Department: Orthodontice

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

5. Organizing Institution Details:

Lenora Prutitute of dental Science

6. Date & Duration of the Program: 23/3/21

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

8. Title of the Paper:

CAD- CAM

9. Financial support particulars

Registration charges: 3004

Travel Allowance: 500/-

Membership Fee:

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Loupea

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr.	Rapin dumar	Chowdhury
------------------------------	-----	-------------	-----------

2. Designation: gr. Leclure

3. Department: Oral Rurgery

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

5. Organizing Institution Details:

denoro institute of dentalsciones

6. Date & Duration of the Program: 25 12

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

8. Title of the Paper:

(AD -CAM

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 2001-

Membership Fee:

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL CHIDDODT DECHEST LETTED

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: D. Sri Mounka
2. Designation: So lecturer.
3. Department: Orthodonties
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
6. Date & Duration of the Program: 23/3/2)
7. Associating Professional Body/Agency: Laculty development programme on topic CAO-CAN 8. Title of the Paper:
9. Financial support particulars
Registration charges: 300/-
Travel Allowance: 500] -

Membership Fee:

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Dr. Mounika.

- 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. O. Sreedhag.
	0.00	

2. Designation: Proffessor.

3. Department: Oval pathology

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

5. Organizing Institution Details: lenora institute of dental Science

6. Date & Duration of the Program: 23/3/2)

7. Associating Professional Body/Agency:

faculty development programme on the topic

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Signature of staff member:

Sneigh

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

QKINIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Di Anusha. Y
2. Designation: Reader
3. Department: Orthodonlice
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Lenoro enstitute of dental sciences
6. Date & Duration of the Program: 21 1/21
7. Associating Professional Body/Agency: Sawty Newclopert program on the Hopis 8. Title of the Paper:
8. Title of the Paper: (AO CAM)
9. Financial support particulars
Registration charges: 300L
Travel Allowance: 100/_

Membership Fee:

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Signature of staff member: Dn. Anulya

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL CUIDDODE DECI

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr Sai Harcha Yelchusu 2. Designation: Reader
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Lenora Enstitute of dental Sciences
6. Date & Duration of the Program: 23 3 3
7. Associating Professional Body/Agency: Jaculty development Programm on the topic 8. Title of the Paper: CAD CAM 9. Financial support particulars
Registration charges: 200/_
Travel Allowance: 500
Membership Fee:

Signature of staff member:

Y. Sri Hark.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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Permitted by Govt. of India MH & FW. (DE) No:-V12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	Lakshmi	Manikanta	Noyak.
2.	Designation: Putol				
3.	Department:				

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR's Lenora Institution of Deutal Sciences

- 6. Date & Duration of the Program: 23/3/21
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Workshop on topic CAD-CAM
- 9. Financial support particulars

Registration charges: Re-300/-

Travel Allowance: Rg. 700/-

Membership Fee:
Others (mention):

Signature of staff member:

Marulanta

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15 07.2014. Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Or Sumut Kumar Sharma

2. Designation: Professor

Prosthodontica 3. Department:

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

5. Organizing Institution Details:

KLRS Lenoranentitule of Wental Science

22 3 21 6. Date & Duration of the Program:

7. Associating Professional Body/Agency: Horkshop on topic

CAD-CAM 8. Title of the Paper:

9. Financial support particulars

Registration charges: 300(_

Travel Allowance: 2001

Membership Fee:

Others (mention):

Date:

Signature of staff member:

Surrect Drawn

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Permitted by Govt. of India MH & FW. (DE) No:-V12017/2/2014 Dated 15 07 2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Jyothi Atla

2. Designation: Tutox

3. Department:

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: 23/2/21

7. Associating Professional Body/Agency:

morrapos antopic

8. Title of the Paper:

CAO - CAM

9. Financial support particulars

Registration charges: 300 |-

Travel Allowance:

5001-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

Tyothi atla

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15:07:2014, Affiliated to Dr.NTR UHS. Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr Subha Deshpande

2. Designation: Tutor

3. Department: Prosthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KIRS lenora Institute of dental science

6. Date & Duration of the Program: 23/3/21

7. Associating Professional Body/Agency:

workshop on topic cap-cam

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

	Membership Fee:
	Others (mention):
Date:	

Deshpardo

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533 201

FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. Ch. Naga Veera Satya
- 2. Designation: Tutor
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Virkhou dental College

- 6. Date & Duration of the Program: 21 4 21
- 7. Associating Professional Body/Agency: Morkshop on
- 8. Title of the Paper: Cortico Garal Proplants
- 9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 1002

Membership Fee:

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Ol- Mirari

- 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:

2. Designation:

3. Department:

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
6. Date & Duration of the Program:
7. Associating Professional Body/Agency:
8. Title of the Paper:
9. Financial support particulars
Registration charges:
Travel Allowance:
Membership Fee:
Others (mention):

Date:
Signature of staff member:
I. Recommendations of the HOD:
2. Recommendations of the principal:
*Sanctioned/ Not Sanctioned:
Processed by
Accountant:
Date:

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Sudhendra Dech pande
2. Designation: Professor
3. Department: Concernative
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Vishou dental college and hospital
6. Date & Duration of the Program: 21 [4]21
7. Associating Professional Body/Agency: faculty development programm on topic 8. Title of the Paper:
8. Title of the Paper: Cortico Rapal Proplant
9. Financial support particulars
Registration charges: 500/_
Travel Allowance: 5001_

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. A. LAKSHMI SALLAJA

2. Designation: Sr. LECTURER

3. Department: DR OSTHODONITICS

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

5. Organizing Institution Details:

VISTINO DENTAL COLLEGE AND HOLDITAL

6. Date & Duration of the Program: 21/4/2021

7. Associating Professional Body/Agency:

ON THE TOPIC OF CORTILO BASAL IMPLATS 8. Title of the Paper:

9. Financial support particulars

500 F Registration charges:

Travel Allowance: 500

Membership Fee:

Signature of staff member:

A. L. Sailaja

- 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: or M. Vinale Sai

2. Designation: St. lietures

3. Department: Masthadonlies

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

5. Organizing Institution Details:

Vishnu dental college & Hamilal

6. Date & Duration of the Program: 21/4/2021

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic of contico borsal emplain

9. Financial support particulars

Registration charges: 500

Travel Allowance: 500

Membership Fee:

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Vanala Sai

- 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.	Y ch	handraM	ouli
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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 Dental college and Hospital

6. Date & Duration of the Program: 21 4 200

7. Associating Professional Body/Agency:
8. Title of the Paper: On the topic of Cortico Basal Implants

9. Financial support particulars

Registration charges: 500

Travel Allowance: 5001-

Membership Fee:

Signature of staff member:

Chandra Mouli

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Bhanuthandor D

2. Designation: gr. Lecturer

3. Department: prosthodoutil)

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: 21/4/21

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic of cortico Basal Implant

9. Financial support particulars

Registration charges: 500+

Travel Allowance: 500

Membership Fee:

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v	u	ι		

Signature of staff member:

D. Bhannchandas.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: S. kurrara Ragu kurapatt

2. Designation: gr . Lecturer

3. Department: prosthodontics

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

5. Organizing Institution Details:

vishnu dental college & Hospital

6. Date & Duration of the Program: 21 14 2001

7. Associating Professional Body/Agency:

8. Title of the Paper: on the topic of cortico Basal Implants

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 5001-

Membership Fee:

Signature of staff member:

StummaPayy

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

.

Others (mention):

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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Or . p. Shanmukh Ram
2. Designation: Sr decture
3. Department: Convenuative
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Vienne dental College & hospital
6. Date & Duration of the Program: 21 4121
7. Associating Professional Body/Agency:
8. Title of the Paper: Cortico Gasal Emplanti
9. Financial support particulars
Registration charges: 300/_
Travel Allowance: (00)_
Membership Fee:

Signature of staff member:

J. Shanmullh Parm

- 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: Or Anuh dural

2. Designation: Rade

3. Department: conservative

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

5. Organizing Institution Details:

Withou dental college & Roystel

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

7. Associating Professional Body/Agency: faculty developmed programs on-topic

8. Title of the Paper: Cortio bound Porplant

9. Financial support particulars

Registration charges: 500-

Travel Allowance: 500]_

Membership Fee:

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-1		-	4	-	
-		21		42	۰

Signature of staff member:

At.

- 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

. Name of the Staff Member:	Dr.	K.	Kalihra	Mohan
-----------------------------	-----	----	---------	-------

2. Designation: Reader

consenative 3. Department:

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

5. Organizing Institution Details:

Withru dental college and hospital

6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

faulty development programme on the topic

8. Title of the Paper:

Costico boual emplants

9. Financial support particulars

Registration charges:

Travel Allowance: -1002

Membership Fee:

Signature of staff member:

K. Krishallahass.

- 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. P. Shiny Mounita.

2. Designation:

Sr-Lect urer.

3. Department:

Conservative

and Endodonties

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

coilege and Hospital Vishny Dental

6. Date & Duration of the Program: 21- 4- 20 と

7. Associating Professional Body/Agency:

faculty Development Programme on the Copic Corrico Basal Implant

8. Title of the Paper:

9. Financial support particulars

Registration charges:

500 1-

Travel Allowance:

2000 F

Membership Fee:

Signature of staff member:

D. Shirmy Nounika

- 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 CMR. 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:

Vishou dental college and + lospital

- 6. Date & Duration of the Program: 21/4/2021
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: on the topic of cortico Basal Implant
- 9. Financial support particulars

Registration charges: 500 f-

Travel Allowance: 500/-

Membership Fee:

1	_	1		
	•	т	a	٠

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	t. Saceha
----	---------------------------	-----	-----------

- 2. Designation: Reader
- 3. Department: Conjunctive
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Vishow dental College and hospital

- 6. Date & Duration of the Program: 21 4 21
- 7. Associating Professional Body/Agency: faculty development programm on topic
- 8. Title of the Paper: Cortus baral Emplont
- 9. Financial support particulars

Registration charges: 300/

Travel Allowance: Too

Membership Fee:

Signature of staff member:

Dr. C. Greek

- 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:	DrP	Dedipya	hayatri
------------------------------	-----	---------	---------

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

6. Date & Duration of the Program: 24421

7. Associating Professional Body/Agency:

8. Title of the Paper:

workshop on contro basal Implants

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 500/-

Membership Fee:

Date:			
	C		
Signature of staf	i member:		

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr.	Prameda.	۲.,
------------------------------	-----	----------	-----

- 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

- 6. Date & Duration of the Program: 21/4/21
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Walkshop on Cortico-Pasal Omplants.
- 9. Financial support particulars

Registration charges: £3. 500/-

Travel Allowance: Rs. 500/-

Membership Fee:

-					
	1	a	4	-	
	,	4		e	:

Signature of staff member:

& Ramela

- 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.	Revu	Stinians
----	---------	-----------	---------	-----	------	----------

- 2. Designation: Tutor.
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Vishny dental college

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

7. Associating Professional Body/Agency:

8. Title of the Paper:

workshop on cortico baral implants

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 500 -

Membership Fee:

Signature of staff member:

Rease of monay

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. N	Same of the Staff Member: Phow Thou
2. D	Designation: Qeoder
3. D	Department: Oral Surgery
4. (Conference/ Membership Fee/ Workshop I FDP I Seminar I
Τ	Training/Industrial Visit/Tours:
5. (Organizing Institution Details: ATMNR Dental collège and Hospital
	Date & Duration of the Program: W-9-20 LO
7. A	Associating Professional Body/Agency: Faculty Development on the Copic of CBCL,

9. Financial support particulars

Registration charges: 500

Travel Allowance: 2000 /

Membership Fee:

Signature of staff member:

V. Tham Dronds

- 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. M. chartanya
----	---------------------------	------------------

- 2. Designation: Tutox
- 3. Department:
- 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: 12/9/2020
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Workshop on topic CECT
- 9. Financial support particulars

Registration charges: 25500 | _

Travel Allowance: Rs. 2000 |-

Membership Fee:

Date:	
Signature	of staff member:
	. pastaingo

- 1. 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: DrD Lakshmi Sowianya
- 2. Designation: Tutor
- 3. Department:

- 120

- 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: 12/9/2020
- 7. Associating Professional Body/Agency:

workshop on topic CBCT

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

Registration charges: 500/-

Travel Allowance: Rs-2000/-

	Membership Fee:
	Others (mention):
Date:	Sowjarys
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:	Dr.	K.	Tyothena
------------------------------	-----	----	----------

2. Designation: Tuta

3. Department:

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: 12/9/2020

7. Associating Professional Body/Agency:

8. Title of the Paper: Walkshop on topor CBCT

9. Financial support particulars

Registration charges: R. 500/-

Travel Allowance: Rs. 2000/-

Membership Fee:

-1	1	0	4	^	
J	J	а	ι	u	ì

Signature of staff member:

Tojothena

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr. Akula-tejashini
------------------------------	---------------------

2. Designation: Two

3. Department:

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: 12/9/2020

7. Associating Professional Body/Agency:

Workshop on topic

8. Title of the Paper:

CBCT

9. Financial support particulars

Registration charges: 500|-

Travel Allowance: 2000 |_

Membership Fee:

Signature of staff member:

A. Tejenavii

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: De Name of the Staff Member:
2.	Designation: gr. Le etcerer
3.	Department: Oral Surgery
	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	-Atride Denial Collège d'Hospiral
	Date & Duration of the Program: 12-9-20 10
7.	Associating Professional Body/Agency: Faculty Development Tille of the Paper:
	Financial support particulars
	Registration charges: 500
	Travel Allowance: 2000 L

Membership Fee:

Signature of staff member:

RN WE

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WKIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: In A Venkata Makedhar
2. Designation: Leadu
2. Designation: Readu 3. Department: Val Sugur
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Stylle Dental Lollege of Hospital
6. Date & Duration of the Program: 12 -9 - 20 20
7. Associating Professional Body/Agency: Foculty Levelopenet plagement on the topic CBCT. 8. Title of the Paper:
9. Financial support particulars
Registration charges: 500

Travel Allowance: 2000 F

Membership Fee:

Signature of staff member:

A Valed. Melle

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Direct

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FINANCIAL SUPPORT REQUEST LETTER

Dr. Sajan Anand G. 1. Name of the Staff Member:

2. Designation:

Sr. Lecturer

3. Department:

Oval Gurgery

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Dental college and Hospital ATMNR

6. Date & Duration of the Program:

12-9-2020

7. Associating Professional Body/Agency: Faculty Development

programme

CBIT .

8. Title of the Paper:

9. Financial support particulars

Registration charges:

5001-

Travel Allowance:

20001-

Membership Fee:

Signature of staff member: Dr. Sajan Anand G

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

Signature of staff member:

Dr. Showik chowdary.

- 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. P.Shanmukh	Ram	
2	Designation:	Srilactu	rer		

Conservative and Endodontics 3. Department:

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

5. Organizing Institution Details:

ATMMR Deptal college and Haspital

6. Date & Duration of the Program: 19-6-9050

7. Associating Professional Body/Agency: Foculty Development programme on the topic of CBCT
8. Title of the Paper:

9. Financial support particulars

500/-2000/-Registration charges:

Travel Allowance:

Membership Fee:

Signature of staff member:

Dr. P. Shannukho ran.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr - 5 South Dev

2. Designation: Sor Lecture

3. Department: oral Sugary

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MWL bertal vollege end tempiral

6. Date & Duration of the Program: 2020

7. Associating Professional Body/Agency: taeuty ocyclopment

8. Title of the Paper: on the topic cb 17

9. Financial support particulars

Registration charges: 500 (-

Travel Allowance: 2000 |

Membership Fee:

Signature of staff member:

Dr. S. Daritha Deup

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

RIVIS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533.201

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DR. PAJIV KUMAR (HOWOHURY

2. Designation: SP. LECTUREF.

3. Department: ORAL SURGERY

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

5. Organizing Institution Details:

IMME DENTAL COLCEGE AND HOIPITAL

6. Date & Duration of the Program: 2-9-2020

7. Associating Professional Body/Agency: FACULTY DEVELOPMENT PROGRAMME ON THE TUPIC CBET.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500 |-

Travel Allowance: 2000 F

Membership Fee:

1	L.P		4		
	1 9	• 3	Ŧ	60	٠
	_	6.8	· t	S.	

Signature of staff member:
Dr. Rajiv Kumar Chowdhury

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

CHAINS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P., - 533 201

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of	the	Staff	Member:	Ds.	V	asudevan	SD
----	---------	-----	-------	---------	-----	---	----------	----

2. Designation: Projessor

3. Department: Orthodo rice

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

5. Organizing Institution Details:

MNR DENTAC corrège and trospital

6. Date & Duration of the Program: Q-9-20 20

7. Associating Professional Body/Agency: Faculty Developming programme

8. Title of the Paper: On the topk (BCT

9. Financial support particulars

Registration charges: 500/

Travel Allowance: 2 000/-

Membership Fee:

Т	ď	0	#	Ω	4
	,	71			

Signature of staff member:

Dr. Varudevan SD

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Anusha Y.

2. Designation: Sr. Lecturer

3. Department: Orthodontic

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental collège and Hospital

6. Date & Duration of the Program: 12-9-2020

7. Associating Professional Body/Agency:

8. Title of the Paper: the topic (BLT.

9. Financial support particulars

Registration charges: 500 F

Travel Allowance: 2000

Membership Fee:

Signature of staff member:

Y. Amy

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: De Sandlega Chhergencao
	Name of the Staff Member: De Sandheja Chhergeneas Designation: Readle Fadhar
3.	Department:
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	MNR Denter College and flospild
6.	Date & Duration of the Program: Q-9-2020 -
7.	Associating Professional Body/Agency: Faculty Development
8.	Associating Professional Body/Agency: Lecutly Leculopung Dograme On the - Egite CBCT.
9,	Financial support particulars
	Registration charges: 500
	Travel Allowance: 2000
	Membership Fee:
	Others (mention):

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н	ď	63	ta	0
я	,	41	LC	

Signature of staff member: Dn. Sardhya

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIVIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. 6 rinivas

2. Designation: Propesor

3. Department: Oral surgery

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

AtiMAR Dental college and Hopoital

6. Date & Duration of the Program: Q-1 -20 40

7. Associating Professional Body/Agency: Faculty Development programme on

8. Title of the Paper:

9. Financial support particulars

Registration charges: 5001-

Travel Allowance: 2001

Membership Fee:

Signature of staff member:

Dr. G. Srinivas

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant: