

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

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

SNO	NAME OF THE FACULTY
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

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

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



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FINANCIAL SUPPORT REQUEST LETTER

TIEST ELITER
1. Name of the Staff Member: Dr. M. Vijaya Rhackar Reddy
2. Designation: Totor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Lenoro Enstitute of dental Science
6. Date & Duration of the Program: 12/0/19
7. Associating Professional Body/Agency: Second Student Programme on topic 8. Title of the Paper: Recent Advance in Bropsy 9. Financial support particulars
Registration charges: 200/-
Travel Allowance: 500/-
Membership Fee:

Signature of staff member:

Bharlison 71 coldy

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Reader

3. Department: Endodortice

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

5. Organizing Institution Details:

Lenora Institute of Deutal Science

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

7.	Associating Profess	sional Body	/Agency:				
	Title of the Paper:	Paulty	Levelopmen	-	programme	on	Topic
9.	Financial support r		Advances	U,	Dopsy		

nai support particulars

Registration charges: 300 -

Travel Allowance: 500

Membership Fee:

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.,	4			

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

2000

Membership Fee:

Others (mention):

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dx. Kisan Kumas .V
2. Designation:
3. Department: Tut &
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
londa institute of Dontal Sciences
6. Date & Duration of the Program: 12 5 2019
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: - faculty Development programme on topi 8. Title of the Paper: Recent advances in biopsy
9. Financial support particulars
Registration charges: 200/-
Travel Allowance: 500 /-

C

Signature of staff member:

Kiraikhus

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Dr. P. Manikya Deepa.
2.	Designation: Tutox,
3.	Department:
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	Lenora Instite of Destal Science.
6.	Date & Duration of the Program: 12 5 2019.
7.	Associating Professional Body/Agency:
8.	Title of the Paper: Recent Advances in biopsy.
9	Financial support particulars
	Registration charges: 700 (-
	Travel Allowance: 500 (-
	Membership Fee:

Signature of staff member:

Marily

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:

Or sudhindra Deshpande

2. Designation:

Agessor

3. Department:

Endodortics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Lenora Institute of Dental Science

6. Date & Duration of the Program:

12-5-2019

7. Associating Professional Body/Agency:

8. Title of the Paper:

faculty Development programme on the topic Recent Advances in Bigsy.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance:

500 1

Membership Fee:

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Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Men	er: by. Sajan Anaud 6	
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2. Designation: Sr. Leeturer

3. Department: oral Europeuy,

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

5. Organizing Institution Details:

Institute of dental science

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

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: 300/~

Travel Allowance:

Membership Fee:

Signature of staff member:

- free

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPI

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	drisandhya	chhanga prao	Jadhan
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2. Designation: Reader

3. Department: orthodonthis

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

5. Organizing Institution Details:

Institute of Dental Sciences

6. Date & Duration of the Program:

12-5 2019

7. Associating Professional Body/Agency:

topic

Recent

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300 1-

Travel Allowance:

500 1-

Membership Fee:

Signature of staff member:

Sarchyse

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the St	taff Member:	Dr	GR.	Raveendra	pmeon
2.	Designation:	Sr. Lect	will			

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

Orthodontics

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

3. Department:

Lenora institute of Dental Sciences.

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

7. Associating Professional Body/Agency: faculty development frogramme 8. Title of the Paper: The topic recent advances in Biopsy

9. Financial support particulars

Registration charges: 3001-

Travel Allowance: 500 1-

Membership Fee:

Signature of staff member:

Javeedra

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member				ember:	Du.G.	Poja	Devi
_			_					

2. Designation: Sa lecture

3. Department: Pedodortics

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

5. Organizing Institution Details:

lenda enstitute of dental science

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

7.	Associating Professional Body/Agency:	
8.	Associating Professional Body/Agency: -a culty development programm on to	pic
	Financial support particulars)

Registration charges: 300/-

Travel Allowance: 500 /-

Membership Fee:

Signature of staff member:

Pura devil

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. V. SIVA KUMAR

2. Designation: PROFESSOR

3. Department: PERIODONITICS

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

LENORA INSTITUTE OF DENTAL SCIENCES

- 6. Date & Duration of the Program: 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:

Signature of staff member:

hun

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. Angel Bhagga
- 2. Designation: Senior lectorer
- 3. Department: Conservative.
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

LCNORA INSTITUTE OF DENTAL SCIENCES

- 6. Date & Duration of the Program: 12 [5] 2019.
- 7. Associating Professional Body/Agency:
 Faculty Development programe on
 8. Title of the Paper:
- 8. Title of the Paper:
 The topic recent Advances in Biopsy.
- 9. Financial support particulars

Registration charges: 3001-

Travel Allowance: 500 -

Membership Fee:

Signature of staff member:

Bhoghe

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr. Pewan	Preetherm
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2. Designation: Reader

3. Department: En Lecturer

4. Conference/ Membership Fee/ Workshop I FDP I Seminar I 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: Facusty Development program.
8. Title of the Paper:

10 Ptc Recent Advances in Biopsy

9. Financial support particulars 🗁

Registration charges: 300 F

Travel Allowance: 500/

Membership Fee:

Signature of staff member:

favor

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:

DR. HI ARUNA

KONHAR

2. Designation:

-

AR. LECTURER.

3. Department:

DENTISTRY PUBLIC HEALTH

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

INSTITUTE OF DENTAL SCIENCES LENIORA

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

7. Associating Professional Body/Agency:

PROGRAMMIE FACULTY DEVELOP MENT

8. Title of the Paper:

ON THE TOPIC

RECENT ADVANCES IN

BIOPSY,

9. Financial support particulars

Registration charges:

3001

Travel Allowance:

500 -

Membership Fee:

Signature of staff member:

Aruna Kandos

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of	the	Staff	Member:	Dr. Pratap	Raui
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2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Lenora in HHUNE OF dental sciences.

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

7. Associating Professional Body/Agency:

workshop on Recent Advances in biopsy.

9. Financial support particulars

Registration charges: 300 -

Travel Allowance:

Membership Fee:

8. Title of the Paper:

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- 8	.,,	a	ı	C	

Signature of staff member:

Protosp rousi

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of	the Staff	Member:	DiKappo	la	Mounika
----	---------	-----------	---------	---------	----	---------

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

L'enora Pristitute of Dental Sirences

- 6. Date & Duration of the Program: 12/5/19
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Workship on Advances in Bropsy
- 9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 5001-

Membership Fee:

Date:	
Signature of staff member:	Do K. Mourike

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant: Land

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

Lenora institute q deutal 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: 360 |-

Travel Allowance: Soo | -

Membership Fee:

Signature of staff member:

Dr. porina bhargair. D.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

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

Lenora initituli gi Nental scière

- 6. Date & Duration of the Program: เมติเว
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Advances is beip cy
- 9. Financial support particulars

Registration charges: 300/_

Travel Allowance: Tool -

Membership Fee:
Others (mention):

Date:

Signature of staff member:

Kronthitum

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: 7	Dr.Ch. Klaga	Veerasatya	Swan
--------------------------------	--------------	------------	------

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Lenora institute of dental sciences.

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

7. Associating Professional Body/Agency:

8. Title of the Paper:

workshopen Recent Advances in Blopy

9. Financial support particulars

Registration charges: 300 -

Travel Allowance: 500 -

Membership Fee:

Signature of staff member:

ch Nonga recordistyon

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. And Prayad y
2. Designation: Tatol
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Lendra Onstitute of Dental Science
6. Date & Duration of the Program: 12/5/2019
7. Associating Professional Body/Agency:
8. Title of the Paper: Walkshop on Recent advances in Biopsy
9. Financial support particulars
Registration charges: 300/-
Registration charges: 300/- Travel Allowance: 500 /-
Membership Fee:

Signature of staff member:

Yam

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

The sale

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

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

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

Lenora inititate of dental sciences

- 6. Date & Duration of the Program: 12/5/2019
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Recent Advances in Bropsy
- 9. Financial support particulars

Registration charges: 300/_

Travel Allowance: 500/-

Membership Fee:

Others (mention):

Date:

Signature of staff member:

Alelity/

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. A Rama Knishna

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Lenova 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:

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Signature of staff member:

Rana treighne

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WIMS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the	Staff Member:	Dr. Jalli	u'swanth
----	-------------	---------------	-----------	----------

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Lenora Institute of dental science

6. Date & Duration of the Program: (2/5/2019

7. Associating Professional Body/Agency:

cooperhap on decent advances in

8. Title of the Paper:

Biopsy

9. Financial support particulars

Registration charges: 3001-

Travel Allowance: 5001-

Membership Fee:

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	J	0	+	0	4
ı	,	a	ŧ	c	i

Signature of staff member:

Viguenth

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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EINANCIAL CUIDDODT DEOUECT LETTED

FINANCIAL SUPPORT REQUEST LETTER
 Name of the Staff Member: Or L. Ekaverika Designation: Sr Lectore
3. Department: Orthodortics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
And Meenskonda Pretatate of dental ocienca
6. Date & Duration of the Program: 25 219
7. Associating Professional Body/Agency: faculty developmen programme on the spice
8. Title of the Paper: on Ethical pratica à destistage
9. Financial support particulars
Registration charges: 200 (
Travel Allowance: $ \circ \infty $ _
Membership Fee:
Others (mention):

1			4		
	-	0	Ŧ	Ω	
	•				

Signature of staff member:

Cowola. K

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr. Anant	gautam
----	---------------------------	-----------	--------

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

Anil Meerukonda enstitute of dental sciencu.

- 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: 4.200 -

Travel Allowance: R. 1000 -

Membership Fee:

Signature of staff member:

Ananth Grusthin

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. K.V. R. Sushma
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
·
5. Organizing Institution Details:
April Meenotondo Pontilute of dental Sciences
6. Date & Duration of the Program: 23 3 19
7. Associating Professional Body/Agency: Faculty development programme on the top?
o. The of the Paper:
9. Financial support particulars
Registration charges: 200/-

10001

Travel Allowance:

Membership Fee:

Signature of staff member:

K, Vik Sushmar.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WKIMS DENTAL COLLEGE & HOSPITAL

1-14

Others (mention):

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. A. Rama Keirhne.
2. Designation: Tutor.
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Neerukonda Institute et Dental Swences.
6. Date & Duration of the Program: 23/3/19.
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: Faulty development Programm on the topic 8. Title of the Paper: Unthical Pratices in dentistry.
9. Financial support particulars
Registration charges: 200 -
Travel Allowance: 1000 -
Membership Fee:

Signature of staff member:

A Ram Keriaha

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

the ast

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

. Name of the Staff Member:	De.	G.	Sargeer	Anand
-----------------------------	-----	----	---------	-------

2. Designation: S.R. Lecture

Oeal Surgery. 3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Aril Neuerkonde enstitute of dental sciences

6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges:

Travel Allowance: U.200(-

Membership Fee: 4 1000

Signature of staff member:

G. Lauren Arand

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of th	ne Staff Member:	Dr. J. Handrasac	naik
----	------------	------------------	------------------	------

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

- 6. Date & Duration of the Program: 23/3/19
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Faculty development programme on the topic of unethical practices in dentisty
- 9. Financial support particulars

Registration charges:

Travel Allowance: 420d-

Membership Fee: 1000/

Signature of staff member:

J. Hanpressed Mark

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. K. Prudhvi.
2. Designation: 3R Lectuser
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
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:
9. Financial support particulars
Registration charges: 800/-
Travel Allowance: 5000
Membership Fee:

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Signature of staff member:

& Budhi

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WKIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Ruchina G
2. Designation: Tut8/
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
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:
8. Title of the Paper: Development programme on the topic unexthecal pratices in dentistry
9. Financial support particulars
Registration charges: 206/
Travel Allowance: 10001

Membership Fee:

Signature of staff member:

Galactic

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr Reparathi Verkateh Naik
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Membrodo Postiluli of dontal Sciences
6. Date & Duration of the Program: মুখ্যান
7. Associating Professional Body/Agency: faculty development programme on topic 8. Title of the Paper: Un Ethical profice is destictly 9. Financial support particulars
Registration charges: 200
Travel Allowance: 1000
Membership Fee:
Others (mention):

Signature of staff member:

Dr. Rupavathi

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr K. Raja Vardhay 2. Designation: Reades
3. Department: pedodontia
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Mil Neenkorde in Hitute of Dental Stavia
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: 000

Membership Fee:

Signature of staff member:

L' Baje Varelhom

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WINTS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Watray B
2. Designation: Ly Lectur
3. Department: Consciuation
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Anil Neululconada institut of dental tarner
6 Data & Duration of the Program: 23/3/19
7. Associating Professional Body/Agency: development programme onth faculty development topic faculty practices in dentity
8. Title of the Paper: un Ethical practices in dentity
9. Financial support particulars
Registration charges:
Travel Allowance: 0 00-1-

Membership Fee:

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1)	63	ŧ	0	4
ж	,9	a	Ł	U	

Signature of staff member:

Natavaj. B

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

. Name of the Staff Member:	Dr J. Rangee	Vijay	kumar
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2. Designation: Tutor

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

INSTITUTE OF DENTAL SCIENCES ANIL NEERUKONDA

6. Date & Duration of the Program: 23 02 19

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

8. Title of the Paper:

9. Financial support particulars

9. Financial support particulars

Registration charges: 2001

Travel Allowance: 1000 [-

Membership Fee:

Date:			
Signature of staff member:	RJ.	Ranjeeljay	Kumor

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. K. Prudhe,
- 2. Designation: 5x.1ecture
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

- 5. Organizing Institution Details: NEGRURONDA INSTITUTE OF DENTAL SCREAKES ANIL
- 6. Date & Duration of the Program: ₹3.19.19
- 7. Associating Professional Body/Agency: wordloop on the topic of unethold projectives in Dentistry.

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

Registration charges: 800 +

Travel Allowance: 1000 /-

Membership Fee:

Date: Signature of staff member:	Liberthi

I. Recommendations of the HOD:

2. Recommendations of the principal:

My

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of	the	Staff	Member:	Don.	M. C	restange
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2. Designation: Total

Training/Industrial Visit/Tours:

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

5. Organizing Institution Details: Anil Newskonda mithe of

Dental schence

A 1

6. Date & Duration of the Program: 23 -03 -19

7. Associating Professional Body/Agency: workshopen the topic of 8. Title of the Paper.

8. Title of the Paper:

9. Financial support particulars

200 1-Registration charges:

1000 1-Travel Allowance:

Membership Fee:

Date:	
Signature of staff member:	On M. Chestaye

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. G. Chandu Priya '
- 2. Designation: Tutor.
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE DENITAL SCIENCES.

- 6. Date & Duration of the Program: 23-02 20/9.
- 7. Associating Professional Body/Agency: Norkehop on the Topic 8. Title of the Paper: practices on Deuterty.

9. Financial support particulars

Registration charges:

2001-

Travel Allowance:

10001-

Membership Fee:

Date: Signature of staff member:	Chambriya.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

. Name of the Staff Member:	Dr	GANTA	GOPAC	KRISHNA.
-----------------------------	----	-------	-------	----------

2. Designation: Tuber.

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL NEFRUKONI)A INSTITUTE OF DENTAL SCIENCES.

6. Date & Duration of the Program: 23-03-29

ody/Agency: WORK SHOP ON THE
PRACTICE OF UNETHICHAL PRACTICE
ITA DENTISTRY

ATS 7. Associating Professional Body/Agency:

8. Title of the Paper:

9. Financial support particulars

200 /-**Registration charges:**

Travel Allowance:

10001

Membership Fee:

Date:	
Signature of staff member:	Dr. Copalthining

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr.	K.	Chasis	L.Ma
------------------------------	-----	----	--------	------

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

ANIL MEERUKONDA INSTITUTE OF DENTAL SCIENCES.

6. Date & Duration of the Program: 23-03-19

7. Associating Professional Body/Agency: workshop on the topic of 8. Title of the Paper: "Unethical practices en Deutistry",

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: \DDD |-

Membership Fee:

Date: Signature of staff member:	Dr. Charit.

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

The same

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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KIMS DENTAL COLLEGE & HOSPITAL

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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 I FDP I Seminar I

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

INSTITUTE OF DENTAL ANIL NEERUKONDA SCIENCES.

6. Date & Duration of the Program: 23 00 19.

7. Associating Professional Body/Agency: work shop on the topic of 8. Title of the Paper:

8. Title of the Paper:

9. Financial support particulars

Registration charges:

2001-

Travel Allowance:

10001-

Membership Fee:

1	1	0	+	0	
	,	74		100	

Signature of staff member: M.k.M. Mounta

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DR. EKAVENIKA KOVALEKAR

2. Designation: Tuto

3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

NEERUKONDA INSTITUTE OF DENTAL ANIL SCIENCES

6. Date & Duration of the Program: 33/43/19

7. Associating Professional Body/Agency: workshop on the topic of 8. Title of the Paper:

8. Title of the Paper:

9. Financial support particulars

Registration charges: 200/

Travel Allowance: 1000)

Membership Fee:

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	,			c	

Signature of staff member: Dr Lauenlan

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WELLINS 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

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr Kordalar rao Boddede
2. Designation: Ready
3. Department: Redodontia
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
- One Neuwkonda Pristatule of dental sciences
6. Date & Duration of the Program: 23 にい
7. Associating Professional Body/Agency: Jacoble development programme on the Hopic
8. Title of the Paper: unethical practice is dentity
9. Financial support particulars
Registration charges: 200
Travel Allowance: 1000
Membership Fee:

Date:

Signature of staff member:

& Lordale Rav

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dog. M. Chaintanya

2. Designation: Serior Lectuser.

3. Department: Comervative.

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

5. Organizing Institution Details:

Anel Merukonda Institute et Dental sciences.

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

7. Associating Professional Body/Agency:

Faculty development Programm on the topic

8. Title of the Paper:

unethical Practices in dentistry.

9. Financial support particulars

Registration charges: 2001

Travel Allowance: 1000 | -

Membership Fee:

Date:

Signature of staff member:

M. Chartany

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

QKIVIS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

2.	Designation:	Professor	and	Principal
3.	Department:	Periodonti	CS	
4.	Conference/ M	lembership Fee	e/ Worksh	nop / FDP / Seminar /
	Training/Indu	strial Visit/Tou	irs:	
5.	Organizing In:	stitution Detail	s:	
	M	NR Edu	cational	trust

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

Dr. V. Shiva kumar

10/7/18

9. Financial support particulars

6. Date & Duration of the Program:

1. Name of the Staff Member:

Registration charges: 300 / -

Travel Allowance: 1200/-

Membership Fee:

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKINIS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Sr. Lecturer

1

3. Department: Oral Surgery

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

5. Organizing Institution Details:

MINIR Educational Trust

6. Date & Duration of the Program: 10 +1 18

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

9. Financial support particulars

Registration charges: 6001

Travel Allowance: 1700 |-

Membership Fee:

Date:

Signature of staff member:

Dr. Say an Arrand Gubbala

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

will

*Sanctioned/ Not Sanctioned:

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Accountant:



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	FINANCIAL SUPPORT REQUEST LETTER
1.	Name of the Staff Member: Dr. L. Magendra babu
	Designation: Reades
3.	Department: Periochatic,
	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	MNIR Educational fruit
6.	Date & Duration of the Program: 10 4 18
7.	Associating Professional Body/Agency:
8.	Title of the Paper: Work shop on Dental Employer
9.	Financial support particulars
	Registration charges: 300 [-
	Travel Allowance: 17001_
	Membership Fee:

Date:

Signature of staff member:

Pr. Narutre betu.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KINIS DENTAL COLLEGE & HOSPITAL

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	FINANCIAL SUPPORT REQUEST LETTER
1.	Name of the Staff Member: Dr. R. Naren Lichore
2.	Designation: In Lecture
3.	Department: Ord Surgey
	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	MNR Educational tweet
6.	Date & Duration of the Program: 10/7/18
7.	Associating Professional Body/Agency: Jaculty development programm on the topic
8.	Title of the Paper: Work thop on Dental Emplanti
9.	Financial support particulars
	Registration charges: 300 -
	Travel Allowance: 1700/_

Membership Fee:

	-	-	4 -	-
-1		201	10	١.
		681	LV.	1 4

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Tulo

3. Department:

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

5. Organizing Institution Details:

MNR educational thust

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

7. Associating Professional Body/Agency:

8. Title of the Paper: Workshop m dental implants

9. Financial support particulars

Registration charges: 300 |-

Travel Allowance: 1700]-

Membership Fee:

Date:

Signature of staff member:

Dr. K. Venkatesh.

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

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

. Name of the Staff Member:	Dr. A. Lakshmi	Shailaja.
-----------------------------	----------------	-----------

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

MNR Educational Pourst

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

Registration charges: £4.3∞/-

Travel Allowance: Rs. 1700/-

Membership Fee:

Date:

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

ENTRE SCITORI REQUEST LETTE	<u>R</u>
1. Name of the Staff Member: Dr Lakshmi Mani	Kanta n
2. Designation: Tator	
3. Department:	
4. Conference/ Membership Fee/ Workshop I FDP I Semina	r I
Training/Industrial Visit/Tours:	
5. Organizing Institution Details:	
6. Date & Duration of the Program: 18/7/2018	
7. Associating Professional Body/Agency:	
8. Title of the Paper: Lork 18hop on Wental 8	ublants
9. Financial support particulars	
Registration charges: 300/_	
Travel Allowance: 1700 _	
Membership Fee:	
Others (mention):	

Date:

Signature of staff member:

Mountainlyck

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Two

3. Department:

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

5. Organizing Institution Details:

MNR Educational Bust

6. Date & Duration of the Program: 18/7/2019

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:

-			
n	9	to	
$\boldsymbol{\nu}$	a	u	

Signature of staff member:

Dr. Bhann Chandard

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.M	Vimala	Sai'
----	---------------------------	------	--------	------

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

MNR educational trust

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

8. Title of the Paper: workshop on dental implant

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 17001-

Membership Fee:

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	a	T	Ω	۰
	\boldsymbol{a}		•	

Signature of staff member:

M. Vinala Sai

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

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Ahant Gautan
2. Designation: Tutos
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR educational trust
6. Date & Duration of the Program: 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: \700 [_
Membership Fee:
Others (mention):

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Signature of staff member:

Ahaut gastan

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

*Sanctioned/ Not Sanctioned:

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Accountant:

RIVIS 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.R. - 533 201

FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Reades

3. Department: pexiodontics

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

5. Organizing Institution Details:

MINR Educational trust

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

7. Associating Professional Body/Agency: Faculty devolopment
Programme on the topic workshop on pental
8. Title of the Paper: Implant.

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1700/-

Membership Fee:

-				
- 2	-	. 4	1	
	*.4		4.3	-
	43		B	

Signature of staff member: Dr. Franthe deni

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

*Sanctioned/ Not Sanctioned:

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Accountant:

OKINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Dr. V. Frank Himaga Devi
2.	Designation: Streetucer
3.	Designation: Soul Lecturer Department: Oral Sugary
4.	Conference/ Membership Fee/ Workshop / FDP / Seminar /
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	MINE Educational Truet
6.	Date & Duration of the Program:
7.	Associating Professional Body/Agency: Faculty development
8.	Associating Professional Body/Agency: Faculty development Programme on the topic workshop on Decital Title of the Paper: Turplant
9.	Financial support particulars
	Registration charges: 300 -
	Travel Allowance: 1400/-
	Membership Fee:
	Others (mention):

10	.4	00
1 2	ш	н.

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WINTS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member: Dr. K. Puchui
2.	Designation: & Lecture
3.	Department: Periocloutics
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	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. 8.	Associating Professional Body/Agency: Faculty development Profamme on the topic work shop on Functions Title of the Paper: Peclockettics
9.	Financial support particulars
	Registration charges: 'CO /-
	Travel Allowance: 1900-
	Membership Fee:

Signature of staff member:

Kp. M.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Da N. Sangy

2. Designation: Reader

3. Department: Orthodontics

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

5. Organizing Institution Details:

MNR Educational Bust

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

7. Associating Professional Body/Agency:

faculty development programme on the

8. Title of the Paper: V work

on Functional

Pedometrics.

9. Financial support particulars

Registration charges: 400/-

Travel Allowance: 1900 /-

Membership Fee:

Signature of staff member:

NSagry

l. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIVIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: professor & too

3. Department: orthodontics

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

5. Organizing Institution Details:

MNR Educational trust

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

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

8. Title of the Paper: Floricitop on functional pedometricy

9. Financial support particulars

Registration charges: 400 |-

Travel Allowance: 1900 -

Membership Fee:

Signature of staff member:

Hollands.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DR. Ravcendra Varma
2. Designation: SR. Lecturer
3. Department: Orthodontics.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR Educational Trust
6. Date & Duration of the Program: 30/5/19 - 31/5/19
7. Associating Professional Body/Agency: Faculty Development
7. Associating Professional Body/Agency: Faculty Development Programme on the topic workshop on Functions 8. Title of the Paper: Pedometrics.
9. Financial support particulars
Registration charges: 400
Travel Allowance: 1900 -

Membership Fee:

Signature of staff member:

Damby Man

l. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:

DENTAL COLLEGE & HOSPI

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FINANCIAL SUPPORT REQUEST LETTER

1. Name	of the Staff Member:	Dr.	K.	Rajiv	kumar	Chowday

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

dental collège. MNR

- 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:

Signature of staff member:

Dr. Rajir Kumar Chowday

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

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

MAR dental courge

- 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 pedometris
- 9. Financial support particulars

Registration charges: 400|-

Travel Allowance: 19001-

Membership Fee:

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.,	\boldsymbol{a}			

Signature of staff member:

Dr. Sajan Ahand G

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

who

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	GI.	Manjunath.

- 2. Designation: Tuth
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 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 pedomitrics
- 9. Financial support particulars

Registration charges: 400 -

Travel Allowance: 1900 -

Membership Fee:

Signature of staff member:

Dr. G. Manjuneth.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr	B. Harsha
	- 10		

2. Designation: Tutos.

3. Department:

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

5. Organizing Institution Details:

MNR dental Collège

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

7. Associating Professional Body/Agency:

8. Title of the Paper: Wolkshop on Functional pedometry

9. Financial support particulars

Registration charges:

Travel Allowance: Upo |-

Membership Fee: 1900 |-

Signature of staff member:

B. Hutha.

l. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

FINANCIAL SUPPORT REQUEST LETTER
1. Name of the Staff Member: Dr. Sandhya chagan Rao Jo 2. Designation: Tutos
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR deutal collège.
6. Date & Duration of the Program: 30 2 2019 & 315 2019
7. Associating Professional Body/Agency:
8. Title of the Paper: wolk shop on pedometricy
9. Financial support particulars
Registration charges: 400 -
Travel Allowance: 1900/-
Membership Fee:
Others (mention):

Signature of staff member:

Sandhya

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:



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	FINANCIAL SUPPORT REQUEST LETTER
1.	Name of the Staff Member: Dr Ch. para Kumar
2.	Designation: Sr. Lecturer
3.	Department: Orthodontics
4.	Conference/ Membership Fee/ Workshop I FDP I Seminar I
	Training/Industrial Visit/Tours:
5.	Organizing Institution Details:
	MNR Educational tust
6.	Date & Duration of the Program: 30 5 19 - 31 5 19
7.	Associating Professional Body/Agency: Faculty Occulopment programm on the topic
	Title of the Paper: Workshop on functional pedometrice
9.	Financial support particulars
	Registration charges: 400/-
	Travel Allowance: 1900/-
	Membership Fee:

Signature of staff member:

Charles.

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Amsternt professor

3. Department: oral parthology

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

adamuli Enstitute q 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: pacenty bevelopment programme on the topic supportance of Soft Skill bevelopment in deal life.

9. Financial support particulars

Registration charges:

Travel Allowance: Rs 10001-

Membership Fee:

Dr. G. Kortheck.
Austeurt professol
and pathology

Codonali Anstitute o Engineering & technology

Earportonce of Soft Skill benelopment in deal life.

-Jorol 29

Date: 12/9/18

Signature of staff member:

Pr. G. Manth 12 Par 18

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. K. Sreeha
2. Designation: Assistant professo
3. Department: Endodontsu
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Godavai Institute of Engineering
E Technology.
6. Date & Duration of the Program: 19/9/18 to 31/9/18
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: Faculty development on the topic importance 8. Title of the Paper: of Soft Still development in led life.
9. Financial support particulars
Registration charges:
Travel Allowance: Rs. (000/_
Membership Fee:
Others (mention):

Date: 12/9/18.

Signature of staff member:

Dr. b. Greek

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. S. Karthikeyan
2. Designation: Proffessor
3. Department: Oxal Surgery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Godavari Institute of Engineering and Techz
6. Date & Duration of the Program: 19-9-2018 to 21-9-2016
7. Associating Professional Body/Agency: 8. Title of the Paper: Importance of Soft Skill Development =
9. Financial support particulars
Registration charges:
Travel Allowance: 4 1000/-
Membership Fee:

Signature of staff member:

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

Lesp

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: T. Venugopal.

2. Designation: Attickable Professor.

3. Department: Endodontics.

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

5. Organizing Institution Details:

Godavari anstitute Engineering & technology

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

7. Associating Professional Body/Agency:

' faculty perelopment programme on the tople 8. Title of the Paper: 9. Financial support particulars

Registration charges:

Travel Allowance: Re 1000 | -

Membership Fee:

Date: 11/9/18

Signature of staff member: Dr. T. vanyopal

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Shoulk Chowdoory
2. Designation: Associate professor
3. Department: Oral Surgery
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Godovon' 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 dwelopment programme on the topic importence of Jost Skill development 9. Financial support particulars In Real life
9. Financial support particulars (n Rcot life
Registration charges:
Travel Allowance: Ps 1000 [-
Membership Fee:

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

Registration charges: Travel Allowance: P_{1} 1000 [-	
3. Department: Donal Seengery 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours: 5. Organizing Institution Details: Godawar Institute of Engineering and Technology 6. Date & Duration of the Program: [9] 9118 to 21] 9118 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 1. Real life	1. Name of the Staff Member: Dr. Punuth kumos Coupte.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours: 5. Organizing Institution Details: Godawar Institute of Engineering and Fechnology 6. Date & Duration of the Program: [7] 9] 18 to 21] 9] 18 7. Associating Professional Body/Agency: 8. Title of the Paper: topic Importance of soft Skill development 9. Financial support particulars Registration charges: Travel Allowance: R 10001-	
Training/Industrial Visit/Tours: 5. Organizing Institution Details: Godawai Institution of Engineering and Technology 6. Date & Duration of the Program: [9] 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 on Programme of the Paper: Travel Allowance: Pool -	3. Department: Oral Secongery
5. Organizing Institution Details: Godawar Institute of Engineering and Federalogy 6. Date & Duration of the Program: 191918 to 211918 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 Registration charges: Travel Allowance: R 10001	4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Godawar Institute of Engineering and Technology 6. Date & Duration of the Program: [9]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 Registration charges: Travel Allowance: R 10001-	Training/Industrial Visit/Tours:
Godawar Institute of Engineering and Technology 6. Date & Duration of the Program: [9]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 Registration charges: Travel Allowance: R 10001-	
6. Date & Duration of the Program: 1919/18 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 1. Registration charges: Travel Allowance: Program: 1919/18 to 21/9/18 1. Registration charges:	
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 1. Real life Registration charges: Travel Allowance: Poologo	Godawar institute of Engineering and Technolog
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 1. Real life Registration charges: Travel Allowance: Poologo	
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: R 10001-	6. Date & Duration of the Program: 19/9/18 to 21/9/18
Registration charges: Travel Allowance: P_{1} 1000 [-	7. Associating Professional Body/Agency:
Registration charges: Travel Allowance: P_{1} 1000 [-	8. Title of the Paper: Faculty development programme on the
Registration charges: Travel Allowance: P_{1} 1000 [-	topic importance of soft skill developmen
Travel Allowance: P1 1000 [-	9. Financial support particulars
	Registration charges:
Membership Fee:	Travel Allowance: R, 1000 [-
	Membership Fee:

Date: 12 9 18

Signature of staff member:

Parulle

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	B.	Rathnakar
----	---------------------------	-----	----	-----------

2. Designation: Assistant profesion

3. Department: Oxal pathology

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

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

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

9. Financial amount of seal life.

9. Financial support particulars

Registration charges:

Travel Allowance: & 1000/-

Membership Fee:

Date: 119/18

Signature of staff member:



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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Sudhindra distipande
2. Designation: Professo
3. Department: Endodontru
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Godavai Institue of Engineering
E Technology
6. Date & Duration of the Program: 19/9/18 10 21/9/18
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development on the topic importance of soft start development.
9. Financial support particulars
Registration charges:
Travel Allowance: Rs. 1000/-
Membership Fee:
Others (mention):

Date: 13/9/18

Signature of staff member:

Sunde der part

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Assobiate Profesor.

3. Department: Conservative.

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

5. Organizing Institution Details:

Godavani institute of Engineering & technology.

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

7. Associating Professional Body/Agency:

8. Title of the Paper: Importance of soft still development in

9. Financial support particulars

Registration charges:

Travel Allowance: Ps 1000 |-

Membership Fee:

Date: 13/9/18

Signature of staff member:



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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr Girish kumar k

2. Designation: Assistant projenor

3. Department: Endodontia

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

5. Organizing Institution Details:

Godavas 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: Importance of Soft Still Development in Real Life

9. Financial support particulars

Registration charges:

Travel Allowance: L 1000/-

Membership Fee:

Date:

13-9-18

Signature of staff member:

Dr Girish temar

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITA

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DY. A. RAMA. KRISHNA.

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

ANIL NEERUKONDA BLINSTITUTE 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:

Date: Signature of staff member:	a Rome Wish
Signature of staff member:	Dition

1. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. B solish.	
2. Designation: Totor	
3. Department:	
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I	
Training/Industrial Visit/Tours:	
5. Organizing Institution Details: Anil Necrokonde islibite of Dental scient	Ce,
6. Date & Duration of the Program: 10 01 5019	
7. Associating Professional Body/Agency: faulty Development programe. on the topic scientific educational practices 8. Title of the Paper:	
9. Financial support particulars	
Registration charges: 300 -	
Travel Allowance: tooo -	

Membership Fee:

Date:	
Signature of staff member:	Dr. B. Sender

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

*Sanctioned/ Not Sanctioned:

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Accountant:



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Membership Fee:

Others (mention):

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr Ruchira, 61	
2. Designation: Tubo?	
3. Department:	
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I	
Training/Industrial Visit/Tours:	
5. Organizing Institution Details: Anil Needlu Konda Institute Dental Sciences.	of
6. Date & Duration of the Program: 10/1/2019	
7. Associating Professional Body/Agency: Faculty development Brog On the Popic Scientiefic Educational Bractices 8. Title of the Paper:	Ran
9. Financial support particulars	
Registration charges: 300	
Travel Allowance: 1000	

Date:		
Signature of staff member:	Dr	Ruchira

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: DR. J. HARI PRASAD NAIK
- 2. Designation: TUTOR
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF DENTAL SCIENCES

- 6. Date & Duration of the Program: 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:

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	16	١,

Signature of staff member: D. Jahan Ras and Nark

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: TUTOR,

3. Department:

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

5. Organizing Institution Details:

ANIL NEERUKONDA INSTITUTE OF DENTAL SCIENCES.

6. Date & Duration of the Program: 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: \000 |-

Membership Fee:

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Signature of staff member: Or Megler.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:

Travel Allowance:

Membership Fee:

Others (mention):

1000

1. Name of the Staff Member: Or Ekavenika Kovelakar
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Avril Neurohovola Inditate of Durtal Sciences.
Inditate of Dutal Sciences.
6. Date & Duration of the Program: 10 -01 - 2019
7. Associating Professional Body/Agency: Faculty Levelopment frogram 8. Title of the Paper:
8. Title of the Paper: On the topic Scientific education fractions
9. Financial support particulars
Registration charges: 300

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Signature of staff member: Dv. Skurunik Forslerk

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

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	09	Revu	Srinivas
------------------------------	----	------	----------

2. Designation: Tuton

3. Department:

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

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

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

7. Associating Professional Body/Agency: Faculty Development Programs
On the topic of Scientific Education
8. Title of the Paper:

9. Financial support particulars

.. .

Registration charges: 300/-

Travel Allowance: | 1000 |-

Membership Fee:

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Signature of staff member:

R' Seinwas

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

The

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Do k Chooishoog.
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: ANIL NEE PUKONDA INSTITUTE of DENTAL SCIENCES
6. Date & Duration of the Program:
7. Associating Professional Body/Agency: faculty divelopment programmes on the 8. Title of the Paper:
9. Financial support particulars
Registration charges: 300
Travel Allowance: 1000 /-

Membership Fee:

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1	•	0	4	^	
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Signature of staff member:

pschoute

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KIMS DENTAL COLLEGE & HOS

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

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	M.1c.M.	Mounika.
----	---------------------------	-----	---------	----------

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

April Meniconda Institute of Pental science.

- 6. Date & Duration of the Program: 10/01/2019,
- 7. Associating Professional Body/Agency: Faculty development program e or 8. Title of the Paper: the topic occurring Educational practices.
- 9. Financial support particulars

Registration charges: 300

Travel Allowance: 1000

Membership Fee:

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$\boldsymbol{\nu}$	a	ι	C	

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dx. K. Klishna Mohan

2. Designation: Profe Assistant professor

3. Department: conservative

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

5. Organizing Institution Details:

Anil neesukonda institute of dental Sciences

6. Date & Duration of the Program: W [1] 19

7. Associating Professional Body/Agency: faculty development plogramme on The topic 8. Title of the Paper:

9. Financial support particulars

Registration charges: 300/ -

Travel Allowance: 1000 /-

Membership Fee:

Date:

Signature of staff member:

I Karhand

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

L COLLEGE & HOSPI

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

FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr. Ganta, Gopal	trishoo
2.	Designation: tutor	quisect.	K 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3.	Department:		
4.	Conference/ Membership Fee	e/ Workshop I FDP I Seminar I	
	Training/Industrial Visit/Tou		

5. Organizing Institution Details:

Anil Neukonda institute of dental Boiences

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

7. Associating Professional Body/Agency: faculty development programme On the topic Scientific Educational puractices

8. Title of the Paper:

9. Financial support particulars

Registration charges:

Travel Allowance: 1000

Membership Fee:

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1)	0	+	Δ	
$\boldsymbol{\nu}$	\boldsymbol{a}	ŧ	c	

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

AL COLLEGE & HOSPI

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

FINANCIAL SUPPORT REQUEST LETTER

1. 1	Name of the S	taff Member:	P91. J.	Ramjee	_ V:	jay Ku	magi.
2. 1	Designation:	tutor.					
3. I	Department:						
4. (Conference/ N	Iembership Fee	e/ Worksho	p I FDP I S	emina	r <i>I</i>	
7	Training/Indu	strial Visit/Tou	ırs:				
5. (Organizing In	stitution Detail	s:				
A	nil No.	erukonda	insti	tute	of	dental	Sciences
6. D	Oate & Durati	on of the Progr	ram:	101/20	19		

7. Associating Professional Body/Agency: Faculty development Programme on the topic scientific Educational practices.

9. Financial support particulars

Registration charges: 300

8. Title of the Paper:

Travel Allowance: 1000

Membership Fee:

	Date:	
0. 00	Signature of staff members	

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

DENTAL COLLEGE & HOSPITA

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, Vijayawado 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	pulyon
------------------------------	---------------	--------

2. Designation: Tutor

3. Department:

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

5. Organizing Institution Details:

Neconkondo Institute of pental science Anil

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

7. Associating Professional Body/Agency:

Faculty development program on the scientific Educational proactives

8. Title of the Paper: TOPIC

9. Financial support particulars

Registration charges:

Travel Allowance: 1000 /-

Membership Fee:

-				
1)	0	4	^	٠
$\boldsymbol{\nu}$	a	ι	c	

Signature of staff member: Ou should puige

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

*Sanctioned/ Not Sanctioned:

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Accountant: & ...

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. C. Kirawayi
2. Designation: Tutor
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Anil Necrulconda Institute of bental revenue
6. Date & Duration of the Program: 10 1 2019
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: 8. Title of the Paper: Scientific Educational Fractices.
9. Financial support particulars
Registration charges: 300/_
Travel Allowance: 1000-

Membership Fee:

Date:

Signature of staff member:

L'amanyard.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Permitted by Govt. of India MH & FW. (DE) No:-V120+7/2/2014 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. Sree ha

2. Designation: Associate professor

3. Department: conservative

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

5. Organizing Institution Details:

Training/Industrial Visit/Tours:

Angl Neerukonda anstitute of dental sciences

6. Date & Duration of the Program: Lolol 19

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

8. Title of the Paper:

raper: Scientific educational practices

9. Financial support particulars

Registration charges: 3001-

Travel Allowance: tooo-

Membership Fee:

Date:

Signature of staff member:

Soula

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Sudhi ndro Deeh pande

2. Designation: Protector & HOW

3. Department: Conservative

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

5. Organizing Institution Details:

-Anil Neerokonda Institute of Dental Sciences

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

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

8. Title of the Paper: Scientific Educational pratices

9. Financial support particulars

Registration charges: 300 -

Travel Allowance: 1000

Membership Fee:

Date:

Signature of staff member:

Stelps.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



Permitted by Govt. of India MH & FW. (DE) No -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. N. Angel Bhagya
- 2. Designation: Associate professor
- 3. Department: Conservative
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

Anil Neeruhonda 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:

Date:

Signature of staff member:

- Ayıl Blym

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr. CH.	Rama	Lakshmi
------------------------------	---------	------	---------

- 2. Designation: Tubor
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
 Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: ANIL NEERUKONDA INSTITUTE OF DENTAL SCIENCES
- 6. Date & Duration of the Program: 10-01-2019.
- 7. Associating Professional Body/Agency: Faculty dwelopment program
 on the topic Scientific educational practices.
 8. Title of the Paper:
- 9. Financial support particulars

Registration charges: 300

Travel Allowance: 1000

Membership Fee:

1	•	_	4	_	
		9	т	Ω	۰

Signature of staff member: D. Ch Rame lak hi

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

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

ANIL NEERUKONDA INSTITUTE OF DENTAL SCIENES

- 6. Date & Duration of the Program: 10-01-2019
- 7. Associating Professional Body/Agency: faculty bevelopment 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:

-			
1)	0	to	
v	\boldsymbol{a}	LC	

Signature of staff member: Dr. Pratap Pari

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014. Affiliated to Dr.NTR UHS, Vijayowoda 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 I FDP I Seminar I
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 practicus

9. Financial support particulars

Registration charges: 300 |-

Travel Allowance: 1000 /-

Membership Fee:

Date:	
Signature of staff member	Dr. Chaitanya

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. T Venu Gopal

Associate professor 2. Designation:

Conservative 3. Department:

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

5. Organizing Institution Details:

Anil Neerukanda institute of Dental Science

6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

Family dwelopment programm on the topic Scientific educational practices

8. Title of the Paper:

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 10001-

Membership Fee:

Date:

Signature of staff member:

V. Gopl.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. V. PHANI HIMAJA.

2. Designation: ASS OCIATE PROFESSOR.

3. Department: ORAL & MAXILLO FACIAL SURGERY.

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

5. Organizing Institution Details:
GIET SCHOOL OF PHARMACY.

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

7. Associating Professional Body/Agency:

8. Title of the Paper: ON TOPIC CURRENT TRENDS WY ANALYTICAL TECHNIQUES

9. Financial support particulars

Registration charges: RS. 5001-

Travel Allowance: Rs. 10001-

Membership Fee:

Date:

21 2 2019

Signature of staff member:

V. Thani Horiz de

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: DY-R. Narch Lishore
2. Designation: Assistant professor.
2. Designation: Assistant professor. 3. Department: Ord & Maxillofacial Surgey
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: GIFT School of phaemary
6. Date & Duration of the Program: 4/1/19 to 11/1/19
7. Associating Professional Body/Agency:
8. Title of the Paper: Faculty development programme on topk culter tunds in Analytical technique. 9. Financial support particulars
Registration charges: 4. 500
Travel Allowance: Ps. 1000
Membership Fee:

Date: 1/1/19

Signature of staff member:

DIR Nothon

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Pavan pretham
2. Designation: Associate profession.
3. Department: prosthodoutics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: GIET School of phaemacy
6. Date & Duration of the Program: 7/1/4 to 11/1/19-
7. Associating Professional Body/Agency:
8. Title of the Paper: faculty development programme on topic culture trends in Analytical techniques 9. Financial support particulars
9. Financial support particulars
Registration charges: 4 1007
Travel Allowance: As Tool-
Membership Fee:

Date: 2/1/19

Signature of staff member:

mpaupmittus

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name	of the	Staff Member:	Dr. Arusha	Y
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5. Organizing Institution Details:

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

7. Associating Professional Body/Agency:
Faculty Davelopment Drogramme on the

8. Title of the Paper: tope current trends in Valetice Techniques

9. Financial support particulars

Registration charges:

Travel Allowance:

De 1000/-Membership Fee:

Date: 2/1/19

Signature of staff member:

Dr. Frunkey

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: ASSISTANT PROFESSOR

3. Department: ORTHODONTICS

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

5. Organizing Institution Details:

GIET SCHOOL OF PHARMACY

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

7. Associating Professional Body/Agency:

FACULTY DEVELOPHENT PROGRAMME ON THE

8. Title of the Paper: TOPIC CURRENT TRENS IN ANALYTICAL

9. Financial support particulars TELHNIQUES

Registration charges: 2 500/

Travel Allowance: & 1000/

Membership Fee:

Date: 2-1-19

Signature of staff member:

Dr Pavantum

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. SIDDHARTH P BEHRA.

2. Designation: ASSOCIATE PROFESSOR.

3. Department: PROSTHODONTICS.

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

5. Organizing Institution Details:

GIET SCHOOL OF PHARMACY.

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

7. Associating Professional Body/Agency:

8. Title of the Paper: OLI TOPIC CURRENT TRENDS IN ANALYTICAL TECHNIQUES

9. Financial support particulars

Registration charges: RS 5001-

Travel Allowance: RS . 1000 | --

Membership Fee:

Date: 2/1/19.

Signature of staff member:

Sid

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Raveendra Varma

2. Designation: Assistant Professor

3. Department: Oothodontics

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

5. Organizing Institution Details:

GIET School of Pharmacy

6. Date & Duration of the Program: 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: Re Sool-

Membership Fee: R 1000/-

Date: 1-1-19

Signature of staff member:

Dr Raveerdre Vame

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr.k. Girish kumar

2. Designation: Assistant professor.

3. Department: Con Sarvalive.

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

5. Organizing Institution Details:

GIET School of pharmacy.

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

7. Associating Professional Body/Agency:

8. Title of the Paper: faculty Developmet programe on the Topic Current trends in Analytical.
9. Financial support particulars Techniques.

Registration charges:

Travel Allowance: Rs. 500/-

Membership Fee: 25. 1000/-

Date: 2-1-19

Signature of staff member:

Dr. k. Girch. kums

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. E. Sri Babu
2. Designation: Professor & HOD
3. Department: Prosthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: GIET School of Pharmace
6. Date & Duration of the Program: $2 1 9$ 40 $11 1 9$
7 Associating Professional Pody/Aganava
8. Title of the Paper: faculty Development programme
8. Title of the Paper: faculty Development programme 9. Financial support particulars Analytical Techniques.
Registration charges: 43.500
Travel Allowance: R. 1000 /-
Membership Fee:
Others (mention):

Date:	1	19.
Date:		()

Signature of staff member:

Siloh

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr N. Argel Bhacya

2. Designation: Assistant Professor

Conservative 3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR'S LENORA PAISTITUTE OF DENTAL SCIEN CES

6. Date & Duration of the Program: 24/9/18 to 30/9/18

7. Associating Professional Body/Agency:

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

9. Financial support particulars

Registration charges: C 500/-

Travel Allowance: R 1000 |-

Membership Fee:

Date: 22 | 9 | 18

Signature of staff member:

Ditter & Shegy-

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

ENTAL COLLEGE & HOSPITA

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. Phaini himaja.

2. Designation: As sostate professor.

3. Department: oral surgery.

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

Training/Industrial Visit/Tours:

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

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

7. Associating Professional Body/Agency:

8. Title of the Paper: faulty Development programme on topic
9. Financial support particulars of perio taxang.

Registration charges: Rs . 500/-

Rs. 500/-Travel Allowance:

Membership Fee:

Date: 21/9/18

Signature of staff member:

this

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIVIS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Rama Sharma

2. Designation: Assosiate Professor

3. Department: Public Heath

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

5. Organizing Institution Details:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

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

7. Associating Professional Body/Agency:

Faculty Development Programme on the

8. Title of the Paper: Topic Teriotarang

9. Financial support particulars

Registration charges: Rs 500/-

Travel Allowance: Rs 1000[-

Membership Fee:

Date:

21-9-18

Signature of staff member:

The Farmer Sharme

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

auler.

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Franch Loundkaran
2. Designation: Associate Poro Jenor
3. Department: Ord Medicin & Rudiology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
KLR's Lende Institute of Dented Sciences
6. Date & Duration of the Program: 29/9/18 to 30/9/18
7. Associating Professional Body/Agency:
8. Title of the Paper: on the topic Perio taxany
9. Financial support particulars
Registration charges: 2, 500/-
Travel Allowance: Ry 1000]
Membership Fee:

Date: 21 / 9/10

Signature of staff member:

Denir L

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

lab

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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	Anusho	· · Y	
----	------	--------	---------------	-------	--------	-------	--

2. Designation: Aussitant professor.

3. Department: orthodonties.

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

5. Organizing Institution Details:

KAR'S lenora institute of dental füences.

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

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

9. Financial support particulars

Registration charges: Rs 500 -

Travel Allowance: Rs 1000

Membership Fee:

Date: 21/9/2018.

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPIT

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

A ssist aut professor 2. Designation:

3. Department: Conservative

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

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

6. Date & Duration of the Program: 29 9 18 to 30 2/18.

7. Associating Professional Body/Agency:

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

9. Financial support particulars

9. Financial support particulars

Registration charges: Rs - 500 /-

Rs. 1000/-Travel Allowance:

Membership Fee:

Date: 22 9/19

Signature of staff member:

Dr. t. Areel

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW, (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, 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: DRAL AND MARILLOFACIAL SURGERY

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

5. Organizing Institution Details:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

6. Date & Duration of the Program: 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: Ps 1000 -

Membership Fee:

Date: 20/9/2018

Signature of staff member:

R.N. Vigh

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

Permitted by Govt. of India MH & FW. (DE) No:-V.12017/2/2014 Dated 15.07.2014, Affiliated to Dr.NTR UHS, 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. YARAGANI.

2. Designation: AS'SISTANT PROFESSOR.

3. Department: ORTHODON TICS.

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLRS LENIORA INSTITUTE OF CENTAL 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. SOO/_

Travel Allowance: RS. 10001-

Membership Fee:

Date: 21/9/2018.

Signature of staff member:

Auch

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Lonadala lao, Moddieda
2. Designation: Arsistant profesior
3. Department: tonservative Pedodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: KLR'S Lenora institute of dental Science
6. Date & Duration of the Program: 29 918 to 30/9/18
7. Associating Professional Body/Agency: Faculty development programme on the 8. Title of the Paper: topic of periotarang
8. Title of the Paper: topic of periotarang
9. Financial support particulars
Registration charges: Rs 506
Travel Allowance: Di 1600
Membership Fee:

Date: 22/9/2018

Signature of staff member:

B. Hord al orler

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Kartheck
2. Designation: Avociate professor
2. Designation: Avociate professor 3. Department: Oral pathology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: KLR's Lewora Bustitule of Dental Sciences
6. Date & Duration of the Program: 29 9 4 to 30 9 19
7. Associating Professional Body/Agency:
7. Associating Professional Body/Agency: 8. Title of the Paper: faculty Development programme on Tops 9. Financial support particulars
9. Financial support particulars
Registration charges: 2500/-
Travel Allowance: Rs. 1000/-
Membership Fee:

Date: 21 9 18 .

Signature of staff member:

Q. G. Dathed

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

more

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Memb	er: Dr. M.k. Sumathi
----	------------------------	----------------------

2. Designation: professor.

oral patology. 3. Department:

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

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

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

7. Associating Professional Body/Agency:

faulty Development programme on Topic of periotarang 8. Title of the Paper:

9. Financial support partic

Registration charges: Rs. 500 /-

Travel Allowance: R. S. 1000/

Membership Fee:

Date: 21 9/18

Signature of staff member:

Fr. m.k. Sunahis

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

mella

*Sanctioned/ Not Sanctioned:

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Accountant:

KIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name	of the	Staff Member:	Dr. Santosh	Palla
----	------	--------	----------------------	-------------	-------

2. Designation: Assistant professor

3. Department: Oral medicine and Rodiclogy

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

KLR's Lenora Institute of Dental Sciences

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

7. Associating Professional Body/Agency:

faculty Development Programme on the topic Periotarang

8. Title of the Paper:

9. Financial support particulars

Registration charges:

Travel Allowance: Q 1000/-

Membership Fee:

Date: 29 - 9-18

Signature of staff member:

Do Sontharh

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

min's

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. ctt pavankumar
2. Designation: Assistant professor
2. Designation: Assistant professor 3. Department: pept of orthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: KLR'S LENORA INSTITUTE OF DENTAL SCIENCES
6. Date & Duration of the Program: 29/9/18 to 30/9/18
7. Associating Professional Body/Agency:
8. Title of the Paper: perioteur
9. Financial support particulars
Registration charges: & 500
Travel Allowance: Rs 1000/-

Membership Fee:

Date: 21/9/18

Signature of staff member:

At Paroff

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

minar

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of	the	Staff Member:	DY.	B.	Satish
----	---------	-----	----------------------	-----	----	--------

2. Designation: Jutol

3. Department:

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

5. Organizing Institution Details:

Anil Meerikonda Institute of dental Sciences

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

7. Associating Professional Body/Agency: family development programme

8. Title of the Paper: on topic plagiarism research

9. Financial support particulars

Registration charges: 100 -

Travel Allowance: 1200 -

Membership Fee:

Date:

Signature of staff member:

D. B. Salish

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. M. Gowthami sai lakshmi
- 2. Designation: rutor
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details:

-Anil Ninukonda Institute of Dental science

- 12/1/2019. 6. Date & Duration of the Program:
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: faculty development programme on the topic plagianism research

9. Financial support particulars

Registration charges: 1 100 +

Travel Allowance: Pr 1200

Membership Fee:

Date:

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	MeVk,	Chaetanys
----	---------------------------	-----	-------	-----------

2. Designation: Tutos

3. Department:

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

5. Organizing Institution Details:

Duil Alikabande emtitute opdental sciences

6. Date & Duration of the Program: 2 1/2019

7. Associating Professional Body/Agency:

8. Title of the Paper: faculty development rees earner outher
9. Financial

9. Financial support particulars

Registration charges: ps 100}

PS 1200/ Travel Allowance:

Membership Fee:

Date:

Signature of staff member:

De M Chatag

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

*Sanctioned/ Not Sanctioned:

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Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:)Y. (SR !	Roveendra	varma
------------------------------	-------	------	-----------	-------

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

April neerukonda Bristitute of Dental Sciences

- 6. Date & Duration of the Program: 12-1-2019
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Forcusty development programme on the topic of plagicuism research.
- 9. Financial support particulars

Registration charges: Lop\-

Travel Allowance: |200|-

Membership Fee:

Date:

Signature of staff member:

Dr. GR Reveendra Van

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KINS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr	g.v.	Magas ai sujaj
2.	Designation: Tutor.			

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

Training/Industrial Visit/Tours:

3. Department:

- 5. Organizing Institution Details: Anti 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 plagfalism research.
- 9. Financial support particulars

Registration charges: 100/Travel Allowance: 1200/Membership Fee:

Date:

Signature of staff member:

Da. W. Naga Sc. D.

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

*Sanctioned/ Not Sanctioned:

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Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Two1

3. Department:

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

5. Organizing Institution Details: necrukonda institut de dental sciencer. 1in1

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

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

On Topic playionism research.

9. Financial support particulars

1001-Registration charges:

12001 -**Travel Allowance:**

Membership Fee:

Date:

Signature of staff member:

D. K. Prasanna Tyothi.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	Saladi	Ve	eera	Venkate	sh
----	---------------------------	-----	--------	----	------	---------	----

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

Anil Nirukonda institute of dental sciences

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

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

9. Financial support particulars

Registration charges: 4100

Travel Allowance: 6. 100

Membership Fee:

Signature of staff member:

Dr School Veere verled

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

*Sanctioned/ Not Sanctioned:

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Accountant:

TAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	A. Rama	krist	na
----	---------------------------	-----	---------	-------	----

- 2. Designation: Tutor.
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: And Nérukonda intilute 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
 9. Financial support particulars

 Plagiarism reascarch

Registration charges: wo /_.

12001-Travel Allowance:

Membership Fee:

Signature of staff member:

Dr. A Re Kirke

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

TAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr. M. Mahadev
----	---------------------------	----------------

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

Anil Neewkonda Institute of Dental sciences

- 6. Date & Duration of the Program: 12 1 2049
- 7. Associating Professional Body/Agency:
- 8. Title of the Paper: Faculty development programme on the topic plagiarism regearch

9. Financial support particulars

Registration charges: 1001 -

Travel Allowance: 12001 -

Membership Fee:

Signature of staff member:

Dr. 19. Mah De

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

DENTAL COLLEGE & HOSPI

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr.	k.	prudhvi
------------------------------	-----	----	---------

2. Designation: Sr. Lecturer

periodontes 3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental collège & hospital

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

7. Associating Professional Body/Agency:

Soft skill & development. 8. Title of the Paper:

9. Financial support particulars

Registration charges: 500/

20001-Travel Allowance:

Membership Fee:

Signature of staff member:

K. pudhi

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Kaveendra Valma
2. Designation: S. Lectures
3. Department: Orthodontics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR dental Collège & Hospital
6. Date & Duration of the Program: 186 2019
7. Associating Professional Body/Agency: faculty development proglam on hopic. 8. Title of the Paper: Soft Hill & development 9. Financial support particulars
8. Title of the Paper: Soft still & development
9. Financial support particulars
Registration charges: 500 -

2000 -

Travel Allowance:

Membership Fee:

Signature of staff member:

Dr. Ramoden Varne

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

*Sanctioned/ Not Sanctioned:

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Accountant:

ENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr. Ch.	Pavan Kumar
------------------------------	---------	-------------

Sr. lecturer 2. Designation:

Oxthodontre 3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR dental Collège & Hospital

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

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

8. Title of the Paper:

Soft Skill development

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

CKINIS 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: Dr-Us the don-tics

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anii neurkonda den tai science

6. Date & Duration of the Program: 1211 2019

7. Associating Professional Body/Agency:

1

9. Financial support particulars

8. Title of the Paper:

facility development programme on the topic of Plagiarism research

Registration charges: 100/-

Travel Allowance: 1200 /-

Membership Fee:

~

Date:

Signature of staff member:

D Shd 8

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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		21		٠.	

Signature of staff member:

Ch. power Curror

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant: Date:

ENTAL COLLEGE & HOSP

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FINANCIAL SUPPORT REQUEST LETTER

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

Prafessor 2. Designation:

Peaio dontica 3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental College and hospital

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

7. Associating Professional Body/Agency: faculty development Programme ontopic

Soft Skilly Development

9. Financial support particulars

Registration charges:

500 -

Travel Allowance:

20001

Membership Fee:

- 1	-	4	-	
- 1	2	п	6.3	٠

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	D~.	LAKShmikanta	NAYAK
----	---------------------------	-----	--------------	-------

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

- 6. Date & Duration of the Program: 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:

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1)	0	+	n	
$\boldsymbol{\nu}$	а	ι	c	

Signature of staff member:

DV. LAKSHMI KANTU

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dフ・K. Venkatesh

2. Designation: Tuton

3. Department:

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

5. Organizing Institution Details:

MNR Institute of Dental 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:

5001-

Travel Allowance:

2000/-

Membership Fee:

Signature of staff member:

L. Venkately

l. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	On B	haru charder	0
------------------------------	------	--------------	---

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

- 6. Date & Duration of the Program: 18/0/2019
- 7. Associating Professional Body/Agency: work Shop on the Topic
- 8. Title of the Paper: "Soft Skills Development"
- 9. Financial support particulars

Registration charges: 500 / -

Travel Allowance: 2000/ -

Membership Fee:

Signature of staff member:

D. Show Chadri

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

Ma

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dn. Kabhmi Sailaga
2. Designation: Tuton
3. Department:
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR Institute of Dental Sciences
6. Date & Duration of the Program: 18/6/2019
7. Associating Professional Body/Agency: Workshop on the Topic
8. Title of the Paper:
9. Financial support particulars
Registration charges: 500/-
Travel Allowance: 2000/-

Membership Fee:

Signature of staff member:

Lakshmi Sallaga

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. M. Virnala Sai
- 2. Designation: Tutor
- 3. Department:
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I 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 TOPLL
- 8. Title of the Paper: SOFT SKILLS DEVELOPMENT
- 9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000/-

Membership Fee:

-	3					
- 1		-	4			
	,	2	Ŧ	ú	7	۰

Signature of staff member:

Vinles

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

*Sanctioned/ Not Sanctioned:

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Accountant: Land

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr - P. prouelte Devi.
2. Designation: Reader
3. Department: periodontiti
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
MNR Deutal collège and hospital.
6. Date & Duration of the Program: (2019)
7. Associating Professional Body/Agency: Sociating Professional Body/Agency: Paculty Department program in topes 8. Title of the Paper:
8. Title of the Paper: 3off Skill & Development.
9. Financial support particulars
Registration charges: 500
Travel Allowance: 2000/_

Membership Fee:

Signature of staff member:

P. Pravitha Devi

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

COLLEGE & HOSP

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Dr.	le.	Nagendra	Babu.
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2. Designation: Reoder

3. Department: perloconlites

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

5. Organizing Institution Details:

MNR Dental collège & hospital

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

7. Associating Professional Body/Agency:
-faculty Depositional programm on tople

8. Title of the Paper: Off shell & Development

9. Financial support particulars

Registration charges: 500/-

Travel Allowance: 2000 -

Membership Fee:

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Signature of staff member:

K. Magendu babu

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant: <

LLEGE & HOSP

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 . Sanjay N

Reades 2. Designation:

Orthodon His 3. Department:

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Deutal Collège & Hospital

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

7. Associating Professional Body/Agency: faculty development programs

9. Financial support particulars

5001-Registration charges:

Travel Allowance: 2000 -

Membership Fee:

Signature of staff member:

Sofry . N

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

CIMS DENTAL COLLEGE & HOSP

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr. B	, Housh
ı.	Name of the Staff Member:	Dr. 12	TIOUSPC

2. Designation: professor

3. Department: Bothonbus

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

MNR Dental Lollige & hospital

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

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

8. Title of the Paper:

Soft Skill development

9. Financial support particulars

Registration charges: 5001 -

Travel Allowance: 2000 | -

Membership Fee:

Signature of staff member:

I. Recommendations of the HOD:

2. Recommendations of the principal:

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Do . T. Venugopal
2. Designation: Readu
3. Department: Endo
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Cenora sustitute of Lundal Sciences.
6. Date & Duration of the Program: 21/9/18
7. Associating Professional Body/Agency:
8. Title of the Paper:
8. Title of the Paper: 1. Associating Professional Body/Agency: 1. Associating Professional Body/Agency: 2. Financial support particulars
Registration charges: 300 /-
Travel Allowance: 500 -
Membership Fee:

Signature of staff member:

Longoful

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

*Sanctioned/ Not Sanctioned:

Processed by
Accountant:

KIMS DENTAL COLLEGE & HOSP

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Girish kumas k

2. Designation: Sr. lecturer

Endodontis. 3. Department:

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

5. Organizing Institution Details:

Lenora enstitute of dental science.

6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

Faculty development programme on the

8. Title of the Paper: topic of Ecodentistry

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Signature of staff member:

Cairiel Kunar

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff M	ember: Du	Keilera M	tolan Ka	ke
2. Designation:				
3. Department:	holodo utirs			
4. Conference/ Member	ship Fee/ Works	hop I FDP I Se	minar I	
Training/Industrial V				
5. Organizing Institution	n Details:			
Lino	ra Inilia	ite of	Dewal	Sciency
6. Date & Duration of th	e Program:	21-9-18		
7. Associating Profession	al Body/Agency:			
8. Title of the Paper:	rucky Der	elop meut	Plo glanu	u on
9. Financial support part	iculars	o-Delinstle	1	
Registration charges: 30	01-			
Travel Allowance: 500				

Membership Fee:

Signature of staff member:

fuele dohu.le

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

*Sanctioned/ Not Sanctioned:

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Accountant:

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FINANCIAL SUPPORT REQUEST LETTER

- 1. Name of the Staff Member: Dr. Suchindara deshande.
- 2. Designation: proffer or
- 3. Department: Endodonia
- 4. Conference/ Membership Fee/ Workshop I FDP I Seminar I Training/Industrial Visit/Tours:
- 5. Organizing Institution Details: lenora enstitute of dental sciences
- 6. Date & Duration of the Program: 219/18

7. Associating Professional Body/Agency:

8. Title of the Paper:

Ecodentistry

faculty development programme on topic of

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: Sool -

Membership Fee:

Signature of staff member:

Sudhindheaduheade

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

Park

nha day

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. kartheek.
2. Designation: Assistant purfersor
3. Department: oralpathology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
lenora enstitute of dental sciences
6. Date & Duration of the Program: 21 align
7. Associating Professional Body/Agency: Fautly development perogramme on topic 8. Title of the Paper: Ecodentistry 9. Financial support particulars
Registration charges: 3001-
Travel Allowance: 5007-
Membership Fee:

Signature of staff member:

Pr. A. Banks

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. S. Karthikeyan
2. Designation: Projenor
3. Department: Periodowics
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Lenora Inistrure of Dental Sciences
6. Date & Duration of the Program:
7. Associating Professional Body/Agency:
8. Title of the Paper: faculty Development Programe on the
9. Financial support particulars
Registration charges: 300 V
Travel Allowance: 500 L
Membership Fee:

Signature of staff member:

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KIMS DENTAL COLLEGE & HOSPITA

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr. M.K.	Surnathi
----	---------------------------	----------	----------

Designation: Professor
 Department: O. Path

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

5. Organizing Institution Details:

Lendra Institute of Lental Science.

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

7. Associating Professional Body/Agency:

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

Registration charges: 300/_

Travel Allowance: 500/-

Membership Fee:

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	2	TO	
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Signature of staff member:

Suthi

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

*Sanctioned/ Not Sanctioned:

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Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Do puncetkumas Guptha.

2. Designation: Reacles	
3. Department: Ottal surgery	
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I	
Training/Industrial Visit/Tours:	
5. Organizing Institution Details:	
lenoua institute of dental sièvences	
6. Date & Duration of the Program: 214/23	
7. Associating Professional Body/Agency:	
8. Title of the Paper: Ecodentistry	8
9. Financial support particulars	

Registration charges: 300/-

Travel Allowance: 500/-

Membership Fee:

Signature of staff member:

Dr. penuthlumor

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

*Sanctioned/ Not Sanctioned:

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Accountant: Lab

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

THURSDITORI REQUEST LETTER
1. Name of the Staff Member: Do Shou vhit chowday.
2. Designation: Readu.
3. Department: OMFS
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
Levoca prestitute of dentab leviences.
6. Date & Duration of the Program:
7. Associating Professional Body/Agency: 21/1/18
8. Title of the Paper: faculty development programme on tops
8. Title of the Paper: faculty development programme on tops 9. Financial support particulars of Ecodevoks try.
Registration charges:
Travel Allowance: 800 / -
Membership Fee: 500/-

Signature of staff member:

Shownthe Chandrey

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr Sajan Arand Gubbala

2. Designation: Sr. Lectures

3. Department: Oral Surgery

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

5. Organizing Institution Details:

Lenora Institute of Dental Sciencer

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

7. Associating Professional Body/Agency:

8. Title of the Paper: topic Eco-Densitry Programme on the

9. Financial support particulars

Registration charges: 300 +

Travel Allowance: 500 |-

Membership Fee:

Signature of staff member:

arlajon Shand

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

EXIMS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. Nocharapatil

2. Designation: Reades

3. Department: Oral pathology

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details: Lenora enstitute of dental Science

6. Date & Duration of the Program:

7. Associating Professional Body/Agency:

development programme on the topic

8. Title of the Paper:

Ecodentistoy

9. Financial support particulars

Registration charges: 200/-

Travel Allowance: 5001-

Membership Fee:

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	21	1	1.	•

Signature of staff member:

Schungertil

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

*Sanctioned/ Not Sanctioned:

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Accountant:

KIVIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:

DR. K. SREEHA

2. Designation:

ASST. PROFESSOR

3. Department:

ENDODONTICS

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

INSTITUTE OF DENTAL SCIENCES L F WORA

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

7. Associating Professional Body/Agency:

8. Title of the Paper:

FACULTY DEVELOPMENT PLOGRAPIME ON THE

9. Financial support particulars

Registration charges:

300 1-

Travel Allowance:

500 F

Membership Fee:

Signature of staff member:

Dr. C. Smeet

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

*Sanctioned/ Not Sanctioned:

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Accountant:

AL COLLEGE & HOSP

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member:	Do.	B. Ratnaka	as
------------------------------	-----	------------	----

2. Designation: emport Sr. lectures.

3. Department:

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

5. Organizing Institution Details:

Jenda Tustitute 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

9. Financial support particulars

of Ecooleutistry

Registration charges:

Travel Allowance: 300/-

Membership Fee:

500/

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Signature of staff member:

B. Radnulus

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:



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FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Assistant Profesor

3. Department: Orthodontics

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

5. Organizing Institution Details:

Anil Newskonda 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:

Clarical work functioning

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/_

Membership Fee:

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- 8	- 8	*4		43	•
- 84	,,,	6.1	L QL	·	

Signature of staff member:

Lewinh. K

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

WINIS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

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

2. Designation: Assocrate professor

3. Department: Oval Pathology

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

5. Organizing Institution Details:

Anil Neerukanda Institute of Dental Science

6. Date & Duration of the Program: 21 3119

7. Associating Professional Body/Agency:

Faculty development programme on topic

8. Title of the Paper.

8. Title of the Paper: clinical work functioning

9. Financial support particulars

Registration charges: 300/-

Travel Allowance: 1000/-

Membership Fee:

Signature of staff member:

D.G. birth &

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

QKINIS DENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. B. Sankeerti Mala

2. Designation: Assistant Professor

3. Department: Oval Patrology

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

Training/Industrial Visit/Tours:

5. Organizing Institution Details:

Anti Neerukorda institute of cliental science

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

7. Associating Professional Body/Agency:
Foculty dulopment progremme on topic

8. Title of the Paper: Whical work functioning

9. Financial support particulars

Registration charges: 300 |-

Travel Allowance:

10001-

Membership Fee:

Signature of staff member:

Al Sakeriff.

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

OKING BENTAL COLLEGE & HOSPITAL

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FINANCIAL SUPPORT REQUEST LETTER

1.	Name of the Staff Member:	Dr.	GR	. Raycendral	Varmo
----	---------------------------	-----	----	--------------	-------

2. Designation: Apristant professor

3. Department: Orthodontics

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

5. Organizing Institution Details:

April Neerokonda intilute of dental scienco

6. Date & Duration of the Program: 21219

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

8. Title of the Paper: Clinical Intork functioning

9. Financial support particulars

Registration charges: 300/_

Travel Allowance: Loool

Membership Fee:

Signature of staff member:

Quendre my

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

RIVIS DENTAL COLLEGE & HOSPITAL

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

FINANCIAL SUPPORT REQUEST LETTER

1. Name of the Staff Member: Dr. G. Sanjew Arand
2. Designation: Assistant professor
2. Designation: Assistant professor 3. Department: Oral Surgery.
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details: Anil Neerukonda Institute of Dental-Sciences
6. Date & Duration of the Program: 2103 19
7. Associating Professional Body/Agency:
8. Title of the Paper: Clinical Wlork Functioning 9. Financial support particulars
9. Financial support particulars
Registration charges: 3001-
Travel Allowance: 1000 [
Membership Fee:

Signature of staff member:

Sijeuranes

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant:

KINIS 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. H.K Suraffic
2. Designation: professor
3. Department: Oral Pathology
4. Conference/ Membership Fee/ Workshop I FDP I Seminar I
Training/Industrial Visit/Tours:
5. Organizing Institution Details:
April Neero Konda institute of dental Science
6. Date & Duration of the Program: カレント
7. Associating Professional Body/Agency: faculty development program on the topic
8. Title of the Paper: Clinical Close functioning
9. Financial support particulars
Registration charges: 200/_
Travel Allowance: [000]
Membership Fee:

Signature of staff member:

M.K.Suns

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

*Sanctioned/ Not Sanctioned:

Processed by

Accountant: