

**LIST OF FACULTY PROVIDED WITH FINANCIAL SUPPORT TO ATTEND  
CONFERENCES/WORKSHOPS AND TOWARDS MEMBERSHIP FEE OF  
PROFESSIONAL BODIES FOR THE ACADEMIC YEAR 2018-19**

<b>SNO</b>	<b>NAME OF THE FACULTY</b>
1.	DR E SRI BABU
2.	DR SIDHARTH S P BEHERA
3.	DR SUBHA DESHPANDE
4.	DR PAVAN PREETHAM
5.	DR ANANT GAUTAM
6.	DR SUDHINDRA DESHPANDE
7.	DR T VENU GOPAL
8.	DR K KRISHNA MOHAN
9.	DR K SREEHA
10.	DR N ANGEL BHAGYA
11.	DR K GIRISH KUMAR
12.	DR NATRAJ B
13.	DR M CHAITANYA
14.	DR V PHANI HIMAJA
15.	DR R NAREN KISHORE

16.	DR SAJAN ANAND G
17.	DR SANDHYA CHHAGANRAO JADHAV
18.	DR CH PAVAN KUMAR
19.	DR ANUSHA Y
20.	DR G R RAVEENDRA VARMA
21.	DR K EKAVENIKA
22.	DR.M.K.SUMATHI
23.	DR.G.KARTHEEK
24.	DR.G.SANJEEV ANAND
25.	DR.V.SHIVA KUMAR
26.	DR.K.PRUDHVI
27.	DR K RAJAVARDHAN
28.	DR.KONADALA RAO BODDEDA
29.	DR.G.PUJA DEVI
30.	DR.ARAVINDHAN KARUNAKARAN
31.	DR.RAMA SHARMA
32.	DR.P.MANIKYA DEEPA
33.	DR.K.PRASANNA JYOTHI
34.	DR.K.V.R.SUSHMA
35.	DR.KIRAN KUMAR.V
36.	DR.SALADI VEERA VENKATESH
37.	DR.M.VIJAYA BHASKAR REDDY
38.	DR.RUPAVATHI VENKATESH NAIK
39.	DR J HARI PRASAD NAIK



40.	DR RUCHIRA G
41.	DR B SATISH
42.	DR RAJIV
43.	DR B HARSHA
44.	DR G MANJUNATH
45.	DR.A.RAMA KRISHNA
46.	DR CH RAMA LAKSHMI
47.	DR CH NAGA RAJU
48.	DR REVU SRINIVAS
49.	DR M V K CHAITANYA
50.	DR S KARTHIKEYAN
51.	DR.B.SANKEERTI MALA
52.	DR.V.AKHILA
53.	DR.V.KRANTI KUMAR
54.	DR.CH NAGA VEERA SATYA SIVANI
55.	DR ANIL PRASAD Y
56.	DR.JALLI VISWANATH
57.	DR.KAPPALA MOUNIKA
58.	DR.POORNA BHARGAVI D
59.	DR.A.RAMA KRISHNA

  
 PRINCIPAL  
 PRINCIPAL  
 KIMS DENTAL COLLEGE  
 & HOSPITAL  
 AMALAPURAM-E.G.D.L.A.P



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No-V/2017/2/2014 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. Vijaya Bhaskar Reddy
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Lenora Institute of Dental Sciences
6. Date & Duration of the Program: 12/01/19
7. Associating Professional Body/Agency:  
Faculty Development Programme on topic
8. Title of the Paper:  
Recent Advances in Biopsy
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 500/-  
Membership Fee:  
Others (mention):

**Date:**

**Signature of staff member:**

*Bhaskar Steady*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *unlabeled*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. K. Krishna Mohan
2. Designation: Reader
3. Department: Endodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of Dental Science

6. Date & Duration of the Program: 12/5/2019

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on Topic  
Recent Advances in Biopsy

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**



**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. Kishan Kumar .V

2. Designation:

3. Department: Tuta

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Londa institute of Dental sciences

6. Date & Duration of the Program: 12/5/2019

7. Associating Professional Body/Agency:

Faculty development programme on topic

8. Title of the Paper:

Recent advances in biopsy

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 300/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Kirabhus*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Wahid*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. P. Manikya Dreda.

2. Designation: Tutor.

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of Dental Science.

6. Date & Duration of the Program: 12/5/2019.

7. Associating Professional Body/Agency:

Faculty development Programme on Topic.

8. Title of the Paper: Recent Advances in biopsy.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**

Marik

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Wahid*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. Sudhendra Deshpande

2. Designation: Professor

3. Department: Endodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of Dental sciences

6. Date & Duration of the Program: 12-5-2019

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development programme on the  
topic Recent Advances in Biopsy.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *initials*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. Sajan Anand G
2. Designation: Sr. Lecturer
3. Department: Oral Surgery,
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

Lenora Institute of dental sciences

6. Date & Duration of the Program: 12-05-2019

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development programme on the topic  
of recent advances in Biopsy

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 800/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *inclusion*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. Sandhya Chhanga Rao Jadhav

2. Designation: Reader

3. Department: Orthodontics

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

5. Organizing Institution Details:

Lena Institute of Dental Science

6. Date & Duration of the Program: 12-5-2019

7. Associating Professional Body/Agency:

8. Title of the Paper: <sup>the</sup> topic Recent <sup>Faculty development programme on</sup> advanced in Biog

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *mlw*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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 G.R. Raveendra varma

2. Designation: Sr. Lecturer

3. Department: Orthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of Dental Sciences.

6. Date & Duration of the Program: 12/5/2019.

7. Associating Professional Body/Agency: faculty development programme

8. Title of the Paper: on the topic Recent advances in Biopsy

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**

*Raveendra*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: *Dr. G. Roja Devi*

2. Designation: *Sr Lecturer*

3. Department: *Pedodontics*

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*lenda institute of dental sciences*

6. Date & Duration of the Program: *12/5/19*

7. Associating Professional Body/Agency:

*faculty development program on topic*

8. Title of the Paper:

*Recent advances in Biopsy*

9. Financial support particulars

Registration charges: *300/-*

Travel Allowance: *500/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Prasad*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *WV*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. V. SIVA KUMAR**
2. Designation: **PROFESSOR**
3. Department: **PERIODONTICS**
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

**LENORA INSTITUTE OF DENTAL SCIENCES**

6. Date & Duration of the Program: **12/5/2019**

7. Associating Professional Body/Agency:

8. Title of the Paper: **FACULTY DEVELOPMENT PROGRAMME ON  
THE TOPIC RECENT ADVANCES IN BIOPSY**

9. Financial support particulars

Registration charges: **300/-**

Travel Allowance: **500/-**

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Ambar*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Ambar*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. Angel Bhagoja

2. Designation: Senior Lecturer

3. Department: Conservative.

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

LENORA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 12/5/2019.

7. Associating Professional Body/Agency:

Faculty Development programme on  
8. Title of the Paper: The topic recent Advances in Biopsy.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):



Date:

Signature of staff member:

Bhagya

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Www*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V/2017/2/2014 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 Pavan Preetheem*
2. Designation: *Reader*
3. Department: *Sr Lecturer*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
*Lenova Institute of Dental sciences*
6. Date & Duration of the Program: *12-5-2019*
7. Associating Professional Body/Agency: *Faculty Development programme*
8. Title of the Paper: *on the topic Recent Advances in Biopsy*
9. Financial support particulars ₹
  - Registration charges: *300/-*
  - Travel Allowance: *500/-*
  - Membership Fee:
  - Others (mention):

**Date:**

**Signature of staff member:**

*Ravan*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. H. ARUNA KUMAR

2. Designation: BR. LECTURER

3. Department: PUBLIC HEALTH DENTISTRY

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

LENORA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 12-5-2019

7. Associating Professional Body/Agency:

FACULTY DEVELOPMENT PROGRAMME

8. Title of the Paper: ON THE TOPIC RECENT ADVANCES IN  
BIOPSY.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Aruna K...*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*submit*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. Pratap Ravi

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of dental sciences.

6. Date & Duration of the Program: 12/5/2019

7. Associating Professional Body/Agency:

8. Title of the Paper: workshop on Recent Advances in biopsy.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):



Date:

Signature of staff member:

Pratap Kalli

1. Recommendations of the HOD:

2. Recommendations of the principal:

Wishu

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Sub

Date:



# 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 Kappala Mounika*
2. Designation: *Tutor*
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
*Lenora Institute of Dental Sciences*
6. Date & Duration of the Program: *12/5/19*
7. Associating Professional Body/Agency:
8. Title of the Paper: *Workshop on Advances in Biopsy*
9. Financial support particulars  
Registration charges: *300/-*  
Travel Allowance: *500/-*  
Membership Fee:  
Others (mention):

Date:

Signature of staff member:

*Dr. K. Manik*

1. Recommendations of the HOD:

2. Recommendations of the principal: *value*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. Poorna Bhargavi.D.
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lensora institute of dental sciences

6. Date & Duration of the Program: 12/5/19
7. Associating Professional Body/Agency:
8. Title of the Paper: workshop on Advances in biopsy

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

Dr. Pooja Bhargavi, D.

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Unkown*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



**FINANCIAL SUPPORT REQUEST LETTER**

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

2. Designation: Junior

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of Dental Science

6. Date & Duration of the Program: 12/5/19

7. Associating Professional Body/Agency:

Workshop on  
8. Title of the Paper: Advances in Biopsy

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-



**Membership Fee:**

**Others (mention):**

**Date:**

**Signature of staff member:**

*Krauthikumar*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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.Ch.Klaga veerasatya sivani
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Lenora Institute of dental sciences.
6. Date & Duration of the Program: 12/5/2019
7. Associating Professional Body/Agency:
8. Title of the Paper: Workshop Recent Advances in Estopsy
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 500/-  
Membership Fee:  
Others (mention):

Date:

Signature of staff member:

Ch. Ananya Venkatesh

1. Recommendations of the HOD:

2. Recommendations of the principal:

Author

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. Anil Prasad Y
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Lenora Institute of Dental Science
6. Date & Duration of the Program: 12/5/2019
7. Associating Professional Body/Agency:
8. Title of the Paper: Workshop on Recent advances in Biopsy
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 500 /-  
Membership Fee:  
Others (mention):

Date:

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal:



\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:





# 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. V. Akhila
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora institute of dental sciences

6. Date & Duration of the Program: 12/5/2019

7. Associating Professional Body/Agency:

Workshop on

8. Title of the Paper: Recent Advances in Biopsy

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-



**Membership Fee:**

**Others (mention):**

**Date:**

**Signature of staff member:**

*Alchity*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*cutting*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. A Rama Krishna

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of dental sciences.

6. Date & Duration of the Program: 12-05-19

7. Associating Professional Body/Agency:

workshop on Recent advances in

8. Title of the Paper:

Biopsy

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

Rama K. Singh

1. Recommendations of the HOD:

2. Recommendations of the principal: *✓*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: *Dr. Jalli Viswanth*
2. Designation: *Tutor*
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Lenora Institute of dental science*

6. Date & Duration of the Program: *12/5/2019*

7. Associating Professional Body/Agency:

8. Title of the Paper: *workshop on recent advances in  
Biopsy*

9. Financial support particulars

Registration charges: *300/-*

Travel Allowance: *500/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Visuvanath*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*with*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. K. Ekalavika
2. Designation: Sr. Lecturer
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Dr. N. Venkonda Institute of dental science

6. Date & Duration of the Program: 23/3/19
7. Associating Professional Body/Agency: faculty development programme on the topic
8. Title of the Paper: on ethical practice in dentistry
9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*minor*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. Anant gautam

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerukonda institute of dental sciences.

6. Date & Duration of the Program: 23/3/2019

7. Associating Professional Body/Agency: Faculty development programme

8. Title of the Paper: on the topic of unethical practices in dentistry.

9. Financial support particulars

Registration charges: Rs. 200/-

Travel Allowance: Rs. 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Ananth Govindhan*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*✓*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. K.V. R. Sushma*
2. Designation: *Tutor*
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

*Anil Neerakonda Institute of Dental Sciences*

6. Date & Duration of the Program: *23/3/19*

7. Associating Professional Body/Agency:

*Faculty development programme on the topic*

8. Title of the Paper:

*Unethical practices in dentistry*

9. Financial support particulars

Registration charges: *200/-*

Travel Allowance: *1000/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*L.V.R. Sushma.*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Sushma*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. A. Rama Krishna.

2. Designation: Tutor.

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerukonda Institute of Dental Sciences.

6. Date & Duration of the Program: 23/3/19.

7. Associating Professional Body/Agency:

Faculty development Program on the topic

8. Title of the Paper:

Unethical Practices in dentistry.

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**

*A Ram Keviah*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *unlike*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:** *[Signature]*

**Date:**



# 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. G. Sanjeev Anand*
2. Designation: *S.R. Lecturer*
3. Department: *Oral Surgery.*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

*Anil Neerukonda institute of dental sciences*

### 6. Date & Duration of the Program:

### 7. Associating Professional Body/Agency:

8. Title of the Paper: *Faculty development programme on the topic of unethical practices in dentistry*

### 9. Financial support particulars

Registration charges:

Travel Allowance: *Rs. 200/-*

Membership Fee: *Rs. 1000/-*

Others (mention):

**Date:**

**Signature of staff member:**

*G. Jayaram Anand*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*in hand*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Handwritten signature]*

**Date:**



# 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. J. Hanprasad Naik

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil neerkonde institute of dental sciences

6. Date & Duration of the Program: 23/3/19

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic  
of unethical practice in dentistry

9. Financial support particulars

Registration charges:

Travel Allowance: ₹200/-

Membership Fee: ₹1000/-

Others (mention):

**Date:**

**Signature of staff member:**

*J. Hanpreet Dair*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Wulver*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# **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. K. Prudhvi.

2. Designation: SR Lecturer

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neesukonda Institute of dental sciences

6. Date & Duration of the Program: 23/3/19

7. Associating Professional Body/Agency:

8. Title of the Paper:

Faculty development programme on the topic  
unethical practices in dentistry.

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**

*E. Redhu*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Subha*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. Ruchira G.
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neeukonda Institute of dental Sciences

6. Date & Duration of the Program: 23/3/19

7. Associating Professional Body/Agency:

Development programme on the topic

8. Title of the Paper:

unethical practices in dentistry

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*G. Rache*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*unhor*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: *Dr. Rupavathi Venkatesh Naik*
2. Designation: *Tutor*
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Anil Aneekonda Institute of dental sciences*

6. Date & Duration of the Program: *23/2/19*

7. Associating Professional Body/Agency:

*faculty development programme on topic*

8. Title of the Paper:

*On Ethical practices in dentistry*

9. Financial support particulars

Registration charges: *200/-*

Travel Allowance: *1000/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Dr. Repavathi*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Number*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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 K. Raja Vardhan
2. Designation: Reader
3. Department: pedodontia
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

Anil Kewkonde Institute of Dental Services

6. Date & Duration of the Program: 23/2/19

7. Associating Professional Body/Agency:

faculty development programme on the topic

8. Title of the Paper: Unethical practices in dentistry

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**

*K. Saje Varkhem*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Wukhan*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

# **KIMS DENTAL COLLEGE & HOSPITAL**

Permitted by Govt. of India MH & FW. (DE) No -V1201712/2014 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. Natraj B*
2. Designation: *Sr. Lecturer*
3. Department: *Conservative*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

*Anil Neelakonda Institute of  
Dental Science*

6. Date & Duration of the Program: *23/3/19*
7. Associating Professional Body/Agency: *Faculty development programme on the*
8. Title of the Paper: *un ethical practices in dentistry*
9. Financial support particulars

### Registration charges:

Travel Allowance: *200/-*

Membership Fee: *1000/-*

Others (mention):

Date:

Signature of staff member:

Nataraj B

1. Recommendations of the HOD:

2. Recommendations of the principal:

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. J. Ramee Vijay Kumar
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 23/03/19.
7. Associating Professional Body/Agency: Workshop on the topic of unethical practices in Dentistry
8. Title of the Paper:
9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member: Dr J. Ranjeet Jay Kumar

1. Recommendations of the HOD:

2. Recommendations of the principal: *with*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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.K. Prudhvi
2. Designation: Sr. lecturer
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

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

6. Date & Duration of the Program: 23-03-19
7. Associating Professional Body/Agency: workshop on the topic of  
"unethical practices in dentistry"
8. Title of the Paper:
9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):



Date:

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal:



\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. M. Chaitanya
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details: Anil Neerukonda Institute of Dental Science
6. Date & Duration of the Program: 23-03-19
7. Associating Professional Body/Agency: workshop on the topic of Unethical Practice in Dentistry
8. Title of the Paper:
9. Financial support particulars
  - Registration charges: 200/-
  - Travel Allowance: 1000/-
  - Membership Fee:
  - Others (mention):

Date:


Signature of staff member: Dr. M. Chaitanya

1. Recommendations of the HOD:

2. Recommendations of the principal: *withon*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: 

Date:



# 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. G. Chandu Priya
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF  
DENTAL SCIENCES.

6. Date & Duration of the Program: 23-03-2019.
7. Associating Professional Body/Agency: Workshop on the Topic
8. Title of the Paper: Unethical practices in Dentistry.
9. Financial support particulars
  - Registration charges: 200/-
  - Travel Allowance: 1000/-
  - Membership Fee:
  - Others (mention):

Date:

Signature of staff member:

Chandpriya.

1. Recommendations of the HOD:

2. Recommendations of the principal:

Wulwan

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. GANTA GOPAL KRISHNA.**
2. Designation: **Tutor.**
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

**ANIL NEERUKONDA INSTITUTE OF  
DENTAL SCIENCES.**

6. Date & Duration of the Program: **23-03-19**
7. Associating Professional Body/Agency: **WORKSHOP ON THE**
8. Title of the Paper: **PRACTICE OF UNETHICAL PRACTICE  
IN DENTISTRY**
9. Financial support particulars

Registration charges: **200/-**

Travel Allowance: **1000/-**

Membership Fee:

Others (mention):



Date:

Signature of staff member:

*Dr. Gopal Krishna*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Common*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# 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. K. Charishma
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF  
DENTAL SCIENCES

6. Date & Duration of the Program: 23-02-19
7. Associating Professional Body/Agency: workshop on the topic of
8. Title of the Paper: "Unethical practices in Dentistry".
9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

Dr. Chait

1. Recommendations of the HOD:

2. Recommendations of the principal:

*suba*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. M. K. M. MOONIKA.
2. Designation: TUTOR.
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF DENTAL  
SCIENCES.

6. Date & Duration of the Program: 23/08/19.
7. Associating Professional Body/Agency: workshop on the topic of
8. Title of the Paper: unethical practices in dentistry.
9. Financial support particulars  
Registration charges: 200/-  
Travel Allowance: 1000/-  
Membership Fee:  
Others (mention):

Date:

Signature of staff member: M.K.M. Mousika

1. Recommendations of the HOD:

2. Recommendations of the principal: *Subhan*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: DR. EKA VENIKA KOVALEKAR
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF DENTAL  
SCIENCES

6. Date & Duration of the Program: 23/03/19
7. Associating Professional Body/Agency: workshop on the topic of  
unethical practices in Dentistry
8. Title of the Paper:
9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):



Date:

Signature of staff member: *Dr. Kawentia*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*written*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. Kondalarao Boddada
2. Designation: Reader
3. Department: Pedodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

→ Jntu Nellore Institute of Dental Sciences

6. Date & Duration of the Program: 23/5/17

7. Associating Professional Body/Agency:

Faculty development programme on the topic

8. Title of the Paper: unethical practice in dentistry

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*B. Kondale Rao*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Subhas*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:** *[Signature]*

**Date:**



# 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. M. chaintanya .
2. Designation: Senior Lecturer .
3. Department: Conservative .
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

Anel Neerukonda Institute of Dental sciences.

6. Date & Duration of the Program: 23/3/19 .

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development Program on the topic

unethical Practices in dentistry.

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

M. Chafany

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

✓

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. V. Shiva Kumar
2. Designation: Professor and Principal
3. Department: Periodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Educational trust

6. Date & Duration of the Program: 10/7/18
7. Associating Professional Body/Agency: Faculty development  
programme on the topic workshop on
8. Title of the Paper: dental Implant.
9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1200/-

Membership Fee:

Others (mention):



Date:

Signature of staff member:

*Wilson*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Wilson*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# 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. Sajan Anand Gubbala
2. Designation: Sr. Lecturer
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
MNR Educational Trust
6. Date & Duration of the Program: 10/11/18
7. Associating Professional Body/Agency: Faculty development programme on  
the topic workshop on Dental implant
8. Title of the Paper:
9. Financial support particulars  
Registration charges: 200/-  
Travel Allowance: 1700/-  
Membership Fee:  
Others (mention):

Date:

Signature of staff member:

*Dr. Rajan Arvind Gubbala*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Wilson*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# 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. K. Nagendra babu
2. Designation: Reader
3. Department: Periodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Educational Trust

6. Date & Duration of the Program: 10/7/18

7. Associating Professional Body/Agency:

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

Workshop on Dental Implants

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1700/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

Dr. Narindra Deka.

1. Recommendations of the HOD:

2. Recommendations of the principal:

*unsub*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. R. Naren fischer
2. Designation: Sr Lecturer
3. Department: Oral surgery
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Educational trust

6. Date & Duration of the Program: 10/7/18
7. Associating Professional Body/Agency: faculty development programme on the topic
8. Title of the Paper: Workshop on Dental implants
9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1700/-

Membership Fee:

Others (mention):



Date:

Signature of staff member:

1. Recommendations of the HOD:

2. Recommendations of the principal: *initials*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. K. Venkatesh
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR educational trust

6. Date & Duration of the Program: 18/7/2018

7. Associating Professional Body/Agency:

8. Title of the Paper: Workshop on dental implants

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1700/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

Dr. K. Venkatesh.

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *minor*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. A. Lakshmi Shailaja.
2. Designation: Tutor.
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Educational Trust

6. Date & Duration of the Program: 18/7/2018
7. Associating Professional Body/Agency:
8. Title of the Paper: Workshop on Dental Implants
9. Financial support particulars

Registration charges: Rs. 300/-

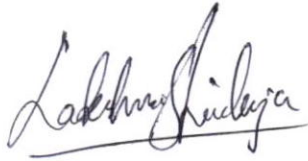
Travel Allowance: Rs. 1700/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*unseen*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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 Lakshmi Manikanta Noyak
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
6. Date & Duration of the Program: MNR Educational Trust  
18/7/2018
7. Associating Professional Body/Agency:
8. Title of the Paper: Workshop on Dental Implants
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 1700/-  
Membership Fee:  
Others (mention):



**Date:**

**Signature of staff member:**

*Naithal Singh*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *sub*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. Bhanuchandar D
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
MNR Educational Trust
6. Date & Duration of the Program: 18/7/2018
7. Associating Professional Body/Agency: workshop on Dental implants
8. Title of the Paper:
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 1700/-  
Membership Fee:  
Others (mention):

**Date:**

**Signature of staff member:**

*Dr. Bhanu Chandar*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *in hand*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# **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. M Vimala Sai*
2. Designation: *Tutor*
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*MNR Educational trust*

6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

8. Title of the Paper: *workshop on dental implant*

9. Financial support particulars

Registration charges: *300/-*

Travel Allowance: *1700/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*M. Vimala Devi*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Wahman*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# **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. Anant Gautam*
2. Designation: *Tutor*
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*MNR educational trust*

6. Date & Duration of the Program: *18/7/2018*
7. Associating Professional Body/Agency:
8. Title of the Paper: *workshop on dental implant*
9. Financial support particulars

Registration charges: *300/-*

Travel Allowance: *1700/-*

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**

Anant gashtam

**1. Recommendations of the HOD:**

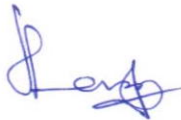
**2. Recommendations of the principal:**

in favor

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No.-V/2017/2/2014 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. Anantha Devi

2. Designation: Reader

3. Department: Periodontics

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

5. Organizing Institution Details:

MNR Educational Trust

6. Date & Duration of the Program: 10/7/18

7. Associating Professional Body/Agency: Faculty development

Programme on the topic Workshop on Dental  
8. Title of the Paper: Implant.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1700/-

Membership Fee:

Others (mention):

Date:


Signature of staff member: Dr. Pravithe devi

1. Recommendations of the HOD:

2. Recommendations of the principal: ✓

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: 

Date:



# 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. V. Thani Himaya Devi
2. Designation: Sr Lecturer
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
RYNR Educational Trust
6. Date & Duration of the Program: 10/7/18
7. Associating Professional Body/Agency: Faculty development  
Programme on the topic Workshop on Dental
8. Title of the Paper: Implant.
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 1700/-  
Membership Fee:  
Others (mention):

**Date:**

**Signature of staff member:**

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *with*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. K. Prudhvi*
2. Designation: *Sr Lecturer*
3. Department: *Periodontics*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

*M.N.R Educational Trust*

6. Date & Duration of the Program: *30/5/19 to 31/5/19*
7. Associating Professional Body/Agency: *Faculty development  
Programme on the topic workshop on Functional*
8. Title of the Paper: *Periodontics*
9. Financial support particulars

Registration charges: *900/-*

Travel Allowance: *1900/-*

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *when*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. N. Sanjay.

2. Designation: Reader

3. Department: Orthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Educational Trust

6. Date & Duration of the Program: 30-5-19 - 31-5-19

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic  
workshop on Functional Pedometrics.

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1900/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

NSaiggy

1. Recommendations of the HOD:

2. Recommendations of the principal: *initials*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*Handwritten signature*

Date:



## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Harsha B

2. Designation: professor & HOD

3. Department: orthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Educational Trust

6. Date & Duration of the Program: 30/5/19 - 31/5/19

7. Associating Professional Body/Agency:

Faculty development program on the topic

8. Title of the Paper: Workshop on functional pedometry

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1900/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal: *unlabeled*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: 

Date:



# 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. Raveendra Varma

2. Designation: SR. Lecturer

3. Department: Orthodontics.

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Educational Trust

6. Date & Duration of the Program: 30/5/19 - 31/5/19

7. Associating Professional Body/Agency: Faculty Development

Programme on the topic workshop on Functional

8. Title of the Paper: Pedometrics.

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1900/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

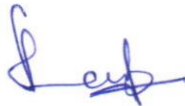
**2. Recommendations of the principal:**

*inclusion*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. K. Rajiv Kumar Chowdary

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR dental college.

6. Date & Duration of the Program: 30/5/2019 and 31/5/2019

7. Associating Professional Body/Agency:

8. Title of the Paper: Work shop on functional pedometrics

9. Financial support particulars

Registration charges: 400

Travel Allowance: 1900

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**


Dr. Rajiv Kumar Choudhary

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Ambar*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:** 

**Date:**



# 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. Sajan Anand G

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

MNR dental college

6. Date & Duration of the Program: 30/5/19 and 31/5/19

7. Associating Professional Body/Agency:

8. Title of the Paper: workshop on functional pedometrics

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1900/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Dr. Sajan Kund G*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *under*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# 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. G. Marjunath.
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

MRN dental college

6. Date & Duration of the Program: 30/5/19 and 31/5/19

7. Associating Professional Body/Agency:

8. Title of the Paper: Workshop of functional pedometrics

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1900/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**

Dr. G. Manjunath.

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V/2017/2/2014 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 B. Harsha
2. Designation: Tutor.
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

MNR dental college

6. Date & Duration of the Program: 30/5/2019 & 31/5/2019

### 7. Associating Professional Body/Agency:

8. Title of the Paper: Workshop on functional pedometrics

### 9. Financial support particulars

#### Registration charges:

Travel Allowance: 400/-

Membership Fee: 1900/-

Others (mention):

**Date:**

**Signature of staff member:**

B. Harsha,

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. Sandhya Chagan Rao Tadha
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

MNR dental college.

6. Date & Duration of the Program: 30/5/2019 & 31/5/2019

### 7. Associating Professional Body/Agency:

8. Title of the Paper: workshop on pedodontics

### 9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1900/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

Sandhya

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Sanctioned*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# 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. Ch. Parvath Kumar
2. Designation: Sr. Lecturer
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

MNR Educational Trust

6. Date & Duration of the Program: 30/5/19 - 31/5/19
7. Associating Professional Body/Agency: Faculty development programme on the topic
8. Title of the Paper: Workshop on functional pedodontics
9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1900/-

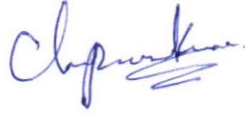
Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*in blue*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. G. Karthick.
2. Designation: Assistant professor
3. Department: oral pathology
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Oodavali Institute of Engineering & Technology

6. Date & Duration of the Program: 19/09/18 to 21/09/18

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic  
Importance of Soft Skill development in real life.

9. Financial support particulars

Registration charges:

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Dr. G. Karthikeyan

Assistant Professor

of Pathology

Government Institute of Engineering & Technology

19/11/18 to 21/11/18

Importance of soft skill development in real life.  
Parent's development programme on the topic

Page 29

Date: 12/9/18

Signature of staff member:

*[Handwritten signature]* 12/9/18

1. Recommendations of the HOD:

2. Recommendations of the principal: *withheld*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Handwritten signature]*

Date:



# 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 K. Sreeha
2. Designation: Assistant professor
3. Department: Endodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari Institute of Engineering  
& Technology.

6. Date & Duration of the Program: 19/9/18 to 21/9/18

7. Associating Professional Body/Agency:

faculty development on the topic importance  
8. Title of the Paper: of soft skill development in real life

9. Financial support particulars

Registration charges:

Travel Allowance: Rs. 1000

Membership Fee:

Others (mention):

Date: 12/9/18.

Signature of staff member:

Dr. B. G. G. G.

1. Recommendations of the HOD:

2. Recommendations of the principal:

Unkown

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

[Signature]

Date:





# 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. S. Karthikeyan
2. Designation: Professor
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari Institute of Engineering and Technology

6. Date & Duration of the Program: 19-9-2016 to 21-9-2016

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic  
Importance of soft skill Development in

9. Financial support particulars

Real Life

Registration charges:

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 11-9-13

Signature of staff member:

Dr. S. Karthikeyan

1. Recommendations of the HOD:

2. Recommendations of the principal:

*mmmm*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# 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. T. Venugopal.*
2. Designation: *Associate Professor.*
3. Department: *Endodontics.*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Godavari Institute Engineering & Technology*

6. Date & Duration of the Program: *19/9/18 to 21/9/18*

7. Associating Professional Body/Agency:

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

9. Financial support particulars  
*Importance of soft skill development in real life.*

Registration charges:

Travel Allowance: *Rs 1000/-*

Membership Fee:

Others (mention):

Date: 11/9/18

Signature of staff member: Dr. T. Vamjopal

1. Recommendations of the HOD:

2. Recommendations of the principal: *mlh*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: *[Signature]*

Date:

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. Shavik chowdary
2. Designation: Associate professor
3. Department: Oral surgery
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari Institute of Engineering and Technology

6. Date & Duration of the Program: 19/9/18 to 21/9/18

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the  
topic Importance of soft skill development  
9. Financial support particulars in Real life

Registration charges:

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):



Date: 13/9/18

Signature of staff member:

*Shouik.*

1. Recommendations of the HOD:

2. Recommendations of the principal: *inher*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:





# 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. Penutli Keemas Ceupte
2. Designation: Associate Professor
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours: ✓

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari Institute of Engineering and Technology

6. Date & Duration of the Program: 19/9/18 to 21/9/18

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the  
topic importance of soft skill development

9. Financial support particulars

in Real life

Registration charges:

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 12/9/18

Signature of staff member:

*Panethi.*

1. Recommendations of the HOD:

2. Recommendations of the principal: *in/on*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. B. Rathnakan
2. Designation: Assistant professor
3. Department: Oral pathology
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

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

6. Date & Duration of the Program: 19/9/18 to 21/9/18

7. Associating Professional Body/Agency:

8. Title of the Paper: faculty development programme on topic  
Importance of soft skill development in  
real life.

9. Financial support particulars


Registration charges:

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 11/9/18


Signature of staff member: 

1. Recommendations of the HOD:

2. Recommendations of the principal: *Curator*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: 

Date:



# 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. Sudhendra deshpande*
2. Designation: *Professor*
3. Department: *Endodontics*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Godavari Institute of Engineering  
& Technology*

6. Date & Duration of the Program: *19/9/18 to 21/9/18*

7. Associating Professional Body/Agency:

8. Title of the Paper: *Faculty development on the topic importance*

9. Financial support particulars  
*of soft skills development.*

Registration charges:

Travel Allowance: *Rs. 1000/-*

Membership Fee:

Others (mention):

Date: 13/9/18

Signature of staff member:

*Sundeesh*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*in hand*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:





# 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. Krishnamohan Koka.
2. Designation: Associate Professor.
3. Department: Conservative.
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari Institute of Engineering & Technology.

6. Date & Duration of the Program: 19/9/18 to 21/9/18

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development Programme on the topic  
Importance of soft skill development in  
real life

9. Financial support particulars


Registration charges:

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 13/9/18

Signature of staff member: 

1. Recommendations of the HOD:

2. Recommendations of the principal: *Indira*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.I.2017/2/2014 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 Girish kumar k
2. Designation: Assistant professor
3. Department: Endodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours: ✓

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Godavari Institute of Engineering and Technology

6. Date & Duration of the Program: 19-9-2018 to 21-9-2018

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the Topic  
Importance of Soft Skill Development in Real Life

9. Financial support particulars

Registration charges:

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 13-9-18

Signature of staff member:

Dr. Girish Kumar

1. Recommendations of the HOD:

2. Recommendations of the principal: *initials*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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: DY. A. RAMA KRISHNA.

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF  
DENTAL SCIENCE.

6. Date & Duration of the Program: 10-1-2019.

7. Associating Professional Body/Agency:

Faculty development programme on the topic  
'SCIENTIFIC EDUCATIONAL PRACTICES'

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:** *Dr. A. Ramesh*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *with*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:** *[Signature]*

**Date:**





# 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. B Satish.
  2. Designation: Tutor
  3. Department:
  4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
  5. Organizing Institution Details: Anil Neerukonda Institute of Dental Science.
  6. Date & Duration of the Program: 10/01/2019
  7. Associating Professional Body/Agency: faculty Development programme  
on the topic scientific educational practices
  8. Title of the Paper:
  9. Financial support particulars
- Registration charges: 300/-
- Travel Allowance: 1000/-
- Membership Fee:
- Others (mention):

**Date:**

**Signature of staff member:**

D. B. Sankar

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: *Dr Puchisa, G*

2. Designation: *Tutor*

3. Department:

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

5. Organizing Institution Details: *Anil Neelakonda Institute of  
Dental Sciences.*

6. Date & Duration of the Program: *10/11/2019*

7. Associating Professional Body/Agency: *Faculty development Program  
on the topic Scientific Educational Practices*

8. Title of the Paper:

9. Financial support particulars

Registration charges: *300*

Travel Allowance: *1000*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Dr Ruchira*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*inclusion*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: DR. J. HARI PRASAD NAIK

2. Designation: TUTOR

3. Department:

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

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF DENTAL  
SCIENCES

6. Date & Duration of the Program: 10-01-2019

7. Associating Professional Body/Agency: Faculty Development Programme  
on the topic "SCIENTIFIC EDUCATIONAL PRACTICES"

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:** Dr. J. Hari Prasad Naik

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. CH. NAGA RAJU.

2. Designation: TUTOR,

3. Department:

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

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF  
DENTAL SCIENCES.

6. Date & Duration of the Program: 10-01-2019.

7. Associating Professional Body/Agency: Faculty Development Programme  
on the topic "SCIENTIFIC EDUCATIONAL PRACTICES".

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

Dr. Meghaji

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *subma*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. Ekavenika Kovelakar

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

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

6. Date & Duration of the Program: 10-01-2019.

7. Associating Professional Body/Agency: Faculty development program  
on the topic Scientific education practices.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300

Travel Allowance: 1000

Membership Fee:

Others (mention):

Date:

Signature of staff member: Dr. Shivanik Fozalata

1. Recommendations of the HOD:

2. Recommendations of the principal: *Nil*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: *Dr. Revu Srinivas*

2. Designation: *Tutor*

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details: *Anil Neerukonda Institute of  
Dental Sciences*

6. Date & Duration of the Program: *10-1-2019*

7. Associating Professional Body/Agency: *Faculty Development Programme  
on the topic of Scientific Education*

8. Title of the Paper: *Practices*

9. Financial support particulars

Registration charges: *300/-*

Travel Allowance: *1000/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*R. Srinivas*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*inwon*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# 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. K Choorishma.
  2. Designation: Tutor.
  3. Department:
  4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
  5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE OF  
DENTAL SCIENCES
  6. Date & Duration of the Program:
  7. Associating Professional Body/Agency: faculty development programmes on the  
development of scientific educational practice
  8. Title of the Paper:
  9. Financial support particulars
- Registration charges: 300 /-
- Travel Allowance: 1000 /-
- Membership Fee:
- Others (mention):

**Date:**

**Signature of staff member:**

K. Chaitanya

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *with*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

[Signature]

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. M.K.M. Mounika.

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Arsl Nemkonda Institute of Dental Science.

6. Date & Duration of the Program: 10/01/2019.

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*M. Monita*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No.-V/2017/2/2014 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. K. Krishna Mohan
2. Designation: ~~profe~~ Assistant professor
3. Department: conservative
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Anil Neeukonda institute of dental sciences
6. Date & Duration of the Program: 10/1/19
7. Associating Professional Body/Agency:  
faculty development programme on The topic
8. Title of the Paper:  
Scientific educational practices
9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal: *with*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:





# 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. Ganta. Gopal Krishna
2. Designation: tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

Anil Newkonda institute of dental sciences

6. Date & Duration of the Program: 10/01/2019
7. Associating Professional Body/Agency: faculty development programme  
On the topic Scientific Educational practices
8. Title of the Paper:
9. Financial support particulars

Registration charges: 300

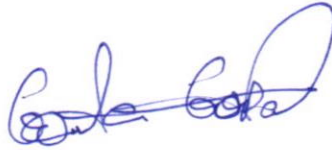
Travel Allowance: 1000

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

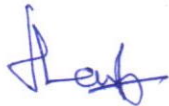
**2. Recommendations of the principal:**

*with*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. J. Ramjee Vijay Kumar

2. Designation: tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Nesukonda institute of dental sciences

6. Date & Duration of the Program: 10/01/2019.

7. Associating Professional Body/Agency: Faculty development

Programme on the topic scientific Educational practices.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300

Travel Allowance: 1000

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:** *J. Ranjee*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *huhos*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:** *[Signature]*

**Date:**





# 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. G. Chandu Priya

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Anil Neerukonda Institute of Dental Science

6. Date & Duration of the Program: 10/01/2019.

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development program on the  
topic scientific educational practices

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:** *Dr. Chandni Priya*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Not*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:** *[Signature]*

**Date:**





# 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. K. Kiranayi
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

Anil Neerulonda Institute of Dental services

6. Date & Duration of the Program: 10/1/2019

### 7. Associating Professional Body/Agency:

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

### 9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*K. Dhanraj*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Author*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No-VI 2017/2/2014 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. K. Sreeha
2. Designation: Associate professor
3. Department: conservative
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Anil Neerukonda institute of dental sciences
6. Date & Duration of the Program: 20/01/19
7. Associating Professional Body/Agency:  
Faculty development programme on the topic
8. Title of the Paper:  
Scientific educational practices
9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal:

*unlike*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. Sudhindro Deebpande
2. Designation: professor & HOD
3. Department: Conservative
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

Anil Neerukonda Institute of Dental Sciences

6. Date & Duration of the Program: 10/01/19
7. Associating Professional Body/Agency:  
faculty development program on the topic
8. Title of the Paper: Scientific Educational practices
9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

*S. Debnath*

1. Recommendations of the HOD:

2. Recommendations of the principal: *in line*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*S. Debnath*

Date:





# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No.-V/2017/2/2014 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. N. Angel Bhagya*

2. Designation: *Associate professor*

3. Department: *Conservative*

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Anil Neerukonda institute of dental science*

6. Date & Duration of the Program: *10/01/19*

7. Associating Professional Body/Agency:

*Faculty development programme on the topic*

8. Title of the Paper:

*Scientific educational practices*

9. Financial support particulars

Registration charges: *300/-*

Travel Allowance: *1000/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Ayul Bhagya*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Wishu*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. C.H. Rama Lakshmi

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

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

6. Date & Duration of the Program: 10-01-2019.

7. Associating Professional Body/Agency: Faculty development program  
on the topic Scientific educational practices.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300

Travel Allowance: 1000

Membership Fee:

Others (mention):

Date:

Signature of staff member: Dr. Ch. Rame Lakshmi

1. Recommendations of the HOD:

2. Recommendations of the principal: *Author*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. PRATAPRAVI
2. Designation: TUTOR
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF  
DENTAL SCIENCES

6. Date & Duration of the Program: 10-01-2019

7. Associating Professional Body/Agency: faculty Development Programme on the  
topic of 'SCIENTIFIC EDUCATIONAL PRACTICES'

8. Title of the Paper:

9. Financial support particulars

Registration charges: Rs 300/-

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):



**Date:**

**Signature of staff member:** Dr. Pratap Rani

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *nil*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:** *[Signature]*

**Date:**





# 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. M.V.K. Chaitanya

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Anil Nerukonda Institute of Dental Science

6. Date & Duration of the Program: 10/01/2019

7. Associating Professional Body/Agency:

8. Title of the Paper:

Faculty development program on the  
topic Scientific educational practices

9. Financial support particulars

Registration charges: 300 /-

Travel Allowance: 1000 /-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Dr. Chaitanya*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*where*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No -V (2017/2/2014) 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. T Venu Gopal
2. Designation: Associate professor
3. Department: Conservative
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Anil Neerukonda institute of Dental Science
6. Date & Duration of the Program: 10/01/19
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development programmes on the topic  
Scientific educational practices
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 1000/-  
Membership Fee:  
Others (mention):

**Date:**

**Signature of staff member:**

*V. Geopl.*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*in hand*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. V. PHANI HIMAJA.
2. Designation: ASSOCIATE PROFESSOR.
3. Department: ORAL & MAXILLO FACIAL SURGERY.
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

G.I.E.T SCHOOL OF PHARMACY.

6. Date & Duration of the Program: 7/1/19 to 11/1/19.

7. Associating Professional Body/Agency:

8. Title of the Paper: ON FACULTY DEVELOPMENT PROGRAMME  
TOPIC CURRENT TRENDS IN  
ANALYTICAL TECHNIQUES

9. Financial support particulars

Registration charges: RS. 500/-

Travel Allowance: RS. 1000/-

Membership Fee:

Others (mention):

Date: 22/9/2019

Signature of staff member:

V. Praveen Kumar

1. Recommendations of the HOD:

2. Recommendations of the principal:

*inclusion*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. R. Naren kishore
2. Designation: Assistant professor.
3. Department: Oral & Maxillofacial Surgery ✓
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details: GIET school of pharmacy

6. Date & Duration of the Program: 7/1/19 to 11/1/19.

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on topk current trends in Analytical techniques.

9. Financial support particulars

Registration charges: Rs. 500/-

Travel Allowance: Rs. 1000/-

Membership Fee:

Others (mention):

Date: 2/1/19

Signature of staff member:

Dr P. N. Kishore

1. Recommendations of the HOD:

2. Recommendations of the principal: *submit*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. Pavan pratham

2. Designation: Associate professor.

3. Department: Prosthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details: GIET school of pharmacy

6. Date & Duration of the Program: 7/1/19 to 11/1/19

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on topic  
current trends in Analytical techniques.

9. Financial support particulars

Registration charges: Rs 100/-

Travel Allowance: Rs 100/-

Membership Fee:

Others (mention):

Date: 2/1/19

Signature of staff member:

*Mr. Paul Smith*

1. Recommendations of the HOD:

2. Recommendations of the principal: *William*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: *[Signature]*

Date:



# 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. Anusha Y
2. Designation: Assistant Professor
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours: ✓

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

GJET School of Pharmacy

6. Date & Duration of the Program: 7/1/19 to 11/1/19

7. Associating Professional Body/Agency:

Faculty Development Programme on the

8. Title of the Paper: topic current trends in Analytical Techniques

9. Financial support particulars

Registration charges:

Travel Allowance: Rs 500/-

Membership Fee: Rs 1000/-

Others (mention):

Date: 2/1/19

Signature of staff member:

*Dr. Amey*

1. Recommendations of the HOD:

2. Recommendations of the principal: *Unlabeled*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:





# 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 PAVAN KUMAR ch
2. Designation: ASSISTANT PROFESSOR
3. Department: ORTHODONTICS
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

GJET SCHOOL OF PHARMACY

6. Date & Duration of the Program: 7-1-19 to 11-1-2019

### 7. Associating Professional Body/Agency:

8. Title of the Paper: FACULTY DEVELOPMENT PROGRAMME ON THE  
TOPIC CURRENT TRENDS IN ANALYTICAL  
TECHNIQUES
9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 2-1-19

Signature of staff member:

Dr Parandhan

1. Recommendations of the HOD:

2. Recommendations of the principal: *Unknown*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. SIDDHARTH P BEHRA.
2. Designation: ASSOCIATE PROFESSOR.
3. Department: PROSTHODONTICS.
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

GIET SCHOOL OF PHARMACY.

6. Date & Duration of the Program: 7/1/19 to 11/1/19.

7. Associating Professional Body/Agency:

8. Title of the Paper: FACULTY DEVELOPMENT PROGRAMME  
ON TOPIC CURRENT TRENDS IN  
ANALYTICAL TECHNIQUES.

9. Financial support particulars

Registration charges: RS. 500/-

Travel Allowance: RS. 1000/-

Membership Fee:

Others (mention):

Date: 2/1/19.

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal:

*Author*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. Raveendra Varma
2. Designation: Assistant Professor
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

GIET School of Pharmacy

6. Date & Duration of the Program: 7-1-19 to 11-1-19

7. Associating Professional Body/Agency:

Faculty Development Programme on the  
8. Title of the Paper: Topic Current Trends in Analytical Techniques

9. Financial support particulars

Registration charges:

Travel Allowance: Rs 500/-

Membership Fee: Rs 1000/-

Others (mention):

Date: 1-1-19

Signature of staff member:

Dr. Ravendra Singh

1. Recommendations of the HOD:

2. Recommendations of the principal: *Ambar*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:





Date: 2-1-19

Signature of staff member:

Dr. k. Gireesh Kumar

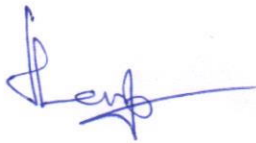
1. Recommendations of the HOD:

2. Recommendations of the principal: *unseen*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# **KIMS 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. E. Sri Babu
2. Designation: Professor & HOD
3. Department: Prosthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:  
5. Organizing Institution Details: GIET school of Pharmacy
6. Date & Duration of the Program: 7/1/19 to 11/1/19
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty Development programme  
on Topic current trends in  
Analytical Techniques.
9. Financial support particulars  
Registration charges: Rs. 500/-  
Travel Allowance: Rs. 1000/-  
Membership Fee:  
Others (mention):

Date: 1/1/19.

Signature of staff member:

SriBala

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Chidambaram*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

[Signature]

Date:



# 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 N. Angel Bhagya
2. Designation: Assistant Professor
3. Department: Conservative
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

KLR'S LENORA INSTITUTE OF DENTAL  
SCIENCES

6. Date & Duration of the Program: 29/9/18 to 30/9/18

### 7. Associating Professional Body/Agency:

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

### 9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000/-

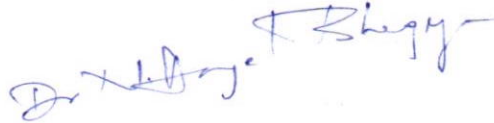
Membership Fee:

Others (mention):



Date: 22 / 9 / 18

Signature of staff member:




1. Recommendations of the HOD:

2. Recommendations of the principal: *in blue*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:





# 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. Phani himaja.
2. Designation: Associate professor.
3. Department: oral surgery.
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours: ✓

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

6. Date & Duration of the Program: 29/9/18 to 30/9/18

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development programme on topic  
of perio tarang.

9. Financial support particulars

Registration charges: Rs. 500/-

Travel Allowance: Rs. 500/-

Membership Fee:

Others (mention):

Date: 21/9/18

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal: *nil*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. Rama Sharma
2. Designation: Associate Professor
3. Department: Public Health
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 29-9-18 to 30-9-18

### 7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development Programme on the  
Topic Periotaxang

### 9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 21-9-18

Signature of staff member:

*Dr. Rama Shama*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*with*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# 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. Aravindh Lakshminathan
2. Designation: Associate Professor
3. Department: Oral Medicine & Radiology
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

KLR's London Institute of Dental Sciences

6. Date & Duration of the Program: 29/9/18 to 30/9/18

### 7. Associating Professional Body/Agency:

Faculty Development Programme

8. Title of the Paper: on the topic Perio therapy

### 9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 21/9/18

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal: *inclusion*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:





# 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. Anusha. Y.*
2. Designation: *Assistant professor.*
3. Department: *orthodontics.*
4. Conference/ Membership Fee/ Workshop /  FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

*KLR'S Lenora institute of dental sciences.*

6. Date & Duration of the Program: *29/9/18 to 30/9/18*

### 7. Associating Professional Body/Agency:

8. Title of the Paper: *Faculty development programme on the  
topic of periosteum*

### 9. Financial support particulars

Registration charges: *Rs 500/-*

Travel Allowance: *Rs 1000/-*

Membership Fee:

Others (mention):

Date: 21/9/2018.

Signature of staff member:

1. Recommendations of the HOD:

2. Recommendations of the principal: ✓

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: 

Date:



# 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. K. Sreecha .
2. Designation: Assistant professor
3. Department: Conservative
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

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

6. Date & Duration of the Program: 29/9/18 to 30/9/18.

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development programme on Topic of Perio-tarant.

9. Financial support particulars

Registration charges: Rs. 500/-

Travel Allowance: Rs. 1000/-

Membership Fee:

Others (mention):

Date: 22/9/18

Signature of staff member:

Dr. C. Greedy

1. Recommendations of the HOD:

2. Recommendations of the principal: *in hand*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*Hay*

Date:



# 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. R. NAREN KISHORE
2. Designation: ASSISTANT PROFESSOR
3. Department: ORAL AND MAXILLOFACIAL SURGERY
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR'S LENORA INSTITUTE OF DENTAL  
SCIENCES

6. Date & Duration of the Program: 29/9/18 to 30/9/18
7. Associating Professional Body/Agency: FACULTY DEVELOPMENT PROGRAMME ON THE TOPIC
8. Title of the Paper: PERIOTARANG

9. Financial support particulars

Registration charges: RS 500/-

Travel Allowance: RS 1000/-

Membership Fee:

Others (mention):



Date: 20/9/2018

Signature of staff member:

R.N. Singh

1. Recommendations of the HOD:

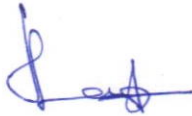
2. Recommendations of the principal:

Unlabeled

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:





# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.I.2017/2/2014 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. ANUSHIA YARAGANI.
2. Designation: ASSISTANT PROFESSOR.
3. Department: ORTHODONTICS.
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

KLRS LEMORA INSTITUTE OF DENTAL  
SCIENCES.

6. Date & Duration of the Program: 29/9/18 to 30/9/18

### 7. Associating Professional Body/Agency:

FACULTY DEVELOPMENT PROGRAMME ON  
TOPIC PERIOTARANG.

### 8. Title of the Paper:

### 9. Financial support particulars

Registration charges: RS. 500/-

Travel Allowance: RS. 1000/-

Membership Fee:

Others (mention):

Date: 21/9/2018.

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal: *Walter*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. Konadala Rao, Voddida

2. Designation: Assistant professor

3. Department: Conservative Pedodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR's Lenora Institute of dental Sciences

6. Date & Duration of the Program: 29/9/18 to 30/9/18

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 22/9/2018

Signature of staff member:

B. Kondalake

1. Recommendations of the HOD:

2. Recommendations of the principal:

mmmm

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

[Signature]

Date:



# 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. G. Kartheek
2. Designation: Associate professor
3. Department: Oral pathology
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

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

6. Date & Duration of the Program: 29/9/18 to 30/9/18

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on Topic periotarang.

9. Financial support particulars

Registration charges: Rs. 500/-

Travel Allowance: Rs. 1000/-

Membership Fee:

Others (mention):



Date: 21/9/18 .

Signature of staff member:



1. Recommendations of the HOD:

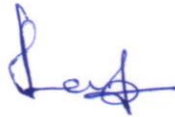
2. Recommendations of the principal:

*unlwan*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:





# 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. M.k. Sumathi
2. Designation: professor.
3. Department: oral pathology.
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

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

6. Date & Duration of the Program: 29/9/18 to 30/9/18

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: Rs. 500/-

Travel Allowance: R.S. 1000/-

Membership Fee:

Others (mention):

Date: 21/9/18

Signature of staff member:

*Dr. M.K. Senapati*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*with*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# 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. Santosh Palla
2. Designation: Assistant professor
3. Department: Oral medicine and Radiology
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR's Lenora Institute of Dental Sciences

6. Date & Duration of the Program: 29-9-18 to 30-9-18

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development Programme on the  
topic Periotarong

9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 22-9-18

Signature of staff member:

*D. Senthil*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Unlabeled*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# 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. C H Parankumar
2. Designation: Assistant professor
3. Department: Dept of orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 29/9/18 to 30/9/18

### 7. Associating Professional Body/Agency:

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

### 9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000/-

Membership Fee:

Others (mention):

Date: 21/9/18

Signature of staff member:

*At Pandey*

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Curran*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:





# 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. B. Satish*

2. Designation: *Tutor*

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Anil Neerukonda Institute of dental Sciences*

6. Date & Duration of the Program: *12/01/2019*

7. Associating Professional Body/Agency: *Faculty development programme*

8. Title of the Paper: *on topic plagiarism research*

9. Financial support particulars

Registration charges: *100/-*

Travel Allowance: *1200/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Dr. B. Satish*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*unlabeled*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Handwritten signature]*

**Date:**



# 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. M. Gowthami sai lakshmi

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

-Anil Ninukonda Institute of Dental Science

6. Date & Duration of the Program: 12/1/2019.

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic  
plagiarism research

9. Financial support particulars

Registration charges: Rs 100/-

Travel Allowance: Rs 1200/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal:

*with*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. M.V.K. Chaitanya*

2. Designation: *Tutor*

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Anil Nisubonda institute of dental sciences*

6. Date & Duration of the Program: *12/1/2019*

7. Associating Professional Body/Agency:

8. Title of the Paper: *Faculty development programme on the  
topic nationalism*

9. Financial support particulars

Registration charges: *Rs 100/-*

Travel Allowance: *Rs 1200/-*

Membership Fee:

Others (mention):

Date:

Signature of staff member:

D. M. Chetty

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Amman*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:





# KIMS 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. GR Raveendra varma
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Anil neerukonda Institute of Dental sciences
6. Date & Duration of the Program: 12-1-2019
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development programme on the  
topic of plagiarism research .
9. Financial support particulars  
Registration charges: 1001-  
Travel Allowance: 12001-  
Membership Fee:  
Others (mention):

Date:

Signature of staff member:

Dr. G R Raveendra Vam

1. Recommendations of the HOD:

2. Recommendations of the principal:

*WV*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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 G.V. Nagasai sujai

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neelukonda Institute of dental sciences.

6. Date & Duration of the Program: 12/01/2019

7. Associating Professional Body/Agency: faculty development

8. Title of the Paper: on topic plagiarism research programme.

9. Financial support particulars

Registration charges: 100/-

Travel Allowance: 1200/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

D. G. V. Naga Sai

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Author*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date:



# 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. K Prasanna Jyothi.

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil neerukonda institute of dental sciences.

6. Date & Duration of the Program: 12/01/2019.

7. Associating Professional Body/Agency: Faculty development Programme  
ON TOPIC plagiarism research.

8. Title of the Paper:

9. Financial support particulars

Registration charges: 100/-

Travel Allowance: 1200/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*D. K. Prasanna Tyothi*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Mulwa*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# KIMS 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. Saladi Veera Venkatesh

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Nirukonda Institute of dental sciences

6. Date & Duration of the Program: 12/1/2019

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the  
topic plagiarism research

9. Financial support particulars

Registration charges: Rs 100

Travel Allowance: Rs. 100

Membership Fee:

Others (mention):

Date:

Signature of staff member:

Dr. Jaleel Veeva verbal

1. Recommendations of the HOD:

2. Recommendations of the principal:

*written*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. A. Ramakrishna
2. Designation: Tutor.
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

And NERUKONDA institute of dental sciences.

6. Date & Duration of the Program: 12-1-2019.

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: 100 /-.

Travel Allowance: 1200/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

Dr. A. R. Krishna

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Subman*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. M. Mahadev
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Anil Neerukonda Institute of Dental sciences
6. Date & Duration of the Program: 12 / 1 / 2019
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development programme on  
the topic plagiarism research
9. Financial support particulars

Registration charges: 100/-

Travel Allowance: 1200/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

Dr. M. Mah De

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *written*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**





# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No-V/2017/2/2014 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. K. Prudhvi

2. Designation: Sr. Lecturer

3. Department: Periodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental college & hospital

6. Date & Duration of the Program: 18/6/2019

7. Associating Professional Body/Agency:

8. Title of the Paper:

Soft skill & development

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):

faculty development program on topic

**Date:**

**Signature of staff member:**

K. prashant

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

with

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# KIMS 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. Raveendra Varma

2. Designation: Sr. Lecturer

3. Department: Orthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR dental College & Hospital

6. Date & Duration of the Program: 18/6/2019

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

8. Title of the Paper: Soft skill & development

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

*Dr. Ravinder Vamea*

1. Recommendations of the HOD:

2. Recommendations of the principal: *Nulla*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*Lab*

Date:



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V/2017/2/2014 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. Pavan Kumar

2. Designation: Sr. lecturer

3. Department: Orthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR dental college & Hospital

6. Date & Duration of the Program: 18/6/2019

7. Associating Professional Body/Agency: faculty development program on

8. Title of the Paper:

topic -  
Soft skill development

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):



# 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. Subhadesh Pande

2. Designation: Professor

3. Department: Prosthodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil neurkonda <sup>Institute</sup> dental sciencey

6. Date & Duration of the Program: 12/1/2019

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on the topic of  
Plagiarism research

9. Financial support particulars

Registration charges: 100/-

Travel Allowance: 1200/-

Membership Fee:

Others (mention):



Date:

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal:

*Answer*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:

Date:

Signature of staff member:

Ch. pawan Kumar

1. Recommendations of the HOD:

2. Recommendations of the principal: ✓

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

J. Singh

Date:



# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No.-V/2017/2/2014 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. V. Shiva Kumar

2. Designation: Professor

3. Department: Periodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental College and Hospital

6. Date & Duration of the Program: 18/6/2019

7. Associating Professional Body/Agency:

Faculty Development Programme on topic

8. Title of the Paper:

Soft Skills Development

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*mkh*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*mkh*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Handwritten signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. LAKSHMIKANTA NAYAK

2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR DENTAL COLLEGE & HOSPITAL

6. Date & Duration of the Program: 18-06-2019

7. Associating Professional Body/Agency: WORKSHOP ON THE TOPIC

8. Title of the Paper: "SOFT SKILLS DEVELOPMENT"

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

DV. LAKSHMI KANTHA

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Nilman*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**





# 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. K. Venkatesh
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
MNR Institute of Dental Science
6. Date & Duration of the Program: 18/6/2019
7. Associating Professional Body/Agency: Workshop on the Topic
8. Title of the Paper: "Soft Skills development"
9. Financial support particulars  
Registration charges: 500/-  
Travel Allowance: 2000/-  
Membership Fee:  
Others (mention):

Date:

Signature of staff member:

K. Venkatesh

1. Recommendations of the HOD:

2. Recommendations of the principal: *Ww*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*Sub*

Date:

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: *Dr. Bhanu chander D*

2. Designation: *Tutor*

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*MNR Institute of Dental Sciences*

6. Date & Duration of the Program: *18/6/2019*

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

8. Title of the Paper: *"Soft Skills Development"*

9. Financial support particulars

Registration charges: *500/-*

Travel Allowance: *2000/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*D. Shau Chudri*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*www*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# 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. Nabyhmi Sailaga

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

MNR Institute of Dental Science

6. Date & Duration of the Program: 18/6/2019

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

8. Title of the Paper: "Soft skills development"

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

Lakshmi Satya

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

✓

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

✓

**Date:**





# **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. M. Vimala Sai**
2. Designation: **Tutor**
3. Department:
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
**MNR COLLEGE & HOSPITAL**
6. Date & Duration of the Program: **18-06-2019**
7. Associating Professional Body/Agency: **WORKSHOP ON THE TOPIC**
8. Title of the Paper: **SOFT SKILLS DEVELOPMENT**
9. Financial support particulars  
Registration charges: **500/-**  
Travel Allowance: **2000/-**  
Membership Fee:  
Others (mention):

Date:

Signature of staff member:




1. Recommendations of the HOD:

2. Recommendations of the principal: *Wulver*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: 

Date:



# 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. P. Praveetha Devi.

2. Designation: Reader

3. Department: Periodontics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental college and hospital.

6. Date & Duration of the Program: 08/01/2019.

7. Associating Professional Body/Agency:

Faculty development program on topic.

8. Title of the Paper:

soft skill & Development.

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

P. Pavithra Devi

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *subma*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. K. Nagendra Babu.

2. Designation: Reader

3. Department: periodontitis

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental college & hospital

6. Date & Duration of the Program: 18/6/2019

7. Associating Professional Body/Agency:

Faculty Development program on topic

8. Title of the Paper:

soft skill & development

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*K. Nagendra babu*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*huh*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V/2017/2/2014 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. Sanjay.N
2. Designation: Reader
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental College & Hospital

6. Date & Duration of the Program: 18/6/2019

7. Associating Professional Body/Agency: faculty development programme  
on topic soft skill development

8. Title of the Paper:

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

A handwritten signature in blue ink, appearing to be 'Safay . N'.

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*submit*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

A handwritten signature in blue ink, appearing to be 'Safay'.

**Date:**



# 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. B. Harsha
2. Designation: professor
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

MNR Dental College & Hospital

6. Date & Duration of the Program: 18/6/2019
7. Associating Professional Body/Agency: faculty development program on topic
8. Title of the Paper: Soft Skill development
9. Financial support particulars

Registration charges: 5001 -

Travel Allowance: 20001 -

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*initials*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: *Dr. T. Venugopal.*
2. Designation: *Asst. Reader.*
3. Department: *Endo*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Unova Institute of Dental Sciences.*

6. Date & Duration of the Program: *21/9/18*

7. Associating Professional Body/Agency:

8. Title of the Paper:

*faculty development programme on  
topic endodontics.*

9. Financial support particulars

Registration charges: *300/-*

Travel Allowance: *500/-*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Ambar*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**





# KIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V/2017/2/2014 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. Girish kumar k.

2. Designation: Sr. lecturer.

3. Department: Endodontics.

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora institute of dental sciences.

6. Date & Duration of the Program: 21/9/23

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Cirish Kumar*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *with*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

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

2. Designation: Reader

3. Department: Endodontics

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

5. Organizing Institution Details:

Lumora Institute of Dental Sciences

6. Date & Duration of the Program: 21-9-18

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development program on  
the topic Eco-Dentistry

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Frederick M. ...*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*W. ...*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

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

2. Designation: Professor.

3. Department: Endodontics.

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details: Lenora Institute of dental sciences.

6. Date & Duration of the Program: 21/9/18

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Sudhindradevade*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Ambar*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. G. Kartheek.
2. Designation: Assistant professor
3. Department: oral pathology
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of dental sciences

6. Date & Duration of the Program: 21/1/18-

7. Associating Professional Body/Agency:

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

Endodontics

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*R. G. Smith*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*under*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. S. Karthikeyan*

2. Designation: *Professor*

3. Department: *Periodontics*

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

5. Organizing Institution Details:

*Lenora Institute of Dental Sciences*

6. Date & Duration of the Program: *21-9-18*

7. Associating Professional Body/Agency:

8. Title of the Paper: *Faculty Development Programme on the  
Topic ECO-Dentistry*

9. Financial support particulars

Registration charges: *300 ✓*

Travel Allowance: *500 ✓*

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *✓*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



# 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. M.K. Sumanthi*
2. Designation: *Professor*
3. Department: *O. Path*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

*Lenora Institute of Dental Science.*

6. Date & Duration of the Program: *21/7/18*

7. Associating Professional Body/Agency:

8. Title of the Paper: *Faculty development programme on the  
topic Endodontics.*

9. Financial support particulars

Registration charges: *300/-*

Travel Allowance: *500/-*

Membership Fee:


Others (mention):

**Date:**

**Signature of staff member:**



**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** 

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**



**Date:**



**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. Puneethkumar Gupta.
2. Designation: Reader.
3. Department: Oral surgery
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Lenova institute of dental sciences
6. Date & Duration of the Program: 21/6/23
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development programme on topic of  
Eco dentistry
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 500/-  
Membership Fee:  
Others (mention):

**Date:**

**Signature of staff member:**

Dr. Pankaj Kumar

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *with*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. Shouvik Chowdhary.*
2. Designation: *Reader.*
3. Department: *OMFS*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

*Lucea Institute of Dental Sciences.*

### 6. Date & Duration of the Program:

7. Associating Professional Body/Agency: *21/7/18*

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

9. Financial support particulars *of Endodontics try.*

### Registration charges:

Travel Allowance: *800/-*

Membership Fee: *500/-*

### Others (mention):

**Date:**

**Signature of staff member:**

*Shamshul Choudhury*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*entire*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. Sajan Anand Gubbala
2. Designation: Sr. Lecturer
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

Zenora Institute of Dental Sciences

6. Date & Duration of the Program: 21-9-18

### 7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty Development Programme on the  
Topic Eco-Dentistry

### 9. Financial support particulars

Registration charges: 800/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Arlejan Shumard*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:**

*Wilman*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# 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. Achannapathi
2. Designation: Reader
3. Department: Oral pathology
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details: Lenora institute of dental sciences

6. Date & Duration of the Program: 21/9/18

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Arjunpatil*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *u/s*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: DR. K. SREEHA
2. Designation: ASST. PROFESSOR
3. Department: ENDOODONTICS
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

LENORA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 21-9-18

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

Dr. V. Anand

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *unlike*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**



# 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. B. Ratnakar*
2. Designation: *compd Sr. Lecturer.*
3. Department: *O.path*
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

### 5. Organizing Institution Details:

*Jenela Institute of Dental Sciences.*

### 6. Date & Duration of the Program: *21/7/18*

### 7. Associating Professional Body/Agency:

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

### 9. Financial support particulars

#### Registration charges:

Travel Allowance: *300/-*

Membership Fee: *500/-*

#### Others (mention):

**Date:**

**Signature of staff member:**

*D. Radhakrishnan*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *Unkown*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**





# KIMS DENTAL COLLEGE & HOSPITAL

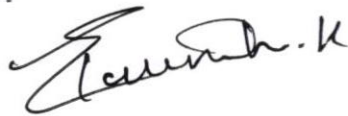
Permitted by Govt. of India MH & FW, (DE) No-V/2017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawada  
NH-216, Chaitanya Nagar, Amalapuram. E.G.Dist, A.P. - 533 201

## FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. k. Ekavenika
2. Designation: Assistant Professor
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:
5. Organizing Institution Details:  
Anil Kevankonda institute of Dental Science
6. Date & Duration of the Program: 21/03/19
7. Associating Professional Body/Agency:  
faculty development programme on topic
8. Title of the Paper:  
clinical work functioning
9. Financial support particulars  
Registration charges: 300/-  
Travel Allowance: 1000/-  
Membership Fee:  
Others (mention):

Date:

Signature of staff member:



1. Recommendations of the HOD:

2. Recommendations of the principal: *unwan*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# KIMIS 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. Kartheek

2. Designation: Associate professor

3. Department: Oral Pathology

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerukonda Institute of Dental Science

6. Date & Duration of the Program: 21/3/19

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

*D. G. Kanth*

1. Recommendations of the HOD:

2. Recommendations of the principal: *unlabeled*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant: *[Signature]*

Date:



# 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. B. Sankeerti Mala

2. Designation: Assistant Professor

3. Department: Oral Pathology

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerukonda Institute of dental science

6. Date & Duration of the Program: 21/3/19

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development Programme on topic  
clinical work functioning

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*A. Subramanian*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *inclusion*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:** *[Signature]*

**Date:**



**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. G.R. Ravendra Varma
2. Designation: Assistant professor
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerakonda Institute of Dental Science

6. Date & Duration of the Program: 21/3/19
7. Associating Professional Body/Agency: faculty development program on topic
8. Title of the Paper: Clinical Interlock functioning
9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:



1. Recommendations of the HOD:

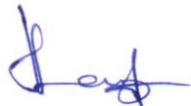
2. Recommendations of the principal:

*unlabeled*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Date:



# 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. G. Sanjeev Anand
2. Designation: Assistant professor
3. Department: Oral Surgery.
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerukonda Institute of Dental Sciences

6. Date & Duration of the Program: 21/03/19

7. Associating Professional Body/Agency:

8. Title of the Paper: Faculty development programme on topic  
Clinical Work Functioning

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

**Date:**

**Signature of staff member:**

*Sigevan*

**1. Recommendations of the HOD:**

**2. Recommendations of the principal:** *unlabeled*

**\*Sanctioned/ Not Sanctioned:**

**Processed by**

**Accountant:**

*[Signature]*

**Date:**

**FINANCIAL SUPPORT REQUEST LETTER**

1. Name of the Staff Member: Dr. M.K Sumathi
2. Designation: professor
3. Department: Oral pathology
4. Conference/ Membership Fee/ Workshop / FDP / Seminar /  
Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anil Neerukonda institute of dental science

6. Date & Duration of the Program: 21/3/19
7. Associating Professional Body/Agency:  
faculty development programme on the topic
8. Title of the Paper: Clinical block functioning
9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 1000/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

M.K. Sundh

1. Recommendations of the HOD:

2. Recommendations of the principal: *with*

\*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

*[Signature]*

Date: