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CERTIFICATE OF
ATTENDANCE



isp 2021

45th ISP NATIONAL
CONFERENCE (VIRTUAL) 2021 PUNE

Presented to

Dr. G Anusha - - -

for attending the

45th ISP National Conference (Virtual) 2021, Pune

from 21st - 23rd October, 2021

Credited with **18** CDE Points (Ref. No. MSDE/CDE/692/2021 dtd 12/10/2021)

Dr. Nympha Pandit
President, ISP

Dr. Harpreet Singh Grover
Hon. Secretary, ISP

Dr. Vijay Deshmukh
Organizing Chairman

Dr. D. Gopalakrishnan
Organizing Secretary

Dr. Nitin Dani
Conference Secretary

Dr. Sharath Shetty
Treasurer

Dr. Sangeeta Muglikar
Scientific Chairperson

**Signature of Maharashtra State
Dental Council Representative**

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45th ISP NATIONAL
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Presented to

Dr. D. Bharath Simha Reddy

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Presented to

Dr. Chakravarthy Y.S.H.S

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20th ISP PG CONVENTION

Certificate of Appreciation

Presented to

DR. G. ANUSHA

at the 20th ISP PG Convention
held at Chandigarh from 22 to 24 April, 2022

Dr. Anirban Chatterjee
(President, ISP)

Dr. Vishakha Grover
(Scientific Chairperson)

Dr. Harpreet Singh Grover
(Hon. Secretary, ISP)

Dr. Baljeet Singh
(Organizing Chairman)

Dr. Ashish Jain
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Dr. Gurparkash Singh Chahal
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(Hon. Secretary, ISP)

Dr. Baljeet Singh
(Organizing Chairman)

Dr. Ashish Jain
(Convention Secretary)

Dr. Gurparkash Singh Chahal
(Organizing Secretary)



Certificate of Attendance



This is to recognise the attendance of

DR. AMRUTHA D

at the 36th IACDE National Conference and

21st IACDE National PG Convention

**held on 19th, 20th & 21st November 2021 hosted by
KLE Vishwanath Katti Institute of Dental Sciences,
KAHER, Belagavi.**

Dr. Vibha Hegde
President, IACDE

Dr. Prahlad Saraf
Hon. General Secretary, IACDE

Dr. Deepak Sharma
Conference Secretary

Dr. Sonal B Joshi
Organizing Chairperson

Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



Certificate of Attendance



This is to recognise the attendance of

DR. P. L. LALITHA

at the 36th IACDE National Conference and

21st IACDE National PG Convention

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KLE Vishwanath Katti Institute of Dental Sciences,
KAHER, Belagavi.

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Hon. General Secretary, IACDE

Dr. Deepak Sharma
Conference Secretary

Dr. Sonal B Joshi
Organizing Chairperson

Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



Certificate of Attendance



ILLUMINATING
THE
DARK SIDE

This is to recognise the attendance of
DR. SHANILA REDDY
at the 36th IACDE National Conference and
21st IACDE National PG Convention
held on 19th, 20th & 21st November 2021 hosted by
KLE Vishwanath Katti Institute of Dental Sciences,
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Dr. Vibha Hegde
President, IACDE

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Hon. General Secretary, IACDE

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Conference Secretary

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Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



Certificate of Attendance



ILLUMINATING
THE
DARK SIDE

This is to recognise the attendance of
DR. U. V. V. SATYANARAYANA
at the 36th IACDE National Conference and
21st IACDE National PG Convention
held on 19th, 20th & 21st November 2021 hosted by
KLE Vishwanath Katti Institute of Dental Sciences,
KAHER, Belagavi.

Dr. Vibha Hegde
President, IACDE

Dr. Prahlad Saraf
Hon. General Secretary, IACDE

Dr. Deepak Sharma
Conference Secretary

Dr. Sonal B Joshi
Organizing Chairperson

Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



Certificate of Attendance



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DR. PADMA SRI. Y

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21st IACDE National PG Convention

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KLE Vishwanath Katti Institute of Dental Sciences,
KAHER, Belagavi.

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Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



AN EVENT OF



QUEST FOR *Perfection*

This certificate is presented to

Dr. Pulavarthi Lakshmi Lalitha

for attending 22nd IACDE NATIONAL PG CONVENTION held on 25th, 26th & 27th of March 2022 hosted by GSL Dental College & Hospital, Rajahmundry, Andhra Pradesh

Dr. Ratnakar P.
President, IACDE

Dr. Dibyendu
Mazumdar
Parton, Hon. President
Dental Council of India

Dr. Prahlad A.
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VDC
VISHNU DENTAL COLLEGE

INDIAN SOCIETY OF PROSTHODONTICS - RESTORATIVE - PERIODONTICS

2ND VIRTUAL ISPRP CONFERENCE

THEME : TOGETHER TOWARDS TOMORROW

CERTIFICATE OF APPRECIATION

Presented to

DR. LAKSHMI DEEPA.V

for his/her contribution as a *Chairperson / Judge / Moderator*

towards the success of **Scientific Program**

during 2nd Virtual ISPRP National Conference 2022 held on 4th, 5th & 6th February 2022,

hosted by Vishnu Dental College, Bhimavaram.

Dr. Prathap. M. S.
President, ISPRP

Dr. Mohammed Feroz T. P.
Secretary, ISPRP

Dr. Suresh Sajjan MC
Organizing Chairman

Dr. Girija Sajjan
Organizing Secretary

Dr. P. Gautami
Scientific Chairman



AN EVENT OF



QUEST FOR *Perfection*

This certificate is presented to

Dr. Sriramarao Sudhamsetty

for attending 22nd IACDE NATIONAL PG CONVENTION held on 25th, 26th & 27th of March 2022 hosted by GSL Dental College & Hospital, Rajahmundry, Andhra Pradesh


Dr. Ratnakar P
President, IACDE


Dr. Dibyendu
Mazumdar
Patron, Hon. President
Dental Council of India

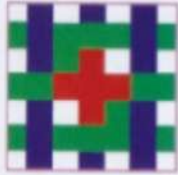

Dr. Prahlad A
Saraf
Hon. General Secretary,
IACDE


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Convention
Secretary


Dr. T. Murali
Mohan
Organizing Chairperson


Dr. K. Rama Krishna
Raju
Organizing Secretary


Dr. Srinidhi V.B
Scientific Chairperson



32nd NATIONAL IAOMR CONFERENCE-2021

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
MAMATA DENTAL COLLEGE-KHAMMAM
3rd - 5th December, 2021



18 CREDIT
HOURS

Certificate of Participation

This is to certify that Dr. **K. SRI DEVI** has participated in **32nd NATIONAL IAOMR CONFERENCE-2021**, Organised by the Department of Oral Medicine & Radiology, Mamata Dental College, Khammam from 3rd - 5th December, 2021.

A. Ravi Kiran

Dr. Ravi Kiran .A
President, IAOMR

Dr. Shalu Rai

Dr. Shalu Rai
Gen. Secretary, IAOMR

Vinay

Dr. K. Vinay Kumar Reddy
Organising Secretary

Vijay Kumar

Dr. Vijay Kumar. B
Organising Chairman



32nd NATIONAL IAOMR CONFERENCE-2021

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
MAMATA DENTAL COLLEGE-KHAMMAM
3rd - 5th December, 2021



18 CREDIT
HOURS

Certificate of Participation

This is to certify that Dr. B. KRISHNAVENI has participated in **32nd NATIONAL IAOMR CONFERENCE-2021**, Organised by the Department of Oral Medicine & Radiology, Mamata Dental College, Khammam from 3rd - 5th December, 2021.

A. Ravi Kiran

Dr. Ravi Kiran .A
President, IAOMR

Dr. Shalu Rai

Dr. Shalu Rai
Gen. Secretary, IAOMR

Vinay

Dr. K. Vinay Kumar Reddy
Organising Secretary

Dr. Vijay Kumar. B

Dr. Vijay Kumar. B
Organising Chairman



32nd NATIONAL IAOMR CONFERENCE-2021

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
MAMATA DENTAL COLLEGE-KHAMMAM
3rd - 5th December, 2021



18 CREDIT
HOURS

Certificate of Participation

This is to certify that Dr. G. VAMSI KRISHNA has participated in **32nd NATIONAL IAOMR CONFERENCE-2021**, Organised by the Department of Oral Medicine & Radiology, Mamata Dental College, Khammam from 3rd - 5th December, 2021.

A. Ravi Kiran

Dr. Ravi Kiran .A
President, IAOMR

Dr. Shalu Rai

Dr. Shalu Rai
Gen. Secretary, IAOMR

Vinay

Dr. K. Vinay Kumar Reddy
Organising Secretary

Dr. Vijay Kumar. B

Dr. Vijay Kumar. B
Organising Chairman



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DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
MAMATA DENTAL COLLEGE-KHAMMAM
3rd - 5th December, 2021



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This is to certify that Dr. V. RAGHA GEETHIKA has participated in **32nd NATIONAL IAOMR CONFERENCE-2021**, Organised by the Department of Oral Medicine & Radiology, Mamata Dental College, Khammam from 3rd - 5th December, 2021.

A. Ravi Kiran

Dr. Ravi Kiran .A
President, IAOMR

Dr. Shalu Rai

Dr. Shalu Rai
Gen. Secretary, IAOMR

Vinay

Dr. K. Vinay Kumar Reddy
Organising Secretary

Dr. Vijay Kumar. B

Dr. Vijay Kumar. B
Organising Chairman



32nd NATIONAL IAOMR CONFERENCE-2021

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
MAMATA DENTAL COLLEGE-KHAMMAM
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A. Ravi Kiran

Dr. Ravi Kiran .A
President, IAOMR

Dr. Shalu Rai

Dr. Shalu Rai
Gen. Secretary, IAOMR

Vinay

Dr. K. Vinay Kumar Reddy
Organising Secretary

Dr. Vijay Kumar. B

Dr. Vijay Kumar. B
Organising Chairman



XIX NATIONAL TRIPLE O SYMPOSIUM 2022

INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY (IAOMR)

Hosted by Vinayaka Mission's Sankarachariyar Dental College,
Vinayaka Mission's Research Foundation (Deemed to be University)



11 CDE POINTS
TNDC APPROVAL NO.35/22

Certificate of Appreciation

The Organising committee is pleased to present this certificate to

Dr. Snidevi Koduri

For your contribution as Chairperson in the Scientific Poster / Paper Presentation

for Student / Faculty in Session 4 at **XIX NATIONAL TRIPLE O**

SYMPOSIUM 2022 Organised by Vinayaka Mission's Sankarachariyar Dental College,

held on 29th & 30th April 2022.

Vinay

Dr. K. Vinay Kumar Reddy
IAOMR - President

K. Prashanth

Dr. K. Prashanth Shenoy
IAOMR - Secretary

J. Baby John

Dr. J. Baby John
Dean, VMSCD

P.T. Ravikumar

Dr. P.T. Ravikumar
Organising Chairman

J. Arun Kumar

Dr. J. Arun Kumar
Organising Co-Chairman

R. Karthik

Dr. R. Karthik
Organising Secretary

Maya Ramesh

Dr. Maya Ramesh
Scientific Chair Person



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Certificate of Participation



11 CDE POINTS
TNDC APPROVAL NO.35/22

This is to certify that

Dr. Sridevi Koduri



participated in the **XIX NATIONAL TRIPLE O SYMPOSIUM** titled,

“Current Concepts & Future Perspectives” organized by the Department of

Oral Medicine & Radiology in collaboration with Departments of Oral & Maxillofacial Surgery and Oral Pathology & Oral Microbiology of Vinayaka Mission's Sankarachariyar Dental College, VMRF (DU), Salem on 29th & 30th April 2022.

Dr. K. Vinay Kumar Reddy
President - IAOMR

Dr. K. Prashanth Shenoy
Hon. Gen. Secretary - IAOMR

Dr. J. Baby John
Dean, VMSDC

Dr. P.T. Ravikumar
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Dr. J. Arun Kumar
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Dr. R. Karthik
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Dr. Sabitha Gokulraj
Treasurer, VMSDC

Dr. Saramma Mathew Fenn
Organising Joint Secretary, VMSDC

Dr. Maya Ramesh
Scientific Chair Person



CERTIFICATE OF PARTICIPATION



Presented to

Dr. Vishwa Prakash Shetty

12 CDE POINTS



Ref. No. KSDC/81/2021

For participating in the Workshop Titled

**“DISASTER VICTIM IDENTIFICATION AND UNIDENTIFIED MISSING PERSONS
IDENTIFICATION, WITH INTRODUCTION TO INTERPOL DVI GUIDELINES”**

At the 18th Annual National Conference of The Indian Association of Forensic Odontology

Organized by:

Department of Forensic Medicine, Seth GS Medical College & KEM Hospital, Mumbai

In Collaboration with:

Department of Oral Pathology, Nair Hospital Dental College, Mumbai

Held on 25th September 2021 (Virtual Workshop)

Dr. Emilio Nuzzolese
Prof. in Legal Medicine
University of Turin (Italy)
Medico-legal Institute of Turin
ITALY

Dr. Evi Untoro
IaD, Forensic Medical exp.
& Sciences, Fac of Med.,
Trisakti Univ, Jakarta
INDONESIA

Dr. Ranjeet Singh
Fingerprint Expert,
Founder & Managing Director,
Sherlock Institute of Forensic
Science, INDIA

Certificate No.

IAFOW4215

Dr. S. Balagopal
President,
IAFO

Dr. Hemlata Pandey
Organizing Secretary,
IAFO



CERTIFICATE OF PARTICIPATION



Presented to

Dr.A Jacob Prakash

12 CDE POINTS



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Organizing Secretary,
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Dr. M. Vijaya Lakshmi



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IAFO

Dr. Hemlata Pandey
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IAFO



CERTIFICATE OF PARTICIPATION



Presented to

Dr. Vidya Rani PS

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IAFOW4215

Dr. S. Balagopal
President,
IAFO

Dr. Hemlata Pandey
Organizing Secretary,
IAFO



Certificate of Participation

Awarded to

Dr. Harsha. M

For presenting **Paper** in Scientific Sessions (Faculty) titled

'Correlation Between Strature And Odonto-Facial Parameters - A Crossectional, Regression Analysis Study'

At the 18th Annual National Conference of Indian Association of Forensic Odontology

'Innovations and Trends in Forensic Odontology'

Held on 25th and 26th September 2021

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In collaboration with: Dept. of Oral Pathology and Microbiology, Nair Hospital Dental College, Mumbai



Dr. S. Balagopal

President, IAFO

Dr. Harish Pathak

Organizing Chairman

Dr. Hemlata Pandey

Organizing Secretary



55TH INDIAN ORTHODONTIC CONFERENCE
24TH - 26TH SEPTEMBER, 2021
 VIRTUAL CONFERENCE ALL THE WAY FROM AMRITSAR

**Certificate
 of Attendance**

is awarded to

Dr. Sarath Babu Balina

for attending and contributing to
 the success of the 55th IOC



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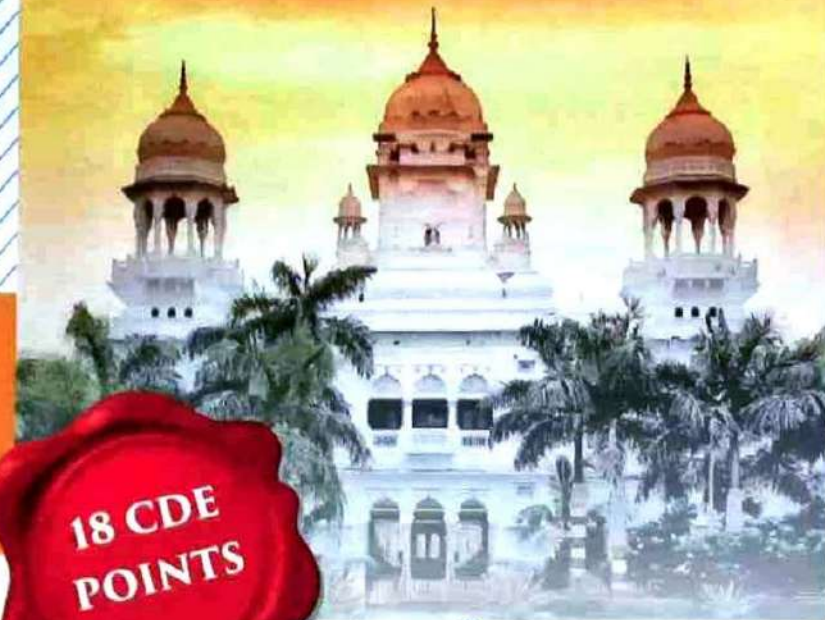
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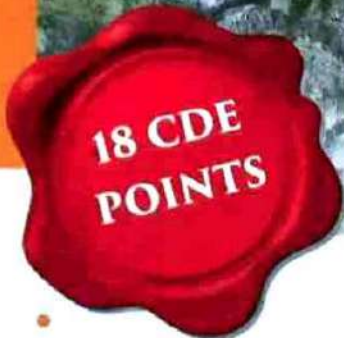
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For having participated as a Delegate at the
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**23rd IPS PG CONVENTION 2021
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Dr M.Radhika

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Council Representative

Dr Gautami S Penmetsa
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INDIAN SOCIETY OF PROSTHODONTICS - RESTORATIVE - PERIODONTICS

2ND VIRTUAL ISPRP CONFERENCE

THEME : "TOGETHER TOWARDS TOMORROW"

CERTIFICATE OF PARTICIPATION

This is to certify that

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at the **2nd Virtual ISPRP National Conference 2022** held on **4th, 5th & 6th February 2022**,

hosted by **Vishnu Dental College, Bhimavaram.**

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Scientific Chairman



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THEME : "TOGETHER TOWARDS TOMORROW"

CERTIFICATE OF PARTICIPATION

This is to certify that

DR. CHAKRAVARTHY Y.S.H.S

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This is to certify that

DR. V. MOHAN KRISHNA REDDY

has presented a **Scientific Paper**

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DR. S. RAVI KIRAN

has presented a **Scientific Paper**

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This is to certify that

DR. G. SANTHI

has presented a **Scientific Paper**

at the **2nd Virtual ISPRP National Conference 2022** held on **4th, 5th & 6th February 2022**,

hosted by **Vishnu Dental College, Bhimavaram.**

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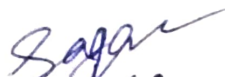
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1. Name of the Staff Member : Dr. Nishanthouey Suryadevara
2. Designation : Professor
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
45th Isp - Pune virtual conference
5. Date and Duration of the Program : 21/10/2021 to 23/10/2021
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 - i. Registration Charges : 2750/-
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S. Nisanth
Signature of the Staff Member

1. Recommendations of the HoD : *S. Nisanth*
2. Recommendations of the IQAC : *R. Shiddu*
3. Recommendations of the Principal : *[Signature]*

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Accountant : *[Signature]*

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1. Name of the Staff Member : Dr. G. Sathu
2. Designation : Senior Lecturer
3. Department : Of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
45th IASP Pune Virtual Conference
5. Date and Duration of the Program : 21/10/2021 to 23/10/2021
6. Associating professional body/ Agency: IASP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

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Accountant : [Signature]

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Debit to Dr. Y.S.H.S Chakravarthy

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Financial Support Request Letter

1. Name of the Staff Member : Dr. Y.S.H.S Chakravarthy
2. Designation : Professor
3. Department : Of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
45th IASP Pune Virtual Conference
5. Date and Duration of the Program : 21/10/2021 to 23/10/2021
6. Associating professional body/ Agency : IASP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Chakr.
Signature of the Staff Member

1. Recommendations of the HoD : *S. N. R. S. R.*
2. Recommendations of the IQAC: *[Signature]*
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2. Designation : Reader
3. Department : of Periodontics
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7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

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Galle
Signature of the Staff Member

1. Recommendations of the HoD : S. Orath
2. Recommendations of the IQAC: Dr. M. S.
3. Recommendations of the Principal : Alamy

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2. Designation : Reader
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
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5. Date and Duration of the Program : 21/10/2021 to 23/10/2021
6. Associating professional body/ Agency: IASP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

Madhusudhan Rao
Signature of the Staff Member

1. Recommendations of the HoD : S. Nishith
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

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Debit to Dr. D. Bharath Simha Reddy

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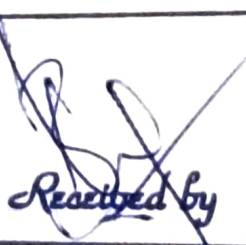
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1. Name of the Staff Member : Dr. D. Bharath Simha reddy
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3. Department : of Periodontia
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6. Associating professional body/ Agency: ISP
7. Financial support particulars (Rs.) :
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 - ii. Travelling Allowances : -
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Signature of the Staff Member

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2. Recommendations of the IQAC: _____
3. Recommendations of the Principal : _____

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Debit to Dr. S. Ravikiran

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1. Name of the Staff Member : Dr. S. Ravi Kiran
2. Designation : Senior Lectures
3. Department : Periodontics
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5. Date and Duration of the Program : 22/4/2022 to 24/4/2022
6. Associating professional body/ Agency: IASP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
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 - iv. Others (if any) : -

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1. Name of the Staff Member : Dr. G. Anusha
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 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
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Date: _____

Signature of the Staff Member

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2. Recommendations of the IQAC : _____
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1. Name of the Staff Member : Dr. V. Rasagnya
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3. Department : Periodontics
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20th IASP PG convention
5. Date and Duration of the Program : 28/4/2022 to 24/4/2022
6. Associating professional body/ Agency: IASP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
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Signature of the Staff Member

1. Recommendations of the HoD : _____
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Date: 15/4/22

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Financial Support Request Letter

1. Name of the Staff Member : Dr. Sathish G
2. Designation : Senior Lecturer
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
20th I SP PG convention
5. Date and Duration of the Program : 22/4/2022 to 24/4/2022
6. Associating professional body/ Agency: I SP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

G. Sathish
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

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Account Department

Accountant : [Signature]

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Date : 15/4/22

Debit to Dr. Y.S.H.S Chakravarthy

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Financial Support Request Letter

1. Name of the Staff Member : Dr. Y.S. H.S. Chakravarthy
2. Designation : Head of the department
3. Department : Q. Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
20th PSP PG Convention
5. Date and Duration of the Program : 22/4/2022 to 24/4/2022
6. Associating professional body/ Agency : PSP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : _____

2. Recommendations of the IQAC : _____

3. Recommendations of the Principal : _____

Sanctioned/ Not Sanctioned

Account Department

Accountant : _____

Date: _____

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Date: _____

Debit to Dr. Sriramarao

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by Cheque / DD / Cash 8500/-


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Date : 18/3/22

Debit to Dr. P. Lalitha

Paid to Dr. P. Lalitha a sum of Rs. 8500/-

Rupees Eight thousand and five hundred. Only

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Financial Support Request Letter

1. Name of the Staff Member : Dr. P. Lalitha
2. Designation : Senior lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
22nd JACDE National PG Convention
5. Date and Duration of the Program : 25-3-2022 to 27-3-2022
6. Associating professional body/ Agency: JACDE
7. Financial support particulars (Rs.) :
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 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

P. Lalitha
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

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Account Department

Accountant : [Signature]

Date:

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Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 11/11/21

Debit to Dr. Shanila Reddy

Paid to Dr. Shanila Reddy . a sum of Rs. 8000/-

Rupees Eight thousand Rupees Only

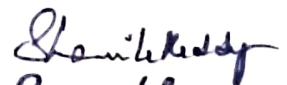
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Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shanika Reddy
2. Designation : Senior Lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th IACDE National Conference

5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

[Signature]
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294,

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/1/20

Debit to Dr. P. Lalitha

Paid to Dr. P. Lalitha a sum of Rs. 8000/-

~~Sum~~ Eight thousand Rupees Only

~~Amount~~ 36th IACDE National Conference

By Cheque / DD / Cash 8000/-

PAID BY

APPROVED BY

ASSISTANT

LOLITHA RECEIVED BY



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Financial Support Request Letter

1. Name of the Staff Member : Dr. P. Lalitha
2. Designation : Senior Lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th IACDE National Conference
5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

P. Lalitha
Signature of the Staff Member

1. Recommendations of the HoD : Shree Krishna Ch. V.V.

2. Recommendations of the IQAC : W.

3. Recommendations of the Principal : Commy

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 11/11/21

Debit to Dr. D. Amritha

Paid to Dr. D. Amritha a sum of Rs. 8000/-

Rupees Eight thousand Rupees Only
towards 36th IACDF National Conference.

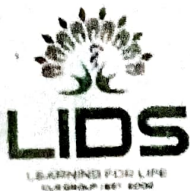
by Cheque / DD / Cash 8000/-


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Financial Support Request Letter

1. Name of the Staff Member : Dr. D. Amrutha
2. Designation : Senior lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th IACDE National Conference
5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

[Signature]
Signature of the Staff Member

1. Recommendations of the HoD :

[Signature]

2. Recommendations of the IQAC:

[Signature]

3. Recommendations of the Principal :

[Signature]

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Account Department

Accountant :

[Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 12/11/21

Debit to Dr. G.V.V. Satyanarayana

Paid to Dr. G.V.V. Satyanarayana a sum of Rs 8000/-

Rupees Eight thousand Rupees. Only

towards 36th IACDE National Conference

by Cheque / DD / Cash 8000/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. D.V.V. Satyanarayana
2. Designation : Senior Lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th PACDE National Conference
5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: PACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Satyanarayana
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/21

Debit to Dr. Y. Padmasri

Paid to Dr. Y. Padmasri a sum of Rs. 8000/-

Rupees Eight thousand Rupees Only


towards 36th IACDF National Conference

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

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NB-2a, Rajanagarum, Rajahmundry, East Godavari (Dt.), AP, India.

web: www.lids.ac.in E-Mail: lds@rajahmundry3@gmail.com Ph: 0883-2484402 Fax: 0883-2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Y. Padmasri
2. Designation : Senior Lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th IACDE National Conference
5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Padmasri
Signature of the Staff Member

1. Recommendations of the HoD : Sheela Krishna U. N. V
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : _____

Debit to Dr. Lakshmi Deepa V

Paid to Dr. Lakshmi Deepa V a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees Only

towards 2nd virtual JSPRP conference.

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by



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Accredited with NAAC "A" Grade

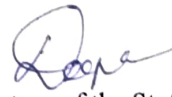
NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

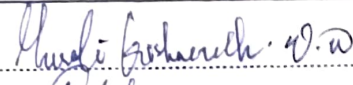
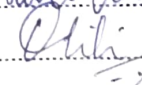

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Lakshmi Deepa V
2. Designation : Professor
3. Department : Conservative Dentistry & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd virtual ISPRP Conference
5. Date and Duration of the Program : 4-2-22 to 6-2-22
6. Associating professional body/ Agency:
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :


Date: _____


Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date: _____

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Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/11/21

Debit to Dr. K. Srideni

Paid to Dr. K. Srideni a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

towards 32nd National IAOMR Conference

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant


Received by



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Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Sridevi
2. Designation : H.O.D
3. Department : Of Oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
----- 32nd National IAOMR Conference -----

5. Date and Duration of the Program : 3-12-2021 to 5-12-2021
6. Associating professional body/ Agency: IAOMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

D. Sridevi
Signature of the Staff Member

1. Recommendations of the HoD : D. Sridevi
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/4/22

Debit to Dr. K. Srideni

Paid to Dr. K. Srideni a sum of Rs. 5000/-

Rupees five thousand Rupees. Only

towards 19th National Triple 'O' Symposium 2022.

by Cheque / DD / Cash 5000/-


Paid by


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Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Sridevi
2. Designation : H.O.P
3. Department : of Oral Medicine & Radiology.
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
19th National Triple 'O' Symposium 2022
5. Date and Duration of the Program : 29/4/2022 to 30/4/2022
6. Associating professional body/ Agency: IAOMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

R. Sridevi
Signature of the Staff Member

1. Recommendations of the HoD : R. Sridevi
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 26/11/21

Debit to Dr. B. KrishnaVeni

Paid to Dr. B. KrishnaVeni a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

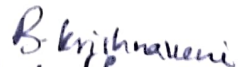
towards 32nd Natimal IAOMR Conference.

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant


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Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Krishnaveni
2. Designation : Reader
3. Department : of oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
30th National IAOMR Conference
5. Date and Duration of the Program : 3-12-2021 to 5-12-2021
6. Associating professional body/ Agency: IAOMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Krishnaveni
Signature of the Staff Member

1. Recommendations of the HoD : S. Sridhar
2. Recommendations of the IQAC: S. Sridhar
3. Recommendations of the Principal : Caurey

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: [Signature]

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 26/11/21

Debit to Dr. V. Teja Sri

Paid to Dr. V. Teja Sri a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

towards 32nd National PAOMR Conference

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant

U. Tejasri
Received by

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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

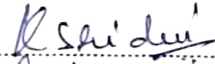


Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Teja Sri
2. Designation : Senior lecturer
3. Department : of Oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
32nd National IADMR Conference
5. Date and Duration of the Program : 3/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IADMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:


Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/11/21

Debit to Dr. G. Vamsi Krishna

Paid to Dr. G. Vamsi Krishna a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

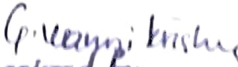
towards 32nd National ISOMR Conference.

by Cheque / DD / Cash 7000/-


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Accountant


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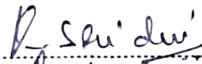
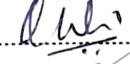

Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Vamsi Krishna
2. Designation : Senior Lecturer
3. Department : of Oral Medicine & Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
----- 32nd National PAOMR Conference -----

5. Date and Duration of the Program : 3/12/2021 to 5/12/2021
6. Associating professional body/ Agency: PAOMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —


Date:


Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/11/21

Debit to Dr. V. Raga Geethika

Paid to Dr. V. Raga Geethika a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

towards 32nd National Paediatric Conference.

by Cheque / DD / Cash 7000/-


Paid by


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Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Raga Geethika
2. Designation : Senior Lecturer
3. Department : of Oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
32nd National IAOMR Conference
5. Date and Duration of the Program : 3/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IAOMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Signature of the Staff Member

1. Recommendations of the HoD : R. Sridhar
2. Recommendations of the IQAC: A. K. S.
3. Recommendations of the Principal : Amey

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/09/2021

Debit to Dr. T. Madhusudhana Rao

Paid to Dr. T. Madhusudhana Rao a sum of Rs. 1250/-

Rupees one thousand two hundred and fifty rupees Only

towards 18th Annual National Conference of Indian Association of Forensic Odontology

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant


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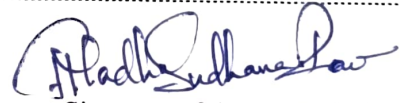
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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. T. Madhusudhana Rao
2. Designation : Professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
16th Annual National Conference of Indian Association
of forensic odontology
5. Date and Duration of the Program : 25/9/21 to 26/9/21
6. Associating professional body/ Agency: I.A.F.O
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -




Signature of the Staff Member

Date: _____

1. Recommendations of the HoD : Yes
2. Recommendations of the IQAC: Yes
3. Recommendations of the Principal : Yes

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/09/2021

Debit to Dr. Vishwa Prakash Shetty

Paid to Dr. Vishwa Prakash Shetty a sum of Rs. 1250/-

Rupees one thousand two hundred and fifty rupees Only

towards 18th Annual national Conference of Indian Association of forensic
dentistry

by Cheque / DD / Cash 1250/-

A
Paid by

J
Approved by

AS
Accountant

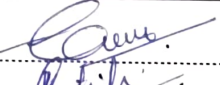


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Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vishwa Prakash Shetty .
2. Designation : Professor and HoD
3. Department : of oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National Conference of Indian
Association of Forensic Odontology
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: IAFo
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:


Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC : 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:



KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/09/2021

Debit to Dr. Vidya Rani PS

Paid to Dr. Vidya Rani PS a sum of Rs. 1250/-

Rupees one thousand two hundred and fifty rupees Only

towards 18th Annual national conference of Indian Association of forensic dentistry

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vidya Rani PS
2. Designation : Senior lecturer
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National conference of
Indian Association of forensic odontology
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: IAFD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Vidya Rani
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. M. Harsha


Paid to Dr. M. Harsha a sum of Rs. 1250/-

Rupees One thousand two hundred and fifty rupees Only

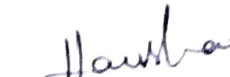
towards 18th Annual National Conference of Indian Association of forensic dentistry

by Cheque/DD/Cash 250/-


Paid by


Approved by


Accountant


Received by



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Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Hanshe
2. Designation : Senior Lecturer
3. Department : of Oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National Conference of Indian Association of Forensic Odontology
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: I AFO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Hanshe

Date:

Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant: [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 17/9/21

Debit to Dr. A. Jacob prakash.

Paid to Dr. A. Jacob prakash a sum of Rs. 1250/-

Rupees One thousand two hundred and fifty rupees Only

towards 18th Annual National Conference of Indian Association of forensic odol

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant


Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 9883 2484492, Fax: 9883 2484473

Financial Support Request Letter

1. Name of the Staff Member : Dr. A. Jacob Prakash
2. Designation : Professor
3. Department : of Oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National Conference of Indian Association of Forensic Odontology
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: INFO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

[Signature]
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant: [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. Vijayalakshmi. M.

Paid to Dr. Vijayalakshmi. M. a sum of Rs. 1250/-

Rupees One thousand two hundred and fifty rupees Only

towards 18th Annual National Conference of Indian Association of forensic
dentistry

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant

Vijaya Lakshmi
Received by

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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vijayalakshmi. H
2. Designation : Reader
3. Department : of Oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National Conference of Indian Association of Forensic Odontology.
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: IAFO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

[Signature]
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. Swathi.S.

Paid to Dr. Swathi.S a sum of Rs. 7000/-

Rupees Seven thousand rupees. Only

towards 55th Indian Orthodontic Virtual Conference

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant


Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sruathi. S
2. Designation : Senior lecturer
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
55th Indian Orthodontic Virtual Conference
5. Date and Duration of the Program : 24-9-2021 -to 26-9-2021
6. Associating professional body/ Agency: JOC
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Signature of the Staff Member

1. Recommendations of the HoD :
2. Recommendations of the IQAC:
3. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. Lekhapavani. G

Paid to Dr. Lekhapavani. G a sum of Rs. 7000/-

Rupees Seven thousand Rupees. Only

towards 55th Indian Orthodontic Virtual Conference.

by Cheque / DD / Cash 1000/-


Paid by


Approved by


Accountant


Received by



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Financial Support Request Letter

1. Name of the Staff Member : Dr. Lekha Pavani G
2. Designation : Senior lecturer
3. Department : of Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
55th Indian Orthodontic Virtual Conference
5. Date and Duration of the Program : 24/9/2021 to 28/9/2021
6. Associating professional body/ Agency : IOC
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Lekha Pavani G
Signature of the Staff Member

1. Recommendations of the HoD : *Pavani G*
2. Recommendations of the IQAC : *Sridhi*
3. Recommendations of the Principal : *Amey*

Sanctioned/ Not Sanctioned

Account Department

Accountant *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. Leelapraveena.

Paid to Dr Leelapraveena a sum of Rs. 7000/-

Rupees Seven thousand rupees Only

towards 55th Indian Orthodontic Virtual conference.

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant


Received by



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Financial Support Request Letter

1. Name of the Staff Member : Dr. Lella Praveene
2. Designation : Senior lecturer
3. Department : of Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
55th Indian Orthodontic Virtual conference
5. Date and Duration of the Program : 24/9/2021 to 26/9/2021
6. Associating professional body/ Agency : IOC
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Signature of the Staff Member

1. Recommendations of the HoD : *[Signature]*
2. Recommendations of the IQAC : *[Signature]*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. Sarathbabu. B.

Paid to Dr. sarathbabu. B. a sum of Rs. 7000/-

Rupees Seventhousand Rupees. Only


towards 55th Indian Orthodontic Vistral conference.

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant


Received by

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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sarath Babu . B
2. Designation : Reader
3. Department : Of Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
55th Indian orthodontic Conference
5. Date and Duration of the Program : 24-9-2021 to 26-9-2021
6. Associating professional body/ Agency: IOC
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant

Date:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/4/22

Debit to Dr. S.V.S. Kiran ch.

Paid to Dr. S.V.S. Kiran ch. a sum of Rs. 8000/-

Rupees Eight thousand rupees. Only

towards 25th IOS National PG Students Convention.

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant

Kiran ch
Received by



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Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. S.V.S Kiran ch.
2. Designation : Reader
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
----- 25th IOS National PG Students Convention -----

5. Date and Duration of the Program : 28/4/2022 to 1/5/2022
6. Associating professional body/ Agency: IOS.
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -----
 - iii. Membership Fee : -----
 - iv. Others (if any) : -----

Date:

Signature of the Staff Member

1. Recommendations of the HoD : Pavanika
2. Recommendations of the IQAC: P. V. S. Kiran ch.
3. Recommendations of the Principal : P. V. S. Kiran ch.

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/4/22

Debit to Dr. V. Jessie Ratan.

Paid to Dr. V. Jessie Ratan. a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards 25th IOS National PG Students Convention

by Cheque / D/D / Cash 8000/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. V. jessica Ratan
2. Designation : Senior lecturer
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IOS National PG Students convention
5. Date and Duration of the Program : 28/4/2022 to 1/5/2022
6. Associating professional body/ Agency: IOS.
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Jessica Ratan

Date:

Signature of the Staff Member

1. Recommendations of the HoD : Paramita
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/4/22

Debit to Dr. P. Narendra.

Paid to Dr. P. Narendra a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards 25th IOS National PG Students Convention.

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant


Received by



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Financial Support Request Letter

1. Name of the Staff Member : Dr. P. Narendra
2. Designation : Reader
3. Department : of Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IOS National PG Students Convention
5. Date and Duration of the Program : 28/4/2022 to 1/5/2022
6. Associating professional body/ Agency: IOS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : *P. Narendra*
2. Recommendations of the IQAC : *R. K. V.*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/4/22

Debit to Dr. M. Sivaprasad.

Paid to Dr. M. Sivaprasad a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards 25th IOS National PG Student Convention.

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant


Received by



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Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Siva Prasad
2. Designation : Reader
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th Jos National PG Students Convention
5. Date and Duration of the Program : 08/4/2022 to 1/5/2022
6. Associating professional body/ Agency: Jos
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Dr. M. Siva Prasad

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : *Pavan*
2. Recommendations of the IQAC: *R. V. L.*
3. Recommendations of the Principal : *Prasad*

Sanctioned/ Not Sanctioned

Account Department

Accountant *[Signature]*

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : _____

Debit to Dr. K. Rupa Varma

Paid to Dr. K. Rupa Varma a sum of Rs. 300/-

Rupees Three thousand Rupees Only


towards Periodogram

by Cheque / DD / Cash 3000 /-


Paid by


Approved by


Accountant


Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

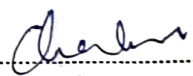
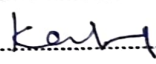
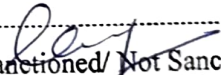
1. Name of the Staff Member : Dr. K. Supa Hara
2. Designation : Professor
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :

Periodontics

5. Date and Duration of the Program : 30-3-2016 to 01-04-2016
6. Associating professional body/ Agency: -----
7. Financial support particulars (Rs.) : 2000/-
 - i. Registration Charges : -----
 - ii. Travelling Allowances : -----
 - iii. Membership Fee : -----
 - iv. Others (if any) : -----

Date: _____


Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC : 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date: _____

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Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23-3-2021

Debit to Dr. Y. Chakravathi

Paid to Dr. Y. Chakravathi a sum of Rs. 3000/-

Rupees Three thousand Rupees only Only

towards period adhyaan.

by Cheque / DD / Cash 3000/-

Pat
Paid by

Sagari
Approved by

Pat
Accountant

Chakravathi
Received by



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Web: www.lids.ac.in. E-Mail: lidsrajahmundry@gmail.com. PH: 0883-2484492. Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Y. Chakravarthi
2. Designation : HOD and Professor
3. Department : of periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :

period adhyaan

5. Date and Duration of the Program : 30-3-2021 to 01-04-2021
6. Associating professional body/ Agency: period adhyaan
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3000/-
 - ii. Travelling Allowances : -----
 - iii. Membership Fee : -----
 - iv. Others (if any) : -----

Date: _____

Signature of the Staff Member
Chakravarthi

1. Recommendations of the HoD : *Chakravarthi*
2. Recommendations of the IQAC : *K. N. S.*
3. Recommendations of the Principal : *Prasad*

Sanctioned / Not Sanctioned
 Sanctioned

Account Department

Accountant : *[Signature]*

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23-3-2021

Debit to Dr. G. Hanikishan

Paid to Dr. G. Hanikishan a sum of Rs. 3000/-

Rupees Three thousand rupees only Only

towards Devo adhyaan

by Cheque / DD / Cash 3000/-

HH
Paid by

Sagar
Approved by

Pat
Accountant

Hanikishan
Received by



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NII-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Harikrishnan
2. Designation : Prof. Juna
3. Department : _____
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
peva adhyaan
5. Date and Duration of the Program : _____
6. Associating professional body/ Agency: peva adhyaan
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : _____
2. Recommendations of the IQAC: _____
3. Recommendations of the Principal : _____

Sanctioned/ Not Sanctioned

Account Department

Accountant : _____

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23-3-2021

Debit to Dr. V. Mohan Krishna Reddy

Paid to Dr. V. Mohan Krishna Reddy a sum of Rs. 3000/-

Rupees Three thousand rupees only Only

towards Devo adhyaan

by Cheque / DD / Cash 3000/-

A.
Paid by

Sagar
Approved by

Pat
Accountant

Mohan Krishna
Received by



LENORA INSTITUTE OF DENTAL SCIENCES

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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Mohan Krishna Reddy
2. Designation : Senior Restorer
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
perio adhyaan
5. Date and Duration of the Program : _____
6. Associating professional body/ Agency: perio adhyaan
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : _____
 2. Recommendations of the IQAC: _____
 3. Recommendations of the Principal : _____
- Sanctioned/ Not Sanctioned

Account Department

Accountant : _____

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23-3-2021

Debit to Dr G. Anusha

Paid to Dr G. Anusha a sum of Rs. 3000/-

Rupees Three thousand Rupees only Only

towards period adhyaan

by Cheque / DD / Cash 3000/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by



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Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Anurag
2. Designation : Senior Lecturer
3. Department : of periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
Perio adhyan :
5. Date and Duration of the Program : 30-3-2021 to 01-04-2021
6. Associating professional body/ Agency: Perio Adhyan
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : _____

2. Recommendations of the IQAC: _____

3. Recommendations of the Principal : _____

Sanctioned/ Not Sanctioned

Account Department

Accountant : Az,

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 21/4/22

Debit to Dr. K. Pavan

Paid to Dr. K. Pavan a sum of Rs. 8000/-

Rupees Eight thousand rupees. Only

towards 25th IOS National PG Students Convention.

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant


Received by

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Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Pavan
2. Designation : H.O.D
3. Department : Of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IOS National PG students Convention
5. Date and Duration of the Program : 28/4/2022 to 1/5/2022
6. Associating professional body/ Agency: IOS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Pavan
Signature of the Staff Member

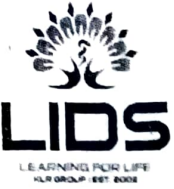
1. Recommendations of the HoD : *Pavan*
2. Recommendations of the IQAC: *R.H.*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:



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Financial Support Request Letter

1. Name of the Staff Member : Dr. V.S.H.S Chelera Varthy
2. Designation : H.O.D
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
----- 8th Virtual JSPPP Conference -----
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: JSPPP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. Nishith
2. Recommendations of the IQAC : D. V. S.
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 28/1/22

Debit to Dr. Y.S.H.S. Chakravarthy

Paid to Dr. Y.S.H.S. Chakravarthy a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees Only

towards 2nd virtual TSPRP conference

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Mohan Krishna Reddy
2. Designation : Reader
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
----- 2nd Virtual ISPPP Conference -----

5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: ISPPP
7. Financial support particulars (Rs.) :
i. Registration Charges : 850/-
ii. Travelling Allowances : -
iii. Membership Fee : -
iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. Ananth
2. Recommendations of the IQAC : R. Sridhar
3. Recommendations of the Principal : Anand

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 27/1/22.

Debit to Dr. V. Mohan Krishna Reddy

Paid to Dr. V. Mahan Krishna Reddy a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees only. Only

towards 2nd virtual JSPP Conference

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by



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Financial Support Request Letter

1. Name of the Staff Member : Dr. D. Bharath Srinob Deetty
2. Designation : Senior Lecturer
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Virtual ISPPF Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: ISPPF
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD :

2. Recommendations of the IQAC :

3. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29-01-22

Debit to Dr. D. Bharath Simha Reddy.

Paid to Dr. D. Bharath Simha Reddy a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees Only

towards 2nd virtual ISPRP Conference

By Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Anshu
2. Designation : Reader
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Virtual ISPPRP Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: ISPPRP
7. Financial support particulars (Rs.) :
- i. Registration Charges : 850/-
- ii. Travelling Allowances : -
- iii. Membership Fee : -
- iv. Others (if any) : -

Date:

G. Anshu
Signature of the Staff Member

1. Recommendations of the HoD : S. Anish
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 28/1/22

Debit to Dr. G. Anusha

Paid to Dr. G. Anusha a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees Only

towards 2nd virtual ISPRP conference.

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by

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Financial Support Request Letter

1. Name of the Staff Member : Dr. S. Ravikiran
2. Designation : Senior Lecturer
3. Department : of Periodontia
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Virtual ISPPF Conference
5. Date and Duration of the Program : 4/12/2022 to 6/12/2022
6. Associating professional body/ Agency: ISPPF
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Ravikiran
Signature of the Staff Member

1. Recommendations of the HoD : *S. Viseth*
2. Recommendations of the IQAC: *R. V.*
3. Recommendations of the Principal : *Alvar*

Sanctioned/ Not Sanctioned

Account Department

Accountant

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 29/1/22

Debit to Dr. S. Ravikiran

Paid to Dr. S. Ravikiran a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees. Only

towards 2nd virtual ISPRP conference.

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr G. Santhi
2. Designation : Senior Lecturer
3. Department : of Periodontia
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Virtual PSPRP Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: PSPRP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. N. Sath
2. Recommendations of the IQAC : R. V.
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/1/22

Debit to Dr. G. Santhi

Paid to Dr. G. Santhi a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees. Only

towards 2nd virtual ISPRP conference.

By Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by

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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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Financial Support Request Letter

1. Name of the Staff Member : Dr. Anvesh G
2. Designation : Senior Lecturer
3. Department : Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IAPHD National conference
5. Date and Duration of the Program : 19-11-21 to 21-11-21
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Anvesh
Signature of the Staff Member

1. Recommendations of the HoD : Balu
2. Recommendations of the IQAC : K. V. V.
3. Recommendations of the Principal : Princy

Sanctioned/ Not Sanctioned

Account Department

Accountant [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 13/11/21

Debit to Dr. Anvesh. G.

Paid to Dr Anvesh. G a sum of Rs. 5000/-

Rupees Five thousand rupees Only

towards 25th IAPHD National Conference.

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Praneetha. K
2. Designation : Senior Lecturer.
3. Department : Public Health Dentistry.
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IAPHD National Conference
5. Date and Duration of the Program : 19-11-21 to 21-11-21
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Praneetha
Signature of the Staff Member

1. Recommendations of the HoD : *B. K. Reddy*
2. Recommendations of the IQAC : *V. K. Reddy*
3. Recommendations of the Principal : *Carry*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : _____

Debit to Dr. Praneetha K.

Paid to Dr. Praneetha K. a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards 25th TAPHD National conference

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Assistant


Received by

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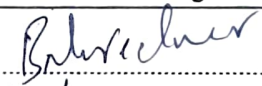
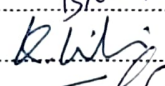

Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jabeerunnisa
2. Designation : Reader
3. Department : Public Health Dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IAPHD National Conference
5. Date and Duration of the Program : 19/11/2021 to 21/11/2021
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 13/11/21

Debit to Dr. Zabisunnisa

Paid to Dr. Zabisunnisa a sum of Rs. 5000/-

Rupees Five thousand rupees Only

towards 25th IAPHD National Conference

by Cheque / DD / Cash 5000/-

MJ
Paid by

SJ
Approved by

by
Accountant

Zabisunnisa
Received by



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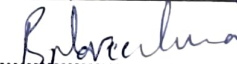


Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jagadeesh Narajee. K
2. Designation : Professor
3. Department : of Public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
55th IAPAD National Conference
5. Date and Duration of the Program : 19/11/2021 to 21/11/2021
6. Associating professional body/ Agency: IAPAD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:


Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 13/11/21

Debit to Dr. Jagadeesh Narayana

Paid to Dr Jagadeesh Narayana, a sum of Rs. 5000/-

Rupees Five thousand Rupees Only

towards 25th IAPHD National conference.

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by



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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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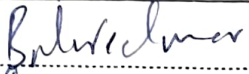
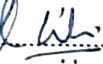

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Naveen Kumar
2. Designation : Head of the Department
3. Department : Public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
----- 25th IAPHD National conference -----

5. Date and Duration of the Program : 19/11/2021 to 21/11/2021
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:


Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/21

Debit to Dr. B. Naveen Kumar

Paid to Dr. B. Naveen Kumar a sum of Rs. 5000/-

Rupees five Thousand Rupees Only

towards 25th IAPHD National Conference.

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by

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Financial Support Request Letter

1. Name of the Staff Member : Dr. R. Punithavathy
2. Designation : H.O.D
3. Department : of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
42nd National ISPPD Annual Conference
5. Date and Duration of the Program : 25/11/2021 to 27/11/2021
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1475 1450/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

R. Punitha Vathy
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant: [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 19/11/21

Debit to Dr. R. Punithavathy

Paid to Dr. R. Punithavathy a sum of Rs. 1450/-

Rupees One thousand four hundred and fifty rupees Only

towards 42nd National ISPPD Virtual Conference.

by Cheque / DD / Cash 1450/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Satyam
2. Designation : Professor
3. Department : of Pedodontia
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
4th National ISPPD Virtual Conference
5. Date and Duration of the Program : 25/11/2021 to 27/11/2021
6. Associating professional body/ Agency : ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1450/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

Signature of the Staff Member

1. Recommendations of the HoD : _____
2. Recommendations of the IQAC : _____
3. Recommendations of the Principal : _____

Sanctioned/ Not Sanctioned

Account Department

Accountant : _____

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 19/11/21

Debit to Dr. M. Satyam

Paid to Dr. M. Satyam a sum of Rs. 1450/-

Rupees One thousand four hundred and fifty rupees Only

towards 42nd National ISPPD Virtual Conference

by Cheque / DD / Cash 1450/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. R. Mythirae
2. Designation : Senior Lecturer
3. Department : Of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
42nd National ISPPD Virtual Conference
5. Date and Duration of the Program : 25/11/2021 to 29/11/2021
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1450/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Mythirae
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 19/11/21

Debit to Dr. R. Mythirae

Paid to Dr. R. Mythirae a sum of Rs. 1450/-

Rupees One thousand four hundred and fifty rupees Only

towards 42nd National ISPPD Virtual Conference -

by Cheque / DD / Cash 1450/-


Paid by


Approved by


Accountant


Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. R. Punithavathy
2. Designation : H.O.D
3. Department : of Pedodontia
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th ISPPD National PG Convention

5. Date and Duration of the Program : 7/4/2022 to 9/4/2022
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6500/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

R. Punithavathy
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/4/22

Debit to Dr R. Punithavathy

Paid to Dr. R. Punithavathy a sum of Rs. 6500/-

Rupees Six thousand five hundred rupees. Only

towards 18th ISPPD National PG Convention.

by Cheque / DD / Cash 6500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. R. Mythri
2. Designation : Senior Lecturer
3. Department : of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th ISPPD National PG Convention
5. Date and Duration of the Program : 7/4/2022 to 9/4/2022
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6500/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Mythri
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: R. W. [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/4/22

Debit to Dr R. Mythirae

Paid to Dr. R. Mythirae a sum of Rs. 6500/-

Rupees Six thousand five hundred rupee - Only

towards 18th ISPPD National PG convention.

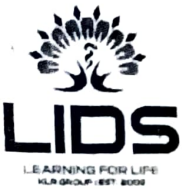
by Cheque / DD / Cash 6500/-


Paid by


Approved by


Accountant


Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. L. Meghana
2. Designation : Senior Lecturer
3. Department : of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th ISPPD National PG Convention
5. Date and Duration of the Program : 7/4/2022 to 9/4/2022
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6500/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

L. Meghana
Signature of the Staff Member

1. Recommendations of the HoD : *[Signature]*
2. Recommendations of the IQAC: *[Signature]*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 11/4/22

Debit to Dr. L. Meghana.

Paid to Dr. L. Meghana. a sum of Rs. 6500/-

Rupees Six thousand five hundred rupees. Only

towards 18th ISPPD National PG Convention.

by Cheque / DD / Cash 6500/-


Paid by


Approved by


Accountant


Received by

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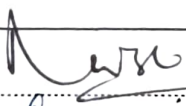
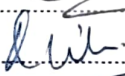

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Lakshmana Rao
2. Designation : Head of the Department
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
----- 49th IPS National Virtual Conference 2021 -----
5. Date and Duration of the Program : 1st December - 5th December 2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -


Date:

Signature of the Staff Member

1. Recommendations of the HoD : 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal : 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. B. Lakshmana Rao

Paid to Dr. B. Lakshmana Rao a sum of Rs. 3500/-

Rupees Three thousand and five hundred Rupees. Only

towards 49th IPS National Virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant

Lakshmana Rao
Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr G. Srinisha
2. Designation : Reader
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1st December - 5th December 2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : *[Signature]*
2. Recommendations of the IQAC : *[Signature]*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : _____

Debit to Dr. G. Sivisha

Paid to Dr. G. Sivisha a sum of Rs. 3500/-

Rupees Three thousand and five hundred rupees Only

towards 49th IPS National virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

- Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Sudheer
2. Designation : Professor
3. Department : of prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Sudheer
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. K. Sudheer

Paid to Dr. K. Sudheer a sum of Rs. 3500/-

Rupees Three thousand and five hundred Rupees Only

towards 49th IAS National Virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. J.S.V Satyanarayana
2. Designation : Professor
3. Department : Of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Satyanarayana
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. T.S.V. Satya Narayana

Paid to Dr. T.S.V. Satya Narayana a sum of Rs. 3500/-

Rupees three thousand and five hundred. Rupees. Only

towards 49th IPS National Virtual Conference 2021

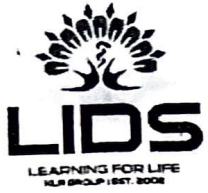
by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. T. Ramesh
2. Designation : Reader
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

T. Ramesh
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. T. Ramesh

Paid to Dr. T. Ramesh a sum of Rs. 3500/-

Rupees Three thousand and five hundred Rupees. Only

towards 49th IPS National virtual conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant

Ramesh
Received by



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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

- 1. Name of the Staff Member : Y. Hanika
- 2. Designation : Senior Lecturer
- 3. Department : Of Prosthodontics
- 4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPRS National Virtual Conference 2021

- 5. Date and Duration of the Program : 1/12/2021 to 5/12/2021
- 6. Associating professional body/ Agency: IPRS
- 7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____ Signature of the Staff Member [Signature]

- 1. Recommendations of the HoD : [Signature]
- 2. Recommendations of the IQAC: [Signature]
- 3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]
Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 24/11/21

Debit to Y. Harika

Paid to Y. Harika a sum of Rs. 3500/-

Rupees Three thousand and five hundred. Only

towards 49th IPS National Virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Satyam
2. Designation : Reader
3. Department : Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
----- Pedo Disha 2021 -----

5. Date and Duration of the Program : 25th - 27th Nov 2021
6. Associating professional body/Agency: I.S.P.-P.D.
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2,500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Satyam
Signature of the Staff Member

1. Recommendations of the HoD: *Pamula*
2. Recommendations of the IQAC: *K. S. S. S. S.*
3. Recommendations of the Principal: *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 18/11/21

Debit to Dr. Satyam.M

Paid to Dr. Satyam.M a sum of Rs 2500/-

Rupees Two thousand five hundred rupees Only

towards PENDISHA-21

by Cheque / DD / Cash Rs. 2500/-

Varalaksh
Paid by

Approved by

Suj
Accountant

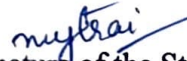
Suj
Received by




Financial Support Request Letter

1. Name of the Staff Member : Dr. Mytrai .B
2. Designation : Senior Lecturer
3. Department : Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
----- pcds Disha 2021 -----

5. Date and Duration of the Program : 25th - 27th NOV 2021
6. Associating professional body/Agency: ISP-PD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2,500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:


Signature of the Staff Member

1. Recommendations of the HoD: 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal: 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/11/21

Debit to Dr. Mytrajee. R

Paid to Dr. Mytrajee. R a sum of Rs. 2500/-

Rupees Two thousand five hundred rupees Only

towards PENDUCHA-21

by Cheque / DD / Cash Rs. 2500/-

Varalakshmi
Paid by

Approved by

Suj
Assistant

Mytra
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ch. Murali Krishna
2. Designation : Professor & Head
3. Department : Conservative & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
Illuminating the Dark

5. Date and Duration of the Program : 19th - 21st Nov 2021
6. Associating professional body/Agency: IS-EDA
7. Financial support particulars (Rs.) :
i. Registration Charges : 4,000/-
ii. Travelling Allowances :
iii. Membership Fee :
iv. Others (if any) :

Date:

Murali Krishna
Signature of the Staff Member

1. Recommendations of the HoD: *Murali Krishna*
2. Recommendations of the IQAC: *K. Srialeeni*
3. Recommendations of the Principal: *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/2021

Debit to Dr. Ch. Murali Krishna

Paid to Dr. Ch. Murali Krishna a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards Illuminating the dark

by Cheque / DD / Cash Rs. 4000/-

Vasulaksh
Paid by

Approved by

C. S.
Accountant

Murali
Received by



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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Satyanarayana
2. Designation : professor
3. Department : prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
----- 23rd IPS PG Conventions -----

5. Date and Duration of the Program : 2nd - 4th July 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Satyanarayana

Date:

Signature of the Staff Member

1. Recommendations of the HoD: *B. Lakshmi Rao*
2. Recommendations of the IQAC: *K. Srideni*
3. Recommendations of the Principal: *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES
NH-16, RAJANAGARAM, Rajamahendravaram - 533294.
Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/6/2021

Debit to Dr. T. Satyanarayana

Paid to Dr. T. Satyanarayana a sum of Rs. 6000/-

Rupees Six thousand rupees Only

towards 23rd PDS PG Convention

by Cheque / DD / Cash Rs. 6000/-

Manojakshi
Paid by

Approved by

SMV
Accountant


Prasanna
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Sudheer
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
49th IPS National Conference
5. Date and Duration of the Program : 1st - 5th December 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:


Signature of the Staff Member

1. Recommendations of the HoD: B. Lakshman Rao
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 25/11/2021

Debit to Dr. K. Sudheer

Paid to Dr. K. Sudheer a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards 49th IDS National conference

by Cheque / DD / Cash Rs. 4000/-

Varalaksh
Paid by

Approved by

Sany
Accountant

Sudheer
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. T. Satyanaryana
2. Designation : Professor
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
49th I.P.S. National conference
5. Date and Duration of the Program : 1st - 5th December 2021
6. Associating professional body/Agency: I.P.S.
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Signature of the Staff Member

1. Recommendations of the HoD: B. Lakshma Rao
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 25/11/2021

Debit to Dr. T. Satyanarayana

Paid to Dr. T. Satyanarayana a sum of Rs. 4000/-

Rupees Four thousand rupees Only

towards 49th IPS National conference

by Cheque / DD / Cash Rs. 4000/-

Varelaht
Paid by

Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Nibha Kumari Singh
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
23rd IPS PG convention
5. Date and Duration of the Program : 2nd - 4th July 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Nibha
Signature of the Staff Member

1. Recommendations of the HoD: B. Lakshmi Rao.
2. Recommendations of the IQAC: K. Sridhar
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25 / 6 / 2021

Debit to Dr. Nibha kumari

Paid to Dr. Nibha kumari a sum of Rs. 6000/-

Rupees Six thousand rupees Only

towards 23rd IPS PG Convention

by Cheque / DD / Cash Rs. 6000/-

Veeralaksh
Paid by

Approved by

Sany
Accountant

Nibha
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Lakshman Rao
2. Designation : Professor & Head
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
23rd IPS PG Convention
5. Date and Duration of the Program : 2nd - 4th July 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

B. Lakshman Rao.
Signature of the Staff Member

1. Recommendations of the HoD: B. Lakshman Rao.
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 25/6/2021

Debit to Dr. B. Lakshmana Rao

Paid to Dr. B. Lakshmana Rao a sum of Rs. 6000/-

Rupees Six thousand rupees Only

towards 23rd IPS PG Convention.

by Cheque / DD / Cash Rs. 6000/-.

Varalakshmi
Paid by

Approved by

Surya
Accountant

Lakshmi Rao
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Harsha
2. Designation : Senior Lecturer
3. Department : oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
19th IAOMP Pa convention
5. Date and Duration of the Program : 11th - 12th August 2021
6. Associating professional body/Agency: IAOMP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2,250/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Harsha
Signature of the Staff Member

1. Recommendations of the HoD: *[Signature]*
2. Recommendations of the IQAC: *K. Sudevi*
3. Recommendations of the Principal: *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 4/8/2021

Debit to Dr. M. Harsha

Paid to Dr. M. Harsha a sum of Rs. 2250/-

Rupees Two thousand and Two hundred and fifty rupees Only

towards 19th IAOMP PG Convention

by Cheque / DD / Cash Rs. 2250/-

vivalaksh
Paid by

Approved by

Sany
Accountant

Harsha
Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Vijaya Laxmi
2. Designation : Reader
3. Department : Oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
19th IAOMP PA convention
5. Date and Duration of the Program : 11th - 12th August 2021
6. Associating professional body/Agency: IAOMP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2,250/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date: _____

Vijaya Laxmi
Signature of the Staff Member

1. Recommendations of the HoD: *[Signature]*
2. Recommendations of the IQAC: *K. Sudevi*
3. Recommendations of the Principal: *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 4/8/2021

Debit to Dr. M. Vijaya Lakshmi

Paid to Dr. M. Vijaya Lakshmi a sum of Rs. 2250/-

Rupees Two thousand and two hundred and fifty Rupees Only

towards 19th IADMP PG Convention

by Cheque / DD / Cash Rs. 2250/-

Voraalakt
Paid by

Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Lakshman Rao
2. Designation : Professor & Head
3. Department : Department of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
49th IPS National Conference
5. Date and Duration of the Program : 1st - 5th Dec. 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4,000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

B. Lakshman Rao
Signature of the Staff Member

1. Recommendations of the HoD: B. Lakshman Rao
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 26/11/20

Debit to Dr. B. Lakshmana Rao

Paid to Dr. B. Lakshmana Rao a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards 48th IPS National Conference

by Cheque / DD / Cash Rs. 8000/-

V. Laksh
Paid by

Approved by

S. A.
Accountant


Lakshmana Rao
Received by




Financial Support Request Letter

1. Name of the Staff Member : Dr. Puneetha
2. Designation : Professor
3. Department : Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
----- pedo Disha 2021 conference -----

5. Date and Duration of the Program : 25th - 27th Nov 2021
6. Associating professional body/Agency: ISP- PD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2,500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :


Date:


Signature of the Staff Member

1. Recommendations of the HoD: 
2. Recommendations of the IQAC: 
3. Recommendations of the Principal: 

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/11/21

Debit to Dr. Punithavathy

Paid to Dr. Punithavathy a sum of Rs. 2500/-

Rupees Two Thousand Five Hundred rupees Only

towards PEDDISHA-21

by Cheque / DD / Cash Rs. 2500/-

Varalaksh
Paid by

Approved by

Surya
Accountant

Puni
Received by



LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajamundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Nibha Kumari
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
23rd IPS PG convention
5. Date and Duration of the Program : 30/6/2021 - 2/7/2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.)
 - i. Registration Charges : 6,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Nibha
Signature of the Staff Member

1. Recommendations of the HoD: *B. Lakshmi Rao*
2. Recommendations of the IQAC: *K. Sridevi*
3. Recommendations of the Principal: *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant: *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/6/2021

Debit to Dr. Nibha Kumari

Paid to Dr. Nibha Kumari a sum of Rs. 6000/-

Rupees Six thousand rupees Only

towards 23rd IPS PG Convention

by Cheque / DD / Cash Rs. 6000/-

Naralakash
Paid by

Approved by

Sant
Accountant

Nibha
Received by