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^{th} - 17^{th} November 2019, at Ramoji Film City, Hyderabad

legreel. Dr. Gopikrishna V

Dr. Sabyasachi Saha Secretary, IAPHD

President, IAPHD

P. Par Harane 1t.

Dr. K. Yadav Rao

Dr. M. Monica

Organizing Chairman Organizing Secretary Scientific Chairm





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^{th} - 17^{th} November 2019, at Ramoji Film City, Hyderabad

legreel. Dr. Gopikrishna V President, IAPHD

Dr. Sabyasachi Saha

Secretary, IAPHD

P. Par Harans H.

Dr. M. Monica

Organizing Chairman Organizing Secretary Scientific Chairm

Dr. K. Yadav Rao





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^{th} - 17^{th} November 2019, at Ramoji Film City, Hyderabad

legreel. Dr. Gopikrishna V

President, IAPHD

Dr. Sabyasachi Saha Secretary, IAPHD

P. Par Harans H.

Organizing Chairman Organizing Secretary Scientific Chairm

Dr. K. Yadav Rao

Dr. M. Monica



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	has been
appreciated for being Chairperson during the scientific se	ssion in NATIONAL BDS STUDENTS
CONVENTION OF IAOMR - 2019 organised by	Department of Oral Medicine and
Radiology, Kamineni Institute of Dental Sciences, N	

1.08

Dr. P. Ramachandra Reddi Organizing Chairman B. Bely L

Dr. B. Balaji Babu Organizing Secretary Livery

Dr. Vishal DangPresident IAOMR

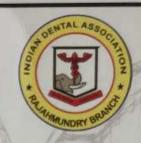
Madelly

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

Dr. G. Vikram Reddy Observer, TSDC







Continuing Dental Education

INDIAN DENTAL ASSOCIATION - RAJAHMUNDRY BRANCH

Certificate of Attendance

Certified that Dr. B. Spidevi

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



Certificate of Alerit 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)

Certificate

This is to Certify that

Dr Jacob Prakash

has successfully attended



EXTENSIVE COURSE ON BASAL & CORTICAL IMPLANTOLOGY held on 10, 11 & 12 DECEMBER 2021 at MUMBAI, INDIA



Dr. Rohan Virani

Faculty-Educational Board IFFID

beereun;

Prof. Dr. Veerendrakumar S C

President- IFFID

Certificate No : M 203A



Certificate of Merit Dr. MEDAPATI MURALI JOGI REDDY

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

Dr. N. Sleeva Raju

Principal



Indian Board of Forensic Odontology

Indian Association of Forensic Odontology



The Indian Board of Forensic Odontology

do hereby certify that

Dr. Harsha. M

baving 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

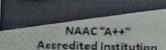
is admitted as a Fellow in the Convocation held on 20-09-2019 at New Delhi

Meledonia

DR. MAHESH VERMA Chairman, IBFO aun

DR. T. SAMRAJ Member, IBFO President, IAFO 1

DR. S. BALAGOPAI Secretary, IBFO



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 18th July 2020

Dr K Chandrasekharan Nair Professor Emeritus Speaker Dr. N. Vivek Dean SRMKDCH Dr. V Vidyashree Nandini
Professor and Head
Prosthodontics & Implantology, SRMKDCH









Certificate of Participation

This certificate is presented to

Dr. LAKSHMANA RAO.B.

acknowledging the participation in

47th Indian Prosthodontic Society National Conference Raipur (Chhattisgarh)

28th Nov. to 1 Dec. 2019



Dr. Ravindra Savadi

Secretary, IPS

Organising Chairman

Dr. Rupesh PL Dr. Ashistaru Saha Dr. Deepesh Kumar Gupta

Organising Secretary



CGDC / 152 / 2019 : 24 POINTS





0244_Attendance-... Q 🚓 :









NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Dat	te: 8/11/19	
Σ	Sebit to Dr. Akhi	il Pallepati		
Paid to _ Arhi	Pallepati	a sum of a	Rs 5000/-	
Rupees five t	howand supees			Only
towards 24th	Vational Confuence	of IAPHD		
by Cheque / DD / Cash _	5000 -			
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19-20



Date:

LENORA INSTITUTE OF DENTAL SCIENCES

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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-0803-2484492.Fax: 0803-2484493

1.	Name of the Staff Member Dr. Athil pallepati	
2.	Designation : Senior lectures	
3.	Department : of public health dentistry	
4.	Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:	
	24th National confusive of IAB	4D
	M. D	
5.	Date and Duration of the Program : 15th-17th November 2019	
6.	Associating professional body/ Agency: TAPHD	
7.	Financial support particulars (Rs.) :	
	i. Registration Charges : 5000/-	
	ii. Travelling Allowances :	
	iii. Membership Fee :	
	iv. Others (if any) :	
	Ables	
Da	Pate: Signature of the Staff Member	
1.	Recommendations of the HoD:	
2.	Recommendations of the IQAC:	
3.		
	Sanctioned Not Sanctioned	
	Account Department	
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	Accountant :	

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

			Date 1	8/11/17	
	Debit to	D. B. Naveen	Kumar		
Paid to	DI B Navoen Kun	awı	a sum of Rs.	5000/-	
Rupees	-five Chousan	d surpecs	-		Only
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Financial Support Request Letter

1.	Name of the Staff Member	: Dr. B. Nancen kuman
2,	Designation	: HOP and professor
3.	Department	: top and professor : of public health dentisty
4.	Conference/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details: 14 National Configures G. JAPHD
5. 6.	Date and Duration of the Program Associating professional body/ Ager	: 15th-17th November 2019 ney: IAPHD
7.	Financial support particulars (Rs.)	
	i. Registration Charges	: 500 <i>0 </i> -
	ii. Travelling Allowances	:
	iii. Membership Fee	;
	iv. Others (if any)	:
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Missayh
2.	Recommendations of the IQAC:	O lili
3.	Recommendations of the Principal:	
		Account Department
	Accountant :	

Date:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

			Date :_	8/11/17	
	Debit to	Dr. V. Nacaya	na Reo		
Paid to _	Dr. V. Naugana	Rao	_a sum of Rs.	50001-	
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by Cheque /	DD/Cash 5000	-			
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Date:

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1.	Name	of the Staff Member	: Dr. V. Nanayana Rao : Reader : of public health dentity
2.	Design	nation	: Reader
3.	Depar	tment	: of public health dentity
4.	Confe	rence/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details:
		Dyth Nat	ional conference of JAPHP
5.	Date a	and Duration of the Program	: 15th 19th November, 2019
6.	Assoc	iating professional body/ Ager	ncy: TAPHD
7.	Financ	cial support particulars (Rs.)	;
	i.	Registration Charges	: 5000/-
	ii.	Travelling Allowances	; <u></u>
	iii.	Membership Fee	:
	iv.	Others (if any)	<u>:</u>
D	ate:		Signature of the Staff Member
1.	Reco	mmendations of the HoD:	Sillrenth
2.	Reco	mmendations of the IQAC:	O. lile
3.		mmendations of the Principal	
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	Acco	untant 🖈	

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

			Date :_	24/1/20	
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Paid to _	Dr k Snidevi		a sum of Rs.	30001-	
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Date:

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1.	Name of the Staff Member	: Dr. K. Sndevi
2.	Designation	top and ProLeyor
3.	Department	: Hop and Professor : of oral Medicine and Radiclogy
4.	Conference/Publication/ Members	ship Fee/ Workshop /FDP Certificate Details :
	Stati	level DMER CRE programme
5.	Date and Duration of the Program	: 15t February ,2020 ency: State covel ONGR COE programme
6.	Associating professional body/ Ag	ency: State revel ONER COE programmic
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 3000/-
	ii. Travelling Allowances	
	iii. Membership Fee	t
	iv. Others (if any)	:
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1.	Recommendations of the HoD:	Shara
2.	Recommendations of the IQAC:	O lui
3.	Recommendations of the Principal	il:
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NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

			Date :_	11/10/19	
	Debit to	.K.Sridevi			
Pold to _	Dr. K. Sridevi		_a sum of Rs_	2500/-	
Rupees_	two thousand fix	e hundred	Rupees		_Only
towards	Mational BDS Students	convention	of LAOMR-	2019	
by Cheque /	DD/Cash 2500	-			
011	Approved by	~AL		coeived by	
Paid by	Approved by	Account	ant R	escived by	



Date:

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1.	Name	of the Staff Member	: Dr. K. Sriden
2.	Desig	nation	: Hop and profusor
3.	Depar	rtment	: Hop and profusor : of oral medicine and ladido
4.	Confe	erence/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
		National	BDS Stidents inhuntion of I ADMR?
			10 M
5.			: 18th october, 2019
6.	Asso	ciating professional body/ Age	ency: National Bos Students convention
7.	Finan	cial support particulars (Rs.)	1
	i.	Registration Charges	: 2500/-
	ii.	Travelling Allowances	:
	iii.	Membership Fee	;
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D	ate:		Signature of the Staff Member
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1.	Reco	ommendations of the HoD:	6001
2.	Reco	ommendations of the IQAC:	Q
3.	Reco	ommendations of the Principa	1:
			Sanctioned/ Not Sanctioned
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NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

		6	Date :_	19/1/20
	Debit to	Dr.K. Sndevi		
Paid to _	Dr. K-Snedevi		_a sum of Rs_	1000/-
Rupees_	one thousand	Supers		Only
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by Cheque !	DD/Cash 10	001-		19
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Approved by

Accountant

Received by



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1.	Name of the Staff Member	: Dr K. Sndevi
2.	Designation	: How and profissor
3.	Department	: How and profissor : q oral medicine and Padiology
4.	Conference/Publication/ Membersh	in Fee/ Workshop /FDP Certificate Details:
	CDE pragram	me on tral and faciomorillosy can
5.	Date and Duration of the Program	: 26th January, 2020
6.	Associating professional body/ Age	ncy: CBt programme on oral faciomaxile
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 1000 - ,
	ii. Travelling Allowances	;
	iii. Membership Fee	:
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Da	ate:	Signature of the Staff Member
_	December dations of the HoD:	S. Nisouth
1.	Recommendations of the HoD:	Q lole
2.	Recommendations of the IQAC:	•
3.	Recommendations of the Principal	· Otro
		Sanctioned Not Sanctioned
		Account Department
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	Accountant :	
	Date:	

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

		!	Date: 26 5 19	_
	Debit to	Jacob Prakash		
Paid to	Dr. Jacob Prakach	a sum	of Rs 15000/-	_
Rupees	fifteen thousand	d supers	On	Ly
towards	Banica Advanced Z	Implantology		_
by Cheque / I	D/Cash 15000 -			_
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Accountant

Date:

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Web-www,lids.ac.in, E-Mell-lidsrajahmundry@gmall.com, PH-0883-24844972.Fan 0883-2484493

1.,	Name	of the Staff Member	Dr Jacob prakash
2.	Design	nation	prefiner
3.	Depart	ment	of oral fathology
4.	Confe	rence/Publication/ Membersh	nip Fee/ Workshop /FDP Certificate Details: and Advanced Implantilings.
5.	Date a	nd Duration of the Program	: May 2019 to April 2020
6.	Associ	iating professional body/ Age	ency: Basic and Amoused Implantalog
7.		cial support particulars (Rs.)	:
	i.	Registration Charges	: 1500/
	ii.	Travelling Allowances	·
	iii.	Membership Fee	:
	iv.	Others (if any)	:
D	ate:		Signature of the Staff Member
1.		mmendations of the HoD:	Shist
2.	Reco	mmendations of the IQAC:	Q Cele
3.	Recor	mmendations of the Principal	Sanetioned Not Sanctioned
			Account Department
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NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

			Date: 26 3 17	
	Debit to	Medapati Mura	li Jogi Reddy	
Paid to	Dr. Medapati Muroli Jo	zi Reddy a su	m of Rs. 150001-	
	fifteen thousand	/ //		Only
towards	Banc & Advanced	Implantology		
by Cheque / D	D/Cash 15000-			
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Date:

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1.	Name of the Staff Member	Dr Medaput: Murali jugi Peddy
2.	Designation	Senior Colures
3.	Department	of oral pathology
4.	Conference/Publication/ Membersh	ip Fee/ Workshop/FDP Certificate Details:
5.	Date and Duration of the Program	· April 2019 to May 2000
6.	Associating professional body/ Age	: April 2019 to May 2020 ency: Basec and Advanced Implantitog
7.	Financial support particulars (Rs.)	:
, .	i. Registration Charges	: 15000/
	ii. Travelling Allowances	
	iii. Membership Fee	
	iv. Others (if any)	:
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	Sillicanth
2.	Recommendations of the IQAC:	Stile
3.	Recommendations of the Principal	
		Account Department
	Accountant &	

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

			Date ;	13/7/17	
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Date:

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1.	Name of	the Staff Member	: Dr. Hassha M
2.	Designat	ion	: Senior Lecturer
3.	Departm	ent	doral pathology
4.	Conferen	rce/Publication/ Membershi	ip Fee/Workshop/FDP Certificate Details: of Indian Road of farms adapto
5. 6.	Date and Associat	Duration of the Program ing professional body/ Age	: 20-09-2019 ney: Fellowship of Indian Board of Joseph :
7.	Financia	l support particulars (Rs.)	
	i. P	Registration Charges	: 2500[
	ii. T	ravelling Allowances	:
	iii. N	Membership Fee	÷
	iv. C	Others (if any)	•
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1.	Recomm	nendations of the HoD:	8 lile Chlèsants
2.	Recomm	mendations of the IQAC:	8 Cili
3.	Recommendations of the Principal		\sim
		•	Sanctioned Not Sanctioned
			Account Department
	Accoun	tant :	

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

			Date :_	3/12/24	
	Debit to	r-Jacob Pro	kash		
Pold to _	Dr. Josep Praxad	'n	_a sum of Rs	9000t	
Rupees	hine thousand Re	upees			Only
towards	Basal & Cortical Er	nplantology			
by Cheque 19	DD/Cash 9006				
m)	2 000		4	6	
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١.	Name of the Staff Member	: Pr Jacob prackach
2.	Designation	/
3.	Department	: of oral pathology
4.	Basal an	p Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	: 10th 11th Deumber 2021
6.	Associating professional body/ Ager	ncy: Basal and cortical implantology
7.	Et 11 mont montinulous (Dc.)	:
	i. Registration Charges	: 9000/
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
		Signature of the Staff Member
D	ate:	Shlisauth
1.	Recommendations of the HoD:	21-1
2	Recommendations of the IQAC:	9 40
3		Sanctioned Not Sanctioned
		Account Department
	Accountant:	
	Date:	

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date : 21/11/19
	Debit to Dr. B. Lakeh	man Rao
Paid to _	Dr.B. Lakehman Reo	a sum of Rs. 7000/-
Rupees	Seven thousand supers	Only
towards	47th Ips National Confuence	e
by Cheque 1	DD/Cash 7000/-	
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Approved by



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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India. Web: www.lids.ac.ln. E-Mail: lidsrajahmundry@gmail.com. PH:0883-2484492.Fax: 0883 2484493

Financial Support Request Letter

1.	Name of the Staff Member	: pr. & lakshman Rao
2.	Designation	: Hop and professor
3.	Department	: Hop and professor : of prosthodoutics
4.	Conference/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details: National Longesence
5.	Date and Duration of the Program	: 28/11/19 to 1/12/19
6.		ncy:IPS
7.	Financial support particulars (Rs.)	;
	i. Registration Charges	: 7000/-
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
		Calcinnan Pag
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Misautu
2.	Recommendations of the IQAC:	S lili
3.	Recommendations of the Principal:	
		Sanctioned/ Not Sanctioned
		Account Department

Accountant :

Date:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph : 0883 - 2484492, Fax : 0883 - 2484493

		Date : 7/11/19	
	Debit to Dr. Vaitho	avi Devi M	
Paid to	Dr Vaishnavi Devi M	a sum of Rs	8000/-
Rupees	Eight thousand supers		Only
towards	44th-Annual Confesera of	AOMSI	
by Cheque / I	D/Cash 80001-	4	
Paid by	Approved by Aco	Politant Re	Caldmenti deloved by



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Financial Support Request Letter

١.	Name	of the Staff Member	: Dr. raishnavi Devi M
2.	Design	nation	: Senio lecturer
3.	Depart		: of oral Maxillofacial surges
4.	Confe	rence/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
5.		and Duration of the Program	: 14th, 15th 16th November 2019
6.		iating professional body/ Age	
7.	i.	cial support particulars (Rs.) Registration Charges	: 8000/
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
			(aishuan
D	ate:		Signature of the Staff Member
1.		mmendations of the HoD:	S Niconth
2.	Reco	mmendations of the IQAC:	Q Lil
3.	Recor	mmendations of the Principal	Sanctioned Not Sanctioned
			Account Department

Accountant :

Date:

NH-16, RAJANAGARAM, Rajamahendravaram - 533294. Ph: 0883 - 2484492, Fax: 0883 - 2484493

	Date: 17 11 2019
	Debit to Dr. B. Lanaman Raw
Pold to _	3000/ Dr: B hanaman Rio a sum of ors 3000/-
Rupees	Three thouand Ruper only
towards	IND AP Flate Confirme
by Cheque 19	DD / Cash
Paid by	Approved by Accountant Received by



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Financial Support Request Letter

1	Name of theStaffMember	D. B. Laxman Par
2	Designation	: Professor & flead
3.	Department	: Presthe Soches
4.	Conference/Publication/ Membersh	nip Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration oftheProgram	: 220d - 2014 NOV 2019
6.	Associating professional body/Ager	22.0
7.		icy:
	i. RegistrationCharges	,
	ii. TravellingAllowances	
	iii. MembershipFee	:
	iv. Others(ifany)	<u></u>
Da	ite:	Signature of the StaffMember
1.	Recommendations of the HoD:	
2.	Recommendations of theIQAC:	K. Leidani
3.	Recommendations of the Principal:	
		Sanctioned/ Not Sanctioned
		Account Department
	. 0	

Accountant :

Date:

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

Date: 5/11/2020 Debit to Dr. T. Patyananayana

Paid to Dr. T. Satyanarayana a sum of Rs. 3000/-Rupees Three Thousand rupees بىلەن

IDA AP Ctate conference by Cheque / DD / Cash Rs. 3000 /-Jary Adlengan Variable

Approved by

Paid by



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1.	Name of theStaffMember	Dr. Batyanalayana
2.	Designation	Dr. Batyanalayana Dro-lessor
3.		: prosthodootics
4.		Fee/ Workshop /FDP Certificate Details:
		conference
5.	Date and Duration oftheProgram	: 22nd - 29th November 2019
6.	Associating professional body/Agenc	y: I DA
7.	Financial supportparticulars(Rs.)	
		: 3,000/-
	A STATE OF THE STA	
	iii. MembershipFee	
	iv. Others(ifany)	:
		1 Anarah
Da	Pate:	Signature of the StaffMember
1.	. Recommendations of the HoD:	
• • •	Recommendations of the IQAC:	1. 1
		,
3.	Recommendations of the Principal:	Luc-S
		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: 20/2/2021 Debit to Dr. Ch. Musali takhna

a sum of Rs_ CIDCO/-Pald to Dr. Ch. Musali Kaishina OnLy four Thomand supers

Ellair of Minimaltim

Varalakle Paid by

by Cheque / DD / Cash Rs. 4000/-Approved by



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1.	Name	of theStaffMember	: Dr. ch. Murali Krishna
2.	Design	nation	: professor & Head
3.	Depart	ment	: Emodentia
4.			p Fee/ Workshop /FDP Certificate Details:
5.	Date a	nd Duration oftheProgram	: 27 - 28th feb 2020
6.	Associ	ating professional body/Agen	cy: 15 € DA
7.	Financ	ial supportparticulars(Rs.)	
	i.	RegistrationCharges	: 4,00/-
	ii.	TravellingAllowances	;
	iii.	MembershipFee	ţ
	iv.	Others(ifany)	<u> </u>
Da	ite:		Musuli kicha Signature of the StaffMember
1.	Recon	nmendations of the HoD:	Gwaleksika
2.	Recon	nmendations of theIQAC:	k. Ssideni
3.	Recon	nmendations of the Principal:	lewy
			Sanctioned/ Not Sanctioned
	Account Department		
	Accou	ntant :	

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

Debit to Dr. B. Lakib mana lac

Date: 25/2 20 Dr. B. Lakthmana Rac a sum of Rs

Poid to

Six thousand rupen 22nd IPS PG Convention

by Cheque /DD / Cash R. 60001-

Approved by

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Paid by

Reserved by



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1.	Name of theStaffMember	: Dr & laxman Rao
2.	Designation	: Professor & Head
3.	Department	: Department of prosthodonti
4.	Conference/Publication/ Membershi	ip Fee/ Workshop /FDP Certificate Details:
	gand IPS PG	wention
5.	Date and Duration oftheProgram	: 6th-8th march 2020
6.	Associating professional body/Agen	cy: TPS
7.	Financial supportparticulars(Rs.)	:
	i. RegistrationCharges	: 6,0001-
	ii. TravellingAllowances	:
	iii. MembershipFee	<u> </u>
	iv. Others(ifany)	<u> </u>
В		B. Larem Rao
Da	te:	Signature of the StaffMember
1.	Recommendations of the HoD:	R. Lonn Roo
2.	December detions of the IOAC	because
3.	Recommendations of the Principal:	(emet
		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: di d d O	
	Debu to Dr. Sudherek	
Poid to	Dr. Sudherr K. a sum of Rs. 655-	
Rupees_	Six thousand rupers	Only
towards_	22nd IPS PG Convention	
by Cheque	1DD/Cash RS 60001-	

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Approved by

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Web minulida.co.in E-Mail: interestimantly/figurall.com. Filtering year-first for 5001 1606691

Į,	Name of theStaffMember	In K Bucklery
2	Designation	Comter
1.	Department	for Hale, les
4	Conference/Publication/ Mer	mbership Fee/Winkshop /FIP/Certificate Details
5	Date and Duration of the Prog	rum 6th 8th march Dono
6.	Associating professional had	
7.	Financial supportparticulars()	Rs.)
	i. RegistrationCharges	6,000 1-
	ii. TravellingAllowances	
	iii. Membershipl ce	
	iv. Others(ifany)	
Da	ite:	Signature of the StaffMernber
1.	Recommendations of the Ho	D: Polone Pas
2.	Recommendations of the IQA	C: K. Kidevi
3.	Recommendations of the Prin	ncipal:
		Sanctioned/ Not Sanctioned
		Account Department
	Accountant : 4	
	Date:	

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

	Date: di a do
Debit to	T. Satyanarayana
Pud to D. T. Salyanarayan	a sum of Rs 60001-
Rupees Six Housand rupes	Only
towards 22nd TPS PG Con	ucntien
by Cheque / DD / Cash R. 6000 -	
Post by Approved by	Associated Received by

Approved by

Poid by



Date:

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١.	Name	of theStaffMember	Dr. T. Salyanoro-yana
2.	Desig	nation	: Dr. T. Salyanoroyana : pro-lessor
3.	Depar	rtment	: prosthodortics
4.	Confe	Dard J. P.S Phy	ip Fee/ Workshop /FDP Certificate Details:
5.	Date		: March 6th-8th 2020
6.			ncy: IPS
7.		icial supportparticulars(Rs.)	t
	i.	RegistrationCharges	: 6,000/-
	ii.	TravellingAllowances	•
	iii.	MembershipFee	•
	iv.	Others(ifany)	
Da	ate:		Signature of the StaffMember
1.	Reco	ommendations of the HoD:	B. Lann. Pas
2.	Reco	ommendations of theIQAC:	K Brideni
3.	Reco	ommendations of the Principal	K. Strideni
			Sanctioned/ Not Sanctioned
			Account Department
	Acco	ountant :	