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LETTERS DURING A.Y.2018-19



INDIAN ASSOCIATION  
OF PUBLIC HEALTH DENTISTRY

APSD/SPD14/EC1860

18 CDE  
Points

23 IAPHD  
NATIONAL CONFERENCE

## CERTIFICATE OF APPRECIATION

Awarded to

**Dr. Akhil**

.....  
for *actively taking part in the scientific deliberations as a delegate* during the  
23rd IAPHD National Conference held from 19th – 21st November 2019.

Dr. Pushpanjali K  
President

Dr. R. K. Bali  
President Emeritus

Dr. Vamsi Krishna Reddy  
Hon. Gen.Secretary

Dr. Sabyasachi Saha  
President Elect

Dr. Manjunath P Puranik  
Scientific Committee Chair



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Awarded to

**Dr. Jacob Prakash**

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## CERTIFICATE OF APPRECIATION

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**Dr. Narayana Rao**

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## CERTIFICATE OF APPRECIATION

Awarded to

**Dr. Naveen Kumar**

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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

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Dr. B. Sudhakar Raju  
State President

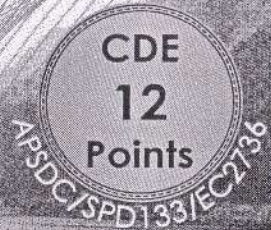
Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
Hon. State Secretary

Dr. K. Murali Mohan Rao  
Org. Chairman

Dr. Tirnathi Ramesh  
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Dr. U.V.R. Chowdary  
Org. Secretary



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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

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**Dr Rupasree**

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Org. Secretary

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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

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39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

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**Dr. Dal Singh**

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39<sup>th</sup> AP State Dental Conference

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State President

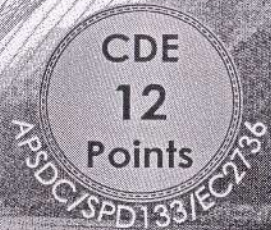
Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
Hon. State Secretary

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Org. Chairman

Dr. Tirnathi Ramesh  
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Org. Secretary



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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr Ramesh**

.....  
had Participated and Contributed towards the success of the  
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State President

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# **Sculpt 39<sup>th</sup>** **APSDC** CONFERENCE - 2018 *Shaping Dentistry*



39<sup>th</sup> AP State Dental Conference

## *Certificate of Attendance*

Presented to

**Dr. Y Harika**

.....  
had Participated and Contributed towards the success of the  
**39<sup>th</sup> AP State Dental Conference**  
held on 7<sup>th</sup> to 9<sup>th</sup> December 2018 at  
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju  
State President

Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
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President - IDA RJY

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Org. Secretary

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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr. B.Lakshmana Rao**

.....  
had Participated and Contributed towards the success of the  
39<sup>th</sup> AP State Dental Conference  
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Dr. B. Sudhakar Raju  
State President

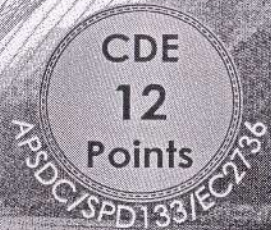
Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
Hon. State Secretary

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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr Narayana Rao**

.....  
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39<sup>th</sup> AP State Dental Conference  
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State President

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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

*Shaping Dentistry*



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr. Naveen Kumar**

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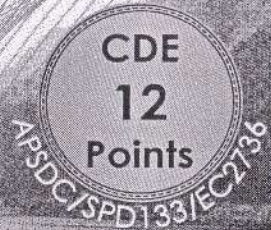
Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
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Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

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**Dr. Nibha**

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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr Punitha**

.....  
had Participated and Contributed towards the success of the  
39<sup>th</sup> AP State Dental Conference  
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Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju  
State President

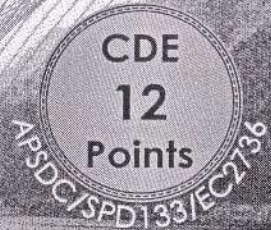
Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
Hon. State Secretary

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Org. Secretary





# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr Ramesh**

.....  
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State President

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Hon. Secretary - IDA RJY

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# **Sculpt 39<sup>th</sup>** **APSDC** CONFERENCE - 2018 *Shaping Dentistry*



39<sup>th</sup> AP State Dental Conference

## *Certificate of Attendance*

Presented to

**Dr. T. Ramesh**

.....  
had Participated and Contributed towards the success of the  
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State President

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Dr. K. Ajay Benarji  
Hon. State Secretary

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President - IDA RJY

Dr. U.V.R. Chowdary  
Org. Secretary

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# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

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State President

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Hon. Secretary - IDA RJY

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State President

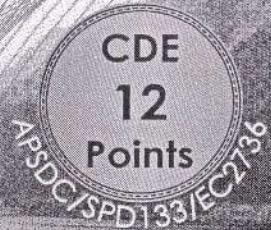
Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
Hon. State Secretary

Dr. K. Murali Mohan Rao  
Org. Chairman

Dr. Tirnathi Ramesh  
President - IDA RJY

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Org. Secretary





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Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr. Sirisha**

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State President

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Dr. K. Ajay Benarji  
Hon. State Secretary

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39<sup>th</sup> AP State Dental Conference

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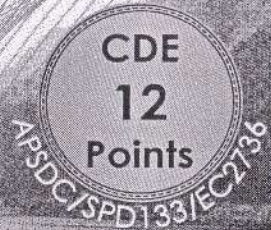
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Dr. Tirnathi Ramesh  
President - IDA RJY

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Org. Secretary





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39<sup>th</sup> AP State Dental Conference

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39<sup>th</sup> AP State Dental Conference

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# Indian Society of Periodontology

43<sup>rd</sup> National Annual Conference

5 - 7 October, 2018

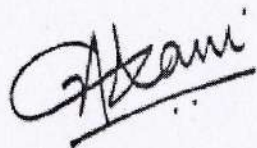
Chandigarh

## Certificate of Attendance

presented to

Dr. Ramesh Amirisetty

for attending the 43<sup>rd</sup> National Annual Conference of Indian Society of Periodontology  
held at Indradhanush Auditorium, Panchkula from 5<sup>th</sup> to 7<sup>th</sup> October, 2018.



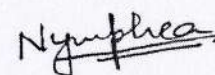
Dr. Nitin Dani  
President ISP



Dr. Abhay Kolte  
Hon. Secretary ISP



Dr. Ashish Jain  
Conference Secretary



Dr. Nympha Pandit  
Organizing Chairperson



Dr. Baljit Singh  
Organizing Secretary

# Indian Society of Periodontology

43<sup>rd</sup> National Annual Conference

5 - 7 October, 2018

Chandigarh

## Certificate of Attendance

presented to

Dr. Rupasree Gundala

for attending the 43<sup>rd</sup> National Annual Conference of Indian Society of Periodontology  
held at Indradhanush Auditorium, Panchkula from 5<sup>th</sup> to 7<sup>th</sup> October, 2018.



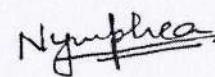
Dr. Nitin Dani  
President ISP



Dr. Abhay Kolte  
Hon. Secretary ISP



Dr. Ashish Jain  
Conference Secretary



Dr. Nympha Pandit  
Organizing Chairperson



Dr. Baljit Singh  
Organizing Secretary



# XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDRY, ANDHRA PRADESH, INDIA, 533294.

*Department of Public Health Dentistry*



**THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"**

**June 22<sup>nd</sup> & 23<sup>rd</sup>**

## **CERTIFICATE OF APPRECIATION**

*This certificate is awarded to*

**Akhil**

*Dr.....for  
participating in the "Table Top Model Competition" at the XII National PG Convention of  
Indian Association of Public Health Dentistry.*



*M. Aruna Devi*  
**Dr. Aruna Devi**  
President

*Sabyasachi Saha*  
**Dr. Sabyasachi Saha**  
Hon. Gen. Secretary

*Naveen Kumar*  
**Dr. Naveen Kumar. B**  
Organizing Chairman

*Narayana Rao*  
**Dr. Narayana Rao. V**  
Organizing Secretary



# XII IAPHD NATIONAL PG CONVENTION - 2018

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**D C Naidu**.....

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*M Aruna Devi*  
**Dr. Aruna Devi**  
President

*Sabyasachi Saha*  
**Dr. Sabyasachi Saha**  
Hon. Gen. Secretary

*Balveer Kumar*  
**Dr. Naveen Kumar. B**  
Organizing Chairman

*V Narayana Rao*  
**Dr. Narayana Rao. V**  
Organizing Secretary



# XII IAPHD NATIONAL PG CONVENTION - 2018

LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDRY, ANDHRA PRADESH, INDIA, 533294.

*Department of Public Health Dentistry*



**THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"**

**June 22<sup>nd</sup> & 23<sup>rd</sup>**

## **CERTIFICATE OF APPRECIATION**

*This certificate is awarded to*

**Jacob Prakash**

*Dr.....for  
participating in the "Table Top Model Competition" at the XII National PG Convention of  
Indian Association of Public Health Dentistry.*



*M Aruna Devi*  
**Dr. Aruna Devi**  
President

*Sabyasachi Saha*  
**Dr. Sabyasachi Saha**  
Hon. Gen. Secretary

*Naveen Kumar*  
**Dr. Naveen Kumar. B**  
Organizing Chairman

*Narayana Rao*  
**Dr. Narayana Rao. V**  
Organizing Secretary



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*Department of Public Health Dentistry*



**THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"**

**June 22<sup>nd</sup> & 23<sup>rd</sup>**

## **CERTIFICATE OF APPRECIATION**



*This certificate is awarded to*

**B. LakshmanRao**.....

*Dr.....for  
participating in the "Table Top Model Competition" at the XII National PG Convention of  
Indian Association of Public Health Dentistry.*

*M Aruna Devi*  
**Dr. Aruna Devi**  
President

*Sabyasachi Saha*  
**Dr. Sabyasachi Saha**  
Hon. Gen. Secretary

*Balaveekunoor*  
**Dr. Naveen Kumar. B**  
Organizing Chairman

*V Narayana Rao*  
**Dr. Narayana Rao. V**  
Organizing Secretary



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LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDRY, ANDHRA PRADESH, INDIA, 533294.

*Department of Public Health Dentistry*



**THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"**

**June 22<sup>nd</sup> & 23<sup>rd</sup>**

## **CERTIFICATE OF APPRECIATION**



*This certificate is awarded to*

**Dr Narendra**.....

*for*  
participating in the "Table Top Model Competition" at the XII National PG Convention of  
Indian Association of Public Health Dentistry.

*M Aruna Devi*  
**Dr. Aruna Devi**  
President

*Sabyasachi Saha*  
**Dr. Sabyasachi Saha**  
Hon. Gen. Secretary

*Naveen Kumar*  
**Dr. Naveen Kumar. B**  
Organizing Chairman

*Narayana Rao*  
**Dr. Narayana Rao. V**  
Organizing Secretary





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LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDRY, ANDHRA PRADESH, INDIA, 533294.

*Department of Public Health Dentistry*



**THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"**

**June 22<sup>nd</sup> & 23<sup>rd</sup>**

## **CERTIFICATE OF APPRECIATION**



*This certificate is awarded to*

**Naveen Kumar**

*Dr.....for*

*participating in the "Table Top Model Competition" at the XII National PG Convention of Indian Association of Public Health Dentistry.*

*M Aruna Devi*

**Dr. Aruna Devi**

*President*

*Sabyasachi Saha*

**Dr. Sabyasachi Saha**

*Hon. Gen. Secretary*

*Naveen Kumar*

**Dr. Naveen Kumar. B**

*Organizing Chairman*

*Narayana Rao V*

**Dr. Narayana Rao. V**

*Organizing Secretary*



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LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, RAJAHMUNDRY, ANDHRA PRADESH, INDIA, 533294.

*Department of Public Health Dentistry*



**THEME: "ENLIGHTENING THE AURA OF ORAL HEALTH THROUGH PRIMARY PREVENTION"**

**June 22<sup>nd</sup> & 23<sup>rd</sup>**

## **CERTIFICATE OF APPRECIATION**



*This certificate is awarded to  
**Vishwa prakash shetty**.....for*

*Dr.....  
participating in the "Table Top Model Competition" at the XII National PG Convention of  
Indian Association of Public Health Dentistry.*

*M Aruna Devi*  
**Dr. Aruna Devi**  
President

*Sabyasachi Saha*  
**Dr. Sabyasachi Saha**  
Hon. Gen. Secretary

*Naveen Kumar*  
**Dr. Naveen Kumar. B**  
Organizing Chairman

*Narayana Rao*  
**Dr. Narayana Rao. V**  
Organizing Secretary



43<sup>rd</sup> Annual Conference of  
Association of Oral and Maxillofacial Surgeons of India (AOMSI)



Vanakkam Chennai

1<sup>st</sup> INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

Date: 11 12 13 October 2018

VENUE : Chennai Trade Center, Nandambakkam, Chennai

# Certificate of Appreciation

Presented to

DR. DAL SINGH . V

for being a **Judge** in the **E - Poster Session**  
at the **43<sup>rd</sup> Annual Conference of AOMSI & 1<sup>st</sup> Indo - Japan OMS Conference**  
held on **11<sup>th</sup> to 13<sup>th</sup> October 2018** at **Chennai**.

*We appreciate your contribution to the success of this conference.*

DR. PHILIP MATHEW  
President, AOMSI

DR. PRITHAM N SHETTY  
Secretary, AOMSI

DR. R. S. NEELAKANDAN  
Conference Secretary

DR. GUNASEELAN RAJAN  
Organising Chairman

DR. S. RAMKUMAR  
Organising Secretary

DR. M. VEERABAHU  
Chairman, Scientific Committee



43<sup>rd</sup> Annual Conference of  
Association of Oral and Maxillofacial Surgeons of India (AOMSI)



Vanakkam Chennai  
**1<sup>st</sup> INDO-JAPAN OMS CONFERENCE**  
INNOVATE, INSPIRE, INTEGRATE

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Date: **11 12 13** October 2018

# Certificate of Attendance

Presented to

**DR. DAL SINGH. V**

has participated and contributed towards the success of the

**43<sup>rd</sup> Annual Conference of AOMSI & 1<sup>st</sup> Indo - Japan OMS Conference**

held on **11<sup>th</sup> to 13<sup>th</sup> October 2018** at **Chennai Trade Center, Chennai.**



**DR. PHILIP MATHEW**  
President, AOMSI

**DR. PRITHAM N SHETTY**  
Secretary, AOMSI

**DR. R. S. NEELAKANDAN**  
Conference Secretary

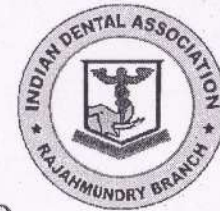
**DR. GUNASEELAN RAJAN**  
Organising Chairman

**DR. S. RAMKUMAR**  
Organising Secretary



# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr. Minorbabu**

had Participated and Contributed towards the success of the

39<sup>th</sup> AP State Dental Conference

held on 7<sup>th</sup> to 9<sup>th</sup> December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju  
State President

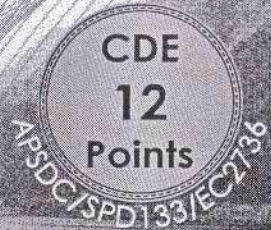
Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
Hon. State Secretary

Dr. K. Murali Mohan Rao  
Org. Chairman

Dr. Tirnathi Ramesh  
President - IDA RJY

Dr. U.V.R. Chowdary  
Org. Secretary





# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

*Shaping Dentistry*



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr. Satyam**

.....  
had Participated and Contributed towards the success of the

39<sup>th</sup> AP State Dental Conference

held on 7<sup>th</sup> to 9<sup>th</sup> December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju  
State President

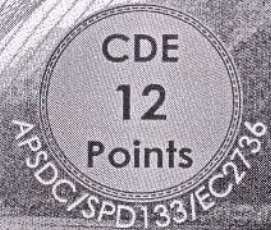
Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
Hon. State Secretary

Dr. K. Murali Mohan Rao  
Org. Chairman

Dr. Tirnathi Ramesh  
President - IDA RJY

Dr. U.V.R. Chowdary  
Org. Secretary



S040



# Sculpt 39<sup>th</sup> APSDC CONFERENCE - 2018

Shaping Dentistry



39<sup>th</sup> AP State Dental Conference

## Certificate of Attendance

Presented to

**Dr Punitha**

.....  
had Participated and Contributed towards the success of the  
39<sup>th</sup> AP State Dental Conference  
held on 7<sup>th</sup> to 9<sup>th</sup> December 2018 at  
Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju  
State President

Dr. Polisetty Naveen  
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji  
Hon. State Secretary

Dr. K. Murali Mohan Rao  
Org. Chairman

Dr. Tirnathi Ramesh  
President - IDA RJY

Dr. U.V.R. Chowdary  
Org. Secretary

CDE  
12  
Points  
APSDC/SPD133/EC2136

S040

# Indian Society of Periodontology

43<sup>rd</sup> National Annual Conference

5 - 7 October, 2018

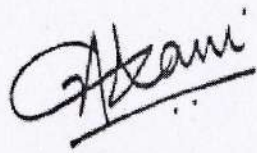
Chandigarh

## Certificate of Attendance

presented to

Dr. Ramesh Amirisetty

for attending the 43<sup>rd</sup> National Annual Conference of Indian Society of Periodontology  
held at Indradhanush Auditorium, Panchkula from 5<sup>th</sup> to 7<sup>th</sup> October, 2018.



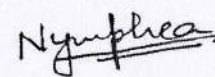
Dr. Nitin Dani  
President ISP



Dr. Abhay Kolte  
Hon. Secretary ISP



Dr. Ashish Jain  
Conference Secretary



Dr. Nympha Pandit  
Organizing Chairperson



Dr. Baljit Singh  
Organizing Secretary



# Indian Society of Periodontology

43<sup>rd</sup> National Annual Conference

5 - 7 October, 2018

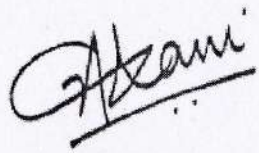
Chandigarh

## Certificate of Attendance

presented to

Dr. Rupasree Gundala

for attending the 43<sup>rd</sup> National Annual Conference of Indian Society of Periodontology  
held at Indradhanush Auditorium, Panchkula from 5<sup>th</sup> to 7<sup>th</sup> October, 2018.



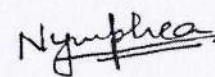
Dr. Nitin Dani  
President ISP



Dr. Abhay Kolte  
Hon. Secretary ISP



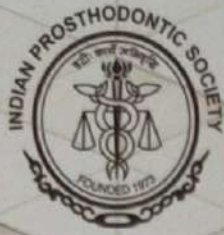
Dr. Ashish Jain  
Conference Secretary



Dr. Nympha Pandit  
Organizing Chairperson



Dr. Baljit Singh  
Organizing Secretary



46<sup>TH</sup> INDIAN PROSTHODONTIC  
SOCIETY CONFERENCE  
MANGALORE, KARNATAKA, INDIA

# CERTIFICATE OF PARTICIPATION

Presented to

*Dr. T. Mohan*

for having attended and contributed  
towards the success of the  
46<sup>TH</sup> IPS CONFERENCE  
held in Mangalore, Karnataka, India  
from 15<sup>th</sup> to 18<sup>th</sup> November 2018

*K. N. Kashinath*  
Dr. Kashinath K R  
President, IPS

*V. Rangarajan*  
Dr. V Rangarajan  
Secretary & Treasurer, IPS

*Chethan Hegde*  
Dr. Chethan Hegde  
Chairman

*Manoj Shetty*  
Dr. Manoj Shetty  
Secretary & Treasurer

*Sanath Shetty*  
Dr. Sanath Shetty  
Scientific Chairman



701



REDEFINING PRECISION

# Indian Society of Periodontology

43<sup>rd</sup> National Annual Conference

5 - 7 October, 2018

Chandigarh

## Certificate of Attendance

presented to

Dr. Ramesh Amirisetty

for attending the 43<sup>rd</sup> National Annual Conference of Indian Society of Periodontology  
held at Indradhanush Auditorium, Panchkula from 5<sup>th</sup> to 7<sup>th</sup> October, 2018.



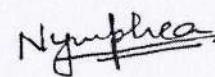
Dr. Nitin Dani  
President ISP



Dr. Abhay Kolte  
Hon. Secretary ISP



Dr. Ashish Jain  
Conference Secretary



Dr. Nympha Pandit  
Organizing Chairperson



Dr. Baljit Singh  
Organizing Secretary

# Indian Society of Periodontology

43<sup>rd</sup> National Annual Conference

5 - 7 October, 2018

Chandigarh

## Certificate of Attendance

presented to

Dr. Rupasree Gundala

for attending the 43<sup>rd</sup> National Annual Conference of Indian Society of Periodontology  
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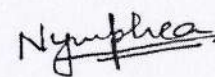
Dr. Nitin Dani  
President ISP



Dr. Abhay Kolte  
Hon. Secretary ISP



Dr. Ashish Jain  
Conference Secretary



Dr. Nympha Pandit  
Organizing Chairperson



Dr. Baljit Singh  
Organizing Secretary



# 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

18-19

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Akhil
2. Designation : Senior Lecturer
3. Department : Of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
23rd IAPHD National Conference
5. Date and Duration of the Program : 19/11/19 to 21/11/19
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:

Akhil  
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: Aliti
3. Recommendations of the Principal : Renu

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 : 12/11/19

Debit to Dr. Akhil

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

Rupees five thousand rupees only Only

towards 23<sup>rd</sup> IAPHD National conference

by Cheque / DD / Cash 5000/-

  
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.

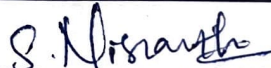


Web: [www.lids.ac.in](http://www.lids.ac.in), E-Mail: [lidsrajahmundry@gmail.com](mailto:lidsrajahmundry@gmail.com), PH: 0883-2484492, Fax: 0883-2484493

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Jacob Prakash
2. Designation : Professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- 23rd IAPHD National conferences -----  
-----
5. Date and Duration of the Program : 19/11/23 to 21/11/23
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 : 12/11/19

Debit to Dr. Jacob Prakash

Paid to Dr. Jacob Prakash a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards 23<sup>rd</sup> JAPHD National conference

by Cheque / DD / Cash 5000/-

  
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.

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Narayana Rao
2. Designation : Professor
3. Department : of conservative and endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
-----  
23rd IAPHD National conference  
-----
5. Date and Duration of the Program : 19/11/19 to 21/11/19
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 : 12/11/19

Debit to Dr. Narayana Rao

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

Rupees five thousand rupees Only

towards 23<sup>rd</sup> JAPHD National conference

by Cheque / DD / Cash 5000/-

By  
Paid by

Sarf  
Approved by

Pe  
Accountant

Narayana Rao  
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. Navneen Kumar
2. Designation : Professor & HOD
3. Department : of Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
23rd National IAPHO conference
5. Date and Duration of the Program : 30/11/18 - 2/12/18
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 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 : 22/11/18.

Debit to Dr. Naaveen Kumar

Paid to Dr. Naaveen Kumar a sum of Rs. 5100/-

Rupees five thousand and one hundred Rupees Only

towards 23<sup>rd</sup> National IAPHD Conference

by Cheque / DD / Cash 5100/-

je  
Paid by

je  
Approved by

je  
Accountant

Naaveen  
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. Vishwaprakash Shetty
2. Designation : Professor & HoD
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details : 23rd IAPHD National conference
5. Date and Duration of the Program : 19/11/19 to 21/11/23
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:

*Vishwaprakash Shetty*  
Signature of the Staff Member

1. Recommendations of the HoD : *S. Nisenth*
2. Recommendations of the IQAC: *S. Umi*
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 : 12/11/19

Debit to Dr. Vishwaprakash Shetty

Paid to Dr. Vishwaprakash Shetty a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards 23<sup>rd</sup> IAPHD National conference

by Cheque / DD / Cash 5000/-

  
Paid by

  
Approved by

  
Accountant

  
Received by



# LENORA INSTITUTE OF DENTAL SCIENCES

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Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (DL), 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. Akhil
2. Designation : Senior Lecturer
3. Department : of Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
9th AP state Dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP State Dental conference
7. Financial support particulars (Rs.) : 1500/-
  - i. Registration Charges :
  - 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: A. V. 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 : 1/12/18

Debit to Dr-Akhil

Paid to Dr-Akhil a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP State Dental conference

by Cheque / DD / Cash 1500/-

  
Paid by

  
Approved by

  
Accountant

  
Received by





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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Rupasree
2. Designation : Reader
3. Department : of periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP state dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Rupasree  
Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_
2. Recommendations of the IQAC: S. Nishanth
3. Recommendations of the Principal: S. Nishanth

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 : 1/12/18

Debit to Dr Rupasree

Paid to Dr Rupasree a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP state Dental conference

by Cheque / DD / Cash 1500/-

[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. Dal Singh
2. Designation : Professor & HoD
3. Department : of Oral maxillofacial surgery
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
-----  
39th AP state dental conference  
-----
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) : 1.
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Dal Singh  
Signature of the Staff Member

1. Recommendations of the HoD : S. Misra
2. Recommendations of the IQAC: A. Lili
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 : 1/12/18

Debit to Dr. Dal Singh

Paid to Dr Dal Singh a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP state dental conference

by Cheque / DD / Cash 1500/-

[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. Jacob Prakash
2. Designation : Professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39<sup>th</sup> AP state dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : -
  - iii. Membership Fee : -
  - iv. Others (if any) : -

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

Jacob Prakash  
Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_
2. Recommendations of the IQAC: Q. Nisanth
3. Recommendations of the Principal : \_\_\_\_\_

Q. Nisanth  
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 : 9/12/18

Debit to Dr Jacob prakash

Paid to Dr Jacob prakash a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP state Dental conference

by Cheque / DD / Cash 1500/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

Jacob prakash  
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Y. Harika
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 1400/-
  - ii. Travelling Allowances : -
  - iii. Membership Fee : -
  - iv. Others (if any) : \_\_\_\_\_

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

Harika  
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 : 30/11/18

Debit to Dr. y Hanika

Paid to Dr. y Hanika a sum of Rs. 1400/-

Rupees one thousand and four hundred Rupees Only

towards 39<sup>th</sup> AP state dental Conference

by Cheque / DD / Cash 1400/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by



## Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Lakshman Rao
2. Designation : HOD & Professor
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 3000/-
  - ii. Travelling Allowances : -
  - iii. Membership Fee : -
  - iv. Others (if any) : -

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

Lakshman Rao  
Signature of the Staff Member

1. Recommendations of the HoD : Lakshman Rao
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 : 1/12/18

Debit to Dr. B Lakshman rao

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

Rupees three thousand Rupees Only

towards 39<sup>th</sup> AP state dental Conference

By Cheque / DD / Cash 3000/-

  
Paid by

  
Approved by

  
Accountant

  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Narayana Rao
2. Designation : Professor
3. Department : Of Conservative & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
-----39th AP State Dental Conference-----  
-----
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state Dental conference
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Narayana  
Signature of the Staff Member

1. Recommendations of the HoD : S. Nizath
2. Recommendations of the IQAC: S. Citi
3. Recommendations of the Principal : Ramji

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 : 2/12/18

Debit to Dr. Narayana Rao

Paid to Dr. Narayana Rao a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP state Dental conference

by Cheque / DD / Cash 1500/-

[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. Naveen kumar
2. Designation : Professor & HoD
3. Department : of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP dental conference
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 : S. Nisanth
2. Recommendations of the IQAC: Q. Lidi
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 : 1/12/18

Debit to Dr. Naveenkumar

Paid to Dr. Naveen kumar a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> Ap Dental confluence

by Cheque / DD / Cash 1500/-

  
Paid by

  
Approved by

  
Accountant

  
Received by



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

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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. NIBHA.
2. Designation : Professor
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP State dental conference.
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 1400/-
  - 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 : 1/12/18

Debit to Dr. Nibha

Paid to Dr. Nibha a sum of Rs. 1400/-

Rupees one thousand and four hundred Rupees Only

towards 39<sup>th</sup> Ap. state dental Conference

by Cheque / DD / Cash 1400/-

H  
Paid by

Sara  
Approved by

X  
Accountant

Nahe  
Received by





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

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Punitha
2. Designation : Professor
3. Department : of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39<sup>th</sup> AP State Dental Conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
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 : S. Misra
2. Recommendations of the IQAC: S. Livi
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 : 1/12/18

Debit to Dr. Punitha

Paid to Dr. Punitha a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP dental conference

by Cheque / DD / Cash 1500/-

[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. Ramesh
2. Designation : Prof. & HoD
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP dental conference
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Ramesh  
Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_
2. Recommendations of the IQAC: S. Niseth
3. Recommendations of the Principal : S. Niseth

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 : 1/12/18

Debit to Dr Ramesh

Paid to Dr Ramesh a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th AP dental conference

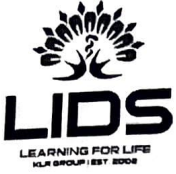
by Cheque / DD / Cash 1500/-

[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. T. Ramesh
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP dental conference
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Ramesh  
Signature of the Staff Member

1. Recommendations of the HoD : S. Misra
2. Recommendations of the IQAC: D. 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 : 1/12/18

Debit to Dr. T. Ramesh

Paid to Dr. T. Ramesh a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP dental Conference

by Cheque / DD / Cash 1500/-

[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. Naveen Kumar
2. Designation : Professor & HOD
3. Department : of Public Health Dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39<sup>th</sup> AP state Dental Conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
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 : 1/12/18

Debit to Dr. Naveen Kumar

Paid to Dr. Naveen Kumar a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP dental conference

by Cheque / DD / Cash 1500/-

[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. Rupasree
2. Designation : Reader
3. Department : of Prodentics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP state dental conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) : 1500/-
  - i. Registration Charges : \_\_\_\_\_
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Rupasree  
Signature of the Staff Member

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

2. Recommendations of the IQAC: \_\_\_\_\_  
A. Cui

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

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 : 1/12/18

Debit to Dr. Rupasree

Paid to Dr. Rupasree a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39<sup>th</sup> AP state Dental conference

by Cheque / DD / Cash 1500/-

  
Paid by

  
Approved by

  
Accountant

  
Received by



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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. Srisha
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - 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 : 1/12/18

Debit to Dr. Prisha

Paid to Dr. Prisha a sum of Rs. 1500/-

Rupees one thousand and five hundred Rupees Only

towards 39<sup>th</sup> Ap State dental Conference

by Cheque / DD / Cash 1500/-

  
Paid by

  
Approved by

  
Accountant

  
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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Y. Sravanthi
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : -
  - iii. Membership Fee : -
  - iv. Others (if any) : \_\_\_\_\_

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

Sravanthi  
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: 30/11/18

Debit to Dr. Y. Lavanthi

Paid to Dr. Y. Lavanthi a sum of Rs. 1500/-

Rupees one thousand and five hundred Rupees Only

towards 39<sup>th</sup> AP State Dental Conference

by Cheque / DD / Cash 1500/-

  
Paid by

  
Approved by

  
Accountant

  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Suma B.C.
2. Designation : Senior Lecturer
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP State dental conference
5. Date and Duration of the Program : 7/12/18 - 9/12/18
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1300/-
  - ii. Travelling Allowances : -
  - iii. Membership Fee : -
  - iv. Others (if any) : \_\_\_\_\_

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

Suma  
Signature of the Staff Member

1. Recommendations of the HoD : Jachin Rao
2. Recommendations of the IQAC: Shibi
3. Recommendations of the Principal : Chintu

Sanctioned/ Not Sanctioned

Account Department

Accountant : AS

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Luma BC

Paid to Dr. Luma BC a sum of Rs. 1300/-

Rupees one thousand and three hundred Rupees Only

towards 39<sup>th</sup> Ap State dental Conference

by Cheque / DD / Cash 1300/-

  
Paid by

  
Approved by

  
Accountant

  
Received by





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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Vaishnavi
2. Designation : Reader
3. Department : of Oral & Maxillofacial surgery
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- 39th AP state dental conference -----
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: AP state dental conference
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : -----
  - iii. Membership Fee : -----
  - iv. Others (if any) : -----

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

*Vaishnavi*  
Signature of the Staff Member

1. Recommendations of the HoD : *S. Nisanth*
2. Recommendations of the IQAC: *S. Jelli*
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 : 1/12/18

Debit to Dr. Vaishnavi

Paid to Dr. Vaishnavi a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th Ap state Dental Conference

by Cheque / DD / Cash 1500/-

[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. Ramesh Aminisetty
2. Designation : Professor & HOD
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- 43rd National Annual conference -----
5. Date and Duration of the Program : 5/10/18 to 7/10/18
6. Associating professional body/ Agency: National Annual conference
7. Financial support particulars (Rs.) : -----
  - i. Registration Charges : 5500/-
  - ii. Travelling Allowances : -----
  - iii. Membership Fee : -----
  - iv. Others (if any) : -----

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

Ramesh  
Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_ S. Nisanth
2. Recommendations of the IQAC: \_\_\_\_\_ Q. Viji
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 : 29/9/18

Debit to Dr. Ramesh Aminisetty

Paid to Dr. Ramesh Aminisetty a sum of Rs. 5500/-

Rupees five thousand five hundred <sup>rupees</sup> only Only

towards 43<sup>rd</sup> National Annual conference

By Cheque / DD / Cash 5500/-

[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. Rupasree Gundala
2. Designation : Reader
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
43rd National Annual conference
5. Date and Duration of the Program : 5/10/18 to 7/10/18
6. Associating professional body/ Agency: National Annual conference
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 5500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Rupasree  
Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_
2. Recommendations of the IQAC: S. Nisanta
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 : 29/9/18

Debit to Dr. Rupasree Gundala

Paid to Dr. Rupasree Gundala a sum of Rs. 5500/-

Rupees five thousand five hundred rupees Only

towards 43<sup>rd</sup> National Annual Conference

by Cheque / DD / Cash 5500/-

[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. Akhil
2. Designation : Senior Lecturer
3. Department : of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
12th IAPHD National PG convention
5. Date and Duration of the Program : 22/6/18 to 23/6/18
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 4000/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Akhil  
Signature of the Staff Member

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

2. Recommendations of the IQAC: S. Nisenth

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

S. Nisenth  
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 : 15/6/18

Debit to Dr Akhil

Paid to Dr Akhil a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards 12<sup>th</sup> IAPHD National PG convention

by Cheque / DD / Cash 4000/-

Aby  
Paid by

Surya  
Approved by

RD  
Accountant


Akhil  
Received by



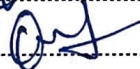


Financial Support Request Letter

1. Name of the Staff Member : Dr. DC Naidu
2. Designation : Reader
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
12th IAPHO National PG Convention
5. Date and Duration of the Program : 22/6/18 - 23/6/18
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 5500/-
  - 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 : 15/6/18

Debit to Dr. DC Naidu

Paid to Dr. DC Naidu a sum of Rs. 5500/-

Rupees five thousand and five hundred Rupees Only

towards 12<sup>th</sup> IAPHD national PG convention

by Cheque / DD / Cash 5500/-

Paid by

Approved by

Accountant

Received by



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## 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 :  
12th IAPHD National PG convention
5. Date and Duration of the Program : 22/6/18 to 23/6/18
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 4000/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Jacob Prakash  
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: S. Lile
3. Recommendations of the Principal : \_\_\_\_\_

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

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

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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. Taob Prakash

Paid to Dr. Taob Prakash a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards 12<sup>th</sup> IAPHD National PH convention

by Cheque / DD / Cash 4000/-

By  
Paid by

Sanjay  
Approved by

B  
Accountant

Taob Prakash  
Received by



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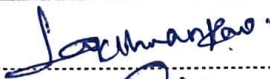


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## Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Lakshman Rao.
2. Designation : Professor & HOD.
3. Department : of Prosthodontics.
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
12th IAPHD national PG Convention.
5. Date and Duration of the Program : 22/6/18 - 23/6/18.
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 5500/-
  - 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 : 15/6/18

Debit to Dr. B. Lakshman Rao

Paid to Dr. B. Lakshman Rao a sum of Rs. 5500/-

Rupees Five thousand five hundred rupees Only

towards 12th IAPHD National PG Convention

by Cheque / DD / Cash 5500/-

  
Paid by

  
Approved by

  
Accountant

  
Received by

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. B. Lakshman Rao

Paid to Dr. B. Lakshman Rao a sum of Rs. 5500/-

Rupees Five thousand five hundred rupees Only

towards 12th IAPHD National PG Convention

by Cheque / DD / Cash 5500/-

  
Paid by

  
Approved by

  
Accountant

  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Narayana Rao
2. Designation : Professor
3. Department : of conservative and endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
12th IAPAD National PG convention
5. Date and Duration of the Program : 22/6/18 to 23/6/18
6. Associating professional body/ Agency: IAPAD
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 4000/-
  - ii. Travelling Allowances :
  - iii. Membership Fee :
  - iv. Others (if any) :

Date:

Narayana  
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

**Account Department**

Accountant : [Signature]

Date:



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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. Narayana Rao

Paid to Dr. Narayana Rao a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards 12<sup>th</sup> IAPHD National PG convention

by Cheque / DD / Cash 4000/-

  
Paid by

  
Approved by

  
Accountant

  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : ..... Dr. Narendhra.
2. Designation : ..... Reader.
3. Department : ..... of Prosthodontics.
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
..... 12th IAPHD national PG Convention.....
5. Date and Duration of the Program : ..... 22/6/18 - 23/6/18.
6. Associating professional body/ Agency: .....
7. Financial support particulars (Rs.) :
  - i. Registration Charges : ..... 5500/-
  - ii. Travelling Allowances : ..... -
  - iii. Membership Fee : ..... -
  - iv. Others (if any) : .....

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

Signature of the Staff Member

1. Recommendations of the HoD : ..... *Jachin Rao*
2. Recommendations of the IQAC : ..... *Atli*
3. Recommendations of the Principal : ..... *Out*

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 : 16/6/18

Debit to Dr. Narendra

Paid to Dr. Narendra a sum of Rs. 5500/-

Rupees five thousand five hundred Rupees Only

towards 12th IAPHD national PGD Convention

by Cheque / DD / Cash 5500/-

  
Paid by

  
Approved by

  
Accountant

  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : Dr. DAL Singh V
2. Designation : prof & HOD
3. Department : Oral & Maxillo facial Surgery
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
1st India - Japan OMS conference
5. Date and Duration of the Program : 11<sup>th</sup> to 13<sup>th</sup> october 2018
6. Associating professional body/ Agency: A.O.M.S.P
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 : V. Dalmeida
2. Recommendations of the IQAC: K. Sripeni
3. Recommendations of the Principal : \_\_\_\_\_

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 : 3/10/2018

Debit to Dr. V. Dal Singh

Paid to Dr. V. Dal Singh a sum of Rs. 7000/-

Rupees Seven thousand Rupees only Only

towards 1st INDO - JAPAN CONFERENCE -

by ~~Cheque / DD / Cash~~ 7000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : ..... Dr. T. Mohan
2. Designation : ..... professor
3. Department : ..... prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
..... 46th Indian prosthodontic Society  
..... conference
5. Date and Duration of the Program : ..... 15th to 18th Nov 2018
6. Associating professional body/ Agency: ..... IPS
7. Financial support particulars (Rs.) : .....
  - i. Registration Charges : ..... 5330/-
  - 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 : 10/11/2018

Debit to Dr. T. Mohan

Paid to Dr. T. Mohan a sum of Rs. 5332/-

Rupees Five thousand three hundred and thirty rupees Only

towards 46<sup>th</sup> National Conference of IPS, Mangalore.

by Cheque / DD / Cash 5332/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Rupasree
2. Designation : Reader
3. Department : periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
43rd National Annual conference
5. Date and Duration of the Program : 5-7 October 2018
6. Associating professional body/ Agency: ISP
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 26661/-
  - ii. Travelling Allowances : -
  - iii. Membership Fee : -
  - iv. Others (if any) : -

Date:

G. Rupasree  
Signature of the Staff Member

1. Recommendations of the HoD : G. Rupasree
2. Recommendations of the IQAC: K. M. L.
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 : 29/9/18

Debit to Dr. Rupasree . G

Paid to Dr. Rupasree . G a sum of Rs. 2666/-

Rupees Two thousand six hundred and Sixty six Only

towards 43<sup>rd</sup> National Conference of ISP, Chandigarh

by Cheque / DD / Cash 2666/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : Dr. A. Ramush
2. Designation : prof & HoD
3. Department : periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
43<sup>rd</sup> National Annual Conference
5. Date and Duration of the Program : 5 to 7 october 2018
6. Associating professional body/ Agency: ASP
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 2666/-
  - ii. Travelling Allowances : —
  - iii. Membership Fee : —
  - iv. Others (if any) : —

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

Dr. A. Ramush  
Signature of the Staff Member

1. Recommendations of the HoD : Dr. A. Ramush

2. Recommendations of the IQAC: A. N. Devi

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: 29/9/18

Debit to Dr. Ramesh, A

Paid to Dr. Ramesh, A a sum of Rs. 2666/-

Rupees Two thousand and six hundred and sixty six rupees Only

towards 43<sup>rd</sup> National Conference of I.S.P. Chandigarh

by Cheque / DD / Cash 2666/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant


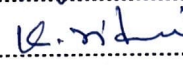
[Signature]  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : DR. Misabjyam
2. Designation : Reader
3. Department : pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- 3rd ApsDC -----  
-----
5. Date and Duration of the Program : 7<sup>th</sup> to 9<sup>th</sup> Dec 2018
6. Associating professional body/ Agency: ApsDC/SPD
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 : 1/12/2018

Debit to Dr. M. Satyam

Paid to Dr. M. Satyam a sum of Rs. 1500/-

Rupees fifteen hundred rupees only Only

towards 39th APSID conference

by ~~Cheque/DD/Cash~~

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](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. Minol Babu
2. Designation : professor
3. Department : pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
39th AP state Dental conference
5. Date and Duration of the Program : 7 to 9 Dec 2018
6. Associating professional body/ Agency: APSDC
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

[Signature]  
Signature of the Staff Member

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

1. Recommendations of the HoD : \_\_\_\_\_
2. Recommendations of the IQAC: K. Sridhar
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 : 1/12/2018

Debit to Dr. Minol Babu

Paid to 1500/- Dr. Minol Babu a sum of Rs. 1500/-

Rupees Fifteen hundred Rupees only Only


towards 39th APSA conference

by Cheque/DD/Cash

  
Paid by

  
Approved by

  
Accountant

  
Received by