

A CERTIFIED LIST OF STAFF RECEIVED  
FINANCIAL SUPPORT ALONG WITH  
THEIR E-COPIES OF SANCTION  
LETTERS DURING A.Y.2019-20



**XXIV NATIONAL CONFERENCE  
INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY**

Theme : Public Health Dentistry Beyond Preventive Dentistry

**CERTIFICATE OF PARTICIPATION**



*Awarded to*

**Dr. AKHIL PALLEPATI**

for his / her participation in the 24th National Conference of the  
Indian Association Of Public Health Dentistry  
held from 15<sup>th</sup>-17<sup>th</sup> November 2019, at Ramoji Film City, Hyderabad

Dr. Gopikrishna V  
President, IAPHD

Dr. Sabyasachi Saha  
Secretary, IAPHD

Dr. P. Parthasarathi  
Organizing Chairman

Dr. K. Yadav Rao  
Organizing Secretary

Dr. M. Monica  
Scientific Chairman



**XXIV NATIONAL CONFERENCE  
INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY**

Theme : Public Health Dentistry Beyond Preventive Dentistry

**CERTIFICATE OF PARTICIPATION**



*Awarded to*

**Dr.NAVEEN KUMAR .B**

for his / her participation in the 24th National Conference of the  
Indian Association Of Public Health Dentistry  
held from 15<sup>th</sup>-17<sup>th</sup> November 2019, at Ramoji Film City, Hyderabad

Dr. Gopikrishna V  
President, IAPHD

Dr. Sabyasachi Saha  
Secretary, IAPHD

Dr. P. Parthasarathi  
Organizing Chairman

Dr. K. Yadav Rao  
Organizing Secretary

Dr. M. Monica  
Scientific Chairman



**XXIV NATIONAL CONFERENCE  
INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY**

Theme : Public Health Dentistry Beyond Preventive Dentistry

**CERTIFICATE OF PARTICIPATION**



*Awarded to*

**DR.NARAYANA RAO .V**

for his / her participation in the 24th National Conference of the  
Indian Association Of Public Health Dentistry  
held from 15<sup>th</sup>-17<sup>th</sup> November 2019, at Ramoji Film City, Hyderabad

Dr. Gopikrishna V  
President, IAPHD

Dr. Sabyasachi Saha  
Secretary, IAPHD

Dr. P. Parthasarathi  
Organizing Chairman

Dr. K. Yadav Rao  
Organizing Secretary

Dr. M. Monica  
Scientific Chairman



**VISHNU DENTAL COLLEGE**  
DEPARTMENT OF ORAL MEDICINE & RADIOLOGY



**CERTIFICATE**


Certified that Dr. K. SRIDEVI


has **attended** the CDE programme

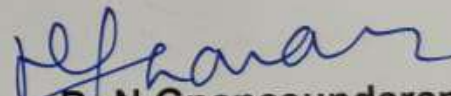
**AVIDH 2020**

A State Level OM&R CDE-Programme for undergraduates  
Organised at Vishnu Dental College, Bhimavaram  
on **1st February 2020**



  
**Dr. R. Sudhakara Reddy**  
Head Of Department

  
**Dr. Suresh Sajjan. M.C.**  
Principal

  
**Dr. N. Gnanasundaram**  
Resource person



## NATIONAL BDS STUDENTS CONVENTION OF IAOMR-2019

### CERTIFICATE OF APPRECIATION

This is to certify that Dr. .... *K. Sridevi* ..... has been appreciated for being **Chairperson** during the scientific session in **NATIONAL BDS STUDENTS CONVENTION OF IAOMR - 2019** organised by **Department of Oral Medicine and Radiology, Kamineni Institute of Dental Sciences, Narketpally** on 18<sup>th</sup> October 2019.

**Dr. P. Ramachandra Reddi**  
Organizing Chairman

**Dr. B. Balaji Babu**  
Organizing Secretary

**Dr. Vishal Dang**  
President IAOMR

**Dr. Satheesha Reddy BH**  
Hon'ble Gen. Secretary IAOMR

**Dr. G. Vikram Reddy**  
Observer, TSDC



# Continuing Dental Education

INDIAN DENTAL ASSOCIATION - RAJAHMUNDRY BRANCH

## Certificate of Attendance

Certified that Dr. K. Sridevi

has attended the CDE Programme on

### **ORAL AND FACIO-MAXILLARY CANCER**

Lecture on 26/01/2020 for 03:00 hrs duration at DELTA HOSPITALS

Organised by IDA Rajahmundry and Delta Hospitals & Credited with **3** CDE Points

(Registration No: APSDC/SPD133/EC 3794)

**Dr. T. LAKSHMA REDDY**  
President  
IDA Rajahmundry Branch

**Dr. B. SURESH**  
Hon. Secretary  
IDA Rajahmundry Branch

**Dr. V. MOHAN KRISHNA REDDY**  
CDE- Convenor  
IDA Rajahmundry Branch

**Dr. M. RAJENDRA PRASAD**  
State Dental Council Representative  
Andhra Pradesh



# ST. JOSEPH DENTAL COLLEGE & HOSPITAL

*Duggirala, Eluru - 534 003, W.G. Dist. A.P*

## Certificate of Merit

Dr. Jacob Prakash

*successfully completed one year Basic & Advanced Implantology course under mentorsip of Dr. Vijay Srinivas conducted at St. Joseph Dental College from*

*May 2019 to April 2020*

**Dr. G. Vijay Srinivas**

*HOD, Dept. of Oral & Maxillofacial Implantology*

**Dr. N. Sleeva Raju**

*Principal*

**Fr. Nelli George**

*Secretary and Correspondent*





**International Foundation For Implant Dentistry®**

(INTERNATIONAL ACADEMY FOR BASAL AND CORTICAL IMPLANTOLOGY)

# C e r t i f i c a t e

This is to Certify that

**Dr Jacob Prakash**

has successfully attended

**EXTENSIVE COURSE ON BASAL & CORTICAL IMPLANTOLOGY**

held on 10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup> DECEMBER 2021 at MUMBAI, INDIA



**Dr. Rohan Virani**

Faculty-Educational Board IFFID

**Prof. Dr. Veerendrakumar S C**

President- IFFID

Certificate No : M 203A



# ST. JOSEPH DENTAL COLLEGE & HOSPITAL

Daggirala, Eluru - 534 003, W.G. Dist. A.P

## Certificate of Merit

Dr. MEDAPATI MURALI JOGI REDDY

successfully completed one year *Basic & Advanced Implantology* course under  
mentersip of Dr. Vijay Srinivas conducted at St. Joseph Dental College from  
April 2019 to May 2020

**Dr. G. Vijay Srinivas**

HOD, Dept. of Oral & Maxillofacial Implantology

**Dr. N. Sleeva Raju**

Principal

**Fr. Nellil George**  
Secretary and Correspondent



**Indian Board of Forensic Odontology**

Indian Association of Forensic Odontology



*The Indian Board of Forensic Odontology*

*do hereby certify that*

**Dr. Varsha. M**

*having undergone an approved course of instruction  
by the Board and having been examined in September 2019  
and found qualified for*

**Fellowship of Indian Board of Forensic Odontology**  
*is admitted as a Fellow in the Convocation*

*held on 20-09-2019 at New Delhi*

**DR. MAHESH VERMA**  
Chairman, IBFO

**DR. T. SAMRAJ**  
Member, IBFO  
President, IAFO

**DR. S. BALAGOPAL**  
Secretary, IBFO



NAAC "A++"  
Accredited Institution

SRM Kattankulathur Dental College & Hospital  
SRMIST, Kattankulathur Campus



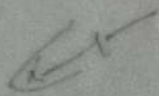
DEPARTMENT OF PROSTHODONTICS AND IMPLANTOLOGY

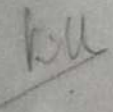
# Certificate of participation

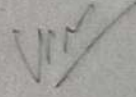


Prof. (Dr.).B. Lakshmanrao

participated in faculty development webinar "*Opportunities, Challenges & Threats for the Teachers of Dentistry*" organized by the  
Department of Prosthodontics and Implantology,  
SRM Kattankulathur Dental College and Hospital on 18<sup>th</sup> July 2020

  
Dr K Chandrasekharan Nair  
Professor Emeritus  
Speaker

  
Dr. N. Vivek  
Dean  
SRMKDCH

  
Dr. V Vidyashree Nandini  
Professor and Head  
Prosthodontics & Implantology, SRMKDCH

**47<sup>th</sup> IPS**  
NATIONAL CONFERENCE



*Certificate of Participation*

*This certificate is presented to*

**Dr. LAKSHMANA RAO.B.**

*acknowledging the participation in*

**47<sup>th</sup> Indian Prosthodontic Society National Conference**

Raipur (Chhattisgarh)

*28<sup>th</sup> Nov. to 1<sup>st</sup> Dec. 2019*



*Ravindra C. Savadi*

**Dr. Ravindra Savadi**  
President, IPS

*Rupesh PL*

**Dr. Rupesh PL**  
Secretary, IPS

*Asharu Saha*

**Dr. Ashistaru Saha**  
Organising Chairman

*Deepesh Kumar Gupta*

**Dr. Deepesh Kumar Gupta**  
Organising Secretary

CGDC / 152 / 2019 : 24 POINTS



**KLR's LENORA INSTITUTE OF DENTAL SCIENCES**

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 8/11/19

Debit to Dr. Akhil Pallepati

Paid to Dr. Akhil Pallepati a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards 24<sup>th</sup> National Conference of IAPHD

by Cheque / DD / Cash 5000/-

Pay  
Paid by

Sayon  
Approved by

Accountant  
Accountant

Akhil  
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, Rajanngaram, Rajahmundry, East Godavari (Dt.), AP, India.

Web: [www.lids.ac.in](http://www.lids.ac.in) E-Mail: [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com) PH: 0883-2404492 Fax: 0883 2404493

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Akhil palleshpati
2. Designation : Senior Lecturer
3. Department : of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- 24th National conference of IAPAD -----  
-----
5. Date and Duration of the Program : 15<sup>th</sup>-17<sup>th</sup> November 2019
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 : 8/11/17

Debit to Dr. B. Naveen Kumar

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

Rupees five thousand rupees Only

towards 24<sup>th</sup> National Conference of IAPND

by Cheque / DD / Cash 5000/-

*all*  
Paid by

*S. S. S.*  
Approved by

*S. S. S.*  
Accountant

*S. S. S.*  
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](http://www.lids.ac.in), E-Mail: [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com), PH: 0883-2484492, Fax: 0883 2484493

## Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Naveen kumar
2. Designation : HOD and professor
3. Department : of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
-----  
24th National Conference of IAPHD  
-----
5. Date and Duration of the Program : 15<sup>th</sup>-17<sup>th</sup> November 2019
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 : S. Nisargh
2. Recommendations of the IQAC: S. Lili
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 : 8/11/17

Debit to Dr. V. Narayana Rao

Paid to Dr. V. Narayana Rao a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards 24<sup>th</sup> National conference of IAPHD

by Cheque / DD / Cash 5000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Narayana Rao
2. Designation : Reader
3. Department : of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
-----  
24th National conference of IAPAD  
-----
5. Date and Duration of the Program : 15<sup>th</sup>-19<sup>th</sup> November, 2019
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 : S. Niseth
2. Recommendations of the IQAC: Q. Lili
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 : 24/1/20

Debit to Dr K. Sridevi

Paid to Dr K Sridevi a sum of Rs. 3000/-

Rupees three thousand rupees Only

towards A state level OM & R CDC-Programme

by Cheque / DD / Cash 3000/-

AK  
Paid by

Srin  
Approved by

AK  
Accountant

Sridevi  
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](http://www.lids.ac.in), E-Mail: [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com), PH: 0883-2484492, Fax: 0883 2484493

## Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Sridevi
2. Designation : HOD and Professor
3. Department : of Oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- State level OM & R CDE programme -----  
-----
5. Date and Duration of the Program : 1<sup>st</sup> February, 2020
6. Associating professional body/ Agency: State level OM & R CDE programme
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 : S. Nisanth
2. Recommendations of the IQAC : S. Lee
3. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant : A.

Date:

**KLR's LENORA INSTITUTE OF DENTAL SCIENCES**

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 11/10/19

Debit to Dr. K. Sridevi

Paid to Dr. K. Sridevi a sum of Rs 2500/-

Rupees two thousand five hundred rupees Only

towards National BDS students convention of IAOMR-2019

by Cheque / DD / Cash 2500/-

all  
Paid by

Savitri  
Approved by

all  
Accountant

Sridevi  
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.

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Sridevi
2. Designation : HOD and professor
3. Department : of oral medicine and radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- National BDS Students convention of IAOMR 2019 -----  
-----
5. Date and Duration of the Program : 18<sup>th</sup> October, 2019
6. Associating professional body/ Agency: National BDS Students convention IAOMR
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 2500/-
  - ii. Travelling Allowances : .....
  - iii. Membership Fee : .....
  - iv. Others (if any) : .....

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC : S. Leli
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 : 19/1/20

Debit to Dr. K. Sridevi

Paid to Dr. K. Sridevi a sum of Rs. 1000/-

Rupees one thousand Rupees Only

towards CPE Programme on ORAL & FACIO-MAXILARY CANCER

by Cheque / DD / Cash 1000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
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. K. Sridevi
2. Designation : HOD and professor
3. Department : of oral medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
CDE programme on oral and faciomaxillary cancer
5. Date and Duration of the Program : 26<sup>th</sup> January, 2020
6. Associating professional body/ Agency: CDE programme on oral faciomaxillary cancer
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1000/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

Date: \_\_\_\_\_

Sridevi  
Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_

2. Recommendations of the IQAC: S. Nisantha

3. Recommendations of the Principal : \_\_\_\_\_

Sanctioned  
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 : 26/5/19

Debit to Dr. Jacob Prakash

Paid to Dr. Jacob Prakash a sum of Rs. 15000/-

Rupees fifteen thousand rupees Only

towards Basic & Advanced Implantology

by Cheque / DD / Cash 15000/-

MA  
Paid by

Sagar  
Approved by

Day  
Accountant

Fach  
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: 0883-2684472 Fax: 0883-2684473

## Financial Support Request Letter

1. Name of the Staff Member : Dr Jacob prakash
2. Designation : Professor
3. Department : of Oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Basic and Advanced Implantology -----  
-----
5. Date and Duration of the Program : May 2019 to April 2020
6. Associating professional body/ Agency: Basic and Advanced Implantology
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - 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 : 26/3/17

Debit to Dr. Medapati Murali Jogi Reddy

Paid to Dr. Medapati Murali Jogi Reddy a sum of Rs. 15000/-

Rupees fifteen thousand Rupees Only

towards Basic & Advanced Implantology

by Cheque / DD / Cash 15000/-

M  
Paid by

S  
Approved by

D  
Accountant

Murali  
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, Rajanagarum, Rajahmundry, East Godavari (DC), AP, India.

Web: www.lids.ac.in. E-Mail: lidsrajahmundry@gmail.com. PH:0893 2404492. Fax: 0893 2404493

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Medapati Murali gopi Reddy
2. Designation : Senior Lecturer
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop/FDP Certificate Details :  
----- Basic and Advanced Implantology -----  
-----
5. Date and Duration of the Program : April 2019 to May 2020
6. Associating professional body/ Agency: Basic and Advanced Implantology
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 15000/-
  - 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: S. Lile

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 : 13/9/19

Debit to Dr. Harsha M

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

Rupees two thousand five hundred rupees Only

towards Fellowship of Indian Board of Forensic Odontology

by Cheque / DD / Cash 2500/-

ML  
Paid by

CoS  
Approved by

Ref  
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](http://www.lids.ac.in), E-Mail: [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com), PH: 0883-2484492, Fax: 0883-2484493

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Harsha M
2. Designation : Senior Lecturer
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Fellowship of Indian Board of forensic odontology -----
5. Date and Duration of the Program : 20-09-2019
6. Associating professional body/ Agency: Fellowship of Indian Board of forensic odontology
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 2500/-
  - 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 : 3/12/2017

Debit to Dr. Jacob Prakash

Paid to Dr. Jacob Prakash a sum of Rs. 9000/-

Rupees nine thousand rupees Only

towards Basal & Cortical Implantology

by Cheque / DD / Cash 9000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
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 (DL), AP, India.

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

## Financial Support Request Letter

1. Name of the Staff Member : Dr Jacob prakash
2. Designation : professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Basal and cortical Implantology
5. Date and Duration of the Program : 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> December 2021
6. Associating professional body/ Agency: Basal and cortical Implantology
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 9000/-
  - 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 : 21/11/19

Debit to Dr. B. Lakshman Rao

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

Rupees seven thousand rupees Only

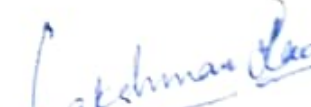
towards 47<sup>th</sup> IPS National Conference

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. B. Lakshman Rao
2. Designation : HoD and professor
3. Department : of prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- 47th Ips National Conference -----  
-----
5. Date and Duration of the Program : 28/11/19 to 1/12/19
6. Associating professional body/ Agency: Ips
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: S. Lili

3. Recommendations of the Principal : \_\_\_\_\_

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 : 7/11/19

Debit to Dr. Vaishnavi Devi M

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

Rupees Eight thousand rupees Only

towards 44<sup>th</sup> Annual Conference of AOMSI

by Cheque / DD / Cash 8000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

Vaishnavi  
Received by



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NH-16, Rajanagarum, 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. Vaishnavi Devi M
2. Designation : Senior Lecturer
3. Department : of oral Maxillofacial surgery
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:  
----- 44th Annual conference of ADMSI -----  
-----
5. Date and Duration of the Program : 14<sup>th</sup>, 15<sup>th</sup>, 16<sup>th</sup> November 2019
6. Associating professional body/ Agency: ADMSI
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 : S. Nisinth
2. Recommendations of the IQAC: S. Lili
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 : 17 / 11 / 2019

Debit to Dr. B. Lakshman Rao

Paid to 3000/- Dr. B. Lakshman Rao a sum of Rs 3000/-

Rupees Three thousand Rupees only Only


towards WPA AP State Conference

by Cheque / DD / Cash \_\_\_\_\_

  
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 : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:  
JDA AP State conference
5. Date and Duration of the Program : 22<sup>nd</sup> - 25<sup>th</sup> Nov 2019
6. Associating professional body/Agency: JDA
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 3000/-
  - 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. 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 : 6/11/2020

Debit to Dr. T. Satyanarayana

Paid to Dr. T. Satyanarayana a sum of Rs. 3000/-

Rupees Three Thousand rupees Only

towards IDA AP state conference

by Cheque / D.D / Cash Rs. 3000/-

Vasanth  
Paid by

Approved by

Accountant

Received by



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## 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:  
IDA AP State conference
5. Date and Duration of the Program : 22nd - 24th November 2019
6. Associating professional body/Agency: IDA
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 3,000/-
  - ii. Travelling Allowances :
  - iii. Membership Fee :
  - iv. Others (if any) :

Date:

Signature of the Staff Member

1. Recommendations of the HoD: B. Lakshmi Rao
2. Recommendations of the IQAC: K. Seidevi
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 : 20/2/2021

Debit to Dr. Ch. Musali Krishna

Paid to Dr. Ch. Musali Krishna a sum of Rs. ₹1000/-

Rupees Four Thousand rupees Only


towards Elizir of Minimaltem

by Cheque / DD / Cash Rs. 4000/-

Varalakshmi  
Paid by

Approved by

  
Accountant

  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : Dr. C. H. Murali Krishna
2. Designation : Professor & Head
3. Department : Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:  
Elixir of Minimalism
5. Date and Duration of the Program : 27 - 28<sup>th</sup> Feb 2020
6. Associating professional body/Agency: ISEDA
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. 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 : 25/2/20

Debit to Dr. B. Lakshmana Rao

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

Rupees Six thousand rupees Only

towards 22<sup>nd</sup> IPS PG Convention

by Cheque / DD / Cash Rs. 6000/-

V. Lakshmi  
Paid by

Approved by

Surya  
Accountant

Lakshmi Rao  
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:  
2<sup>nd</sup> TPS PG convention
5. Date and Duration of the Program : 6<sup>th</sup> - 8<sup>th</sup> March 2020
6. Associating professional body/Agency: TPS
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 : 26/2/20

Debit to Dr. Sudheer k

Paid to Dr. Sudheer k a sum of Rs 6000/-

Rupees Six thousand rupees Only

towards 22<sup>nd</sup> JPS PG convention

by Cheque / DD / Cash Rs 6000/-

*Vimalakrishna*  
Paid by

Approved by

*[Signature]*  
Accountant

*[Signature]*  
Received by





**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. T. Satyanarayana

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

Rupees Six thousand rupees Only

towards 22nd IPS PG Convention

by Cheque/DD/Cash Rs. 6000/-

Paid by

Approved by

Assistant

Received by

## Financial Support Request Letter

1. Name of the Staff Member : Dr. J. Satyanarayana
2. Designation : professor
3. Department : prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:  
22nd J.P.S. pg. convention
5. Date and Duration of the Program : March 6th-8th 2020
6. Associating professional body/Agency: I.P.S.
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 6,000/-
  - ii. Travelling Allowances :
  - iii. Membership Fee :
  - iv. Others (if any) :

Date:

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

**Account Department**

Accountant : [Signature]

Date: