# A CERTIFIED LIST OF STAFF RECEIVED FINANCIAL SUPPORT ALONG WITH THEIR E-COPIES OF SANCTION LETTERS DURING A.Y.2018-19





# 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

L. Vaca Dry

Dr. Sabyasachi Saha President Elect







### CERTIFICATE OF APPRECIATION

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Dr. R. K. Bali President Emeritus Dr. Vamsi Krishna Reddy Hon. Gen.Secretary

L. Vaca Dry

Dr. Sabyasachi Saha President Elect







### CERTIFICATE OF APPRECIATION

Awarded to

### Dr. Narayana Rao

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

L. Vaca Dry

Dr. Sabyasachi Saha President Elect





# 23 IAPHD NATIONAL CONFERENCE

### CERTIFICATE OF APPRECIATION

Awarded to

Dr. Naveen Kumar

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

L. Vaca Dry

Dr. Sabyasachi Saha President Elect







### CERTIFICATE OF APPRECIATION

Awarded to

### Dr. Vishwaprakash Shetty

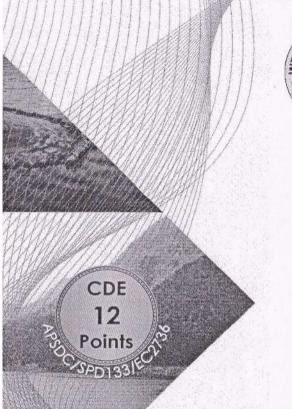
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Dr. Pushpanjali K President

Dr. R. K. Bali President Emeritus Dr. Vamsi Krishna Reddy Hon. Gen.Secretary

L. Vaca Dry

Dr. Sabyasachi Saha President Elect





# 5611123 APSDC CONFERENCE - 2018 Shaping Dentistry



39th AP State Dental Conference

## Certificate of Attendance

Presented to

### Dr. Akhil

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.

Jul to o

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY LANDS

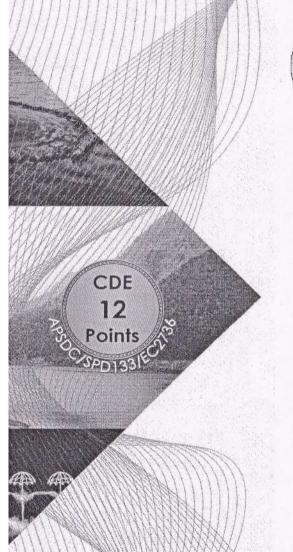
Dr. K. Ajay Benarji Hon. State Secretary

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Dr. K.Murali Mohan Rao Org.Chairman J. Dawich

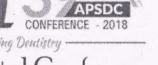
Dr. Tirnathi Ramesh President - IDA RJY

A LINE





# Shaping Dentistry



39th AP State Dental Conference



# Certificate of Attendance

Presented to

### Dr Rupasree

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

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

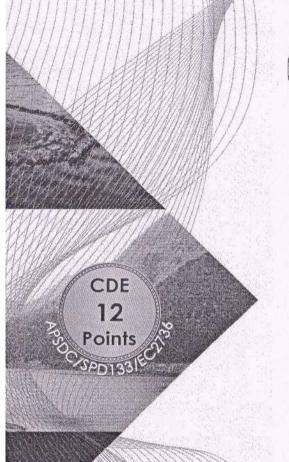
Dr. K. Ajay Benarji Hon. State Secretary

L. Pers.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY





# Shaping Dentistry



39th AP State Dental Conference

## Certificate of Attendance

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### Dr. Dal Singh

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.

Aud to o

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY 1476

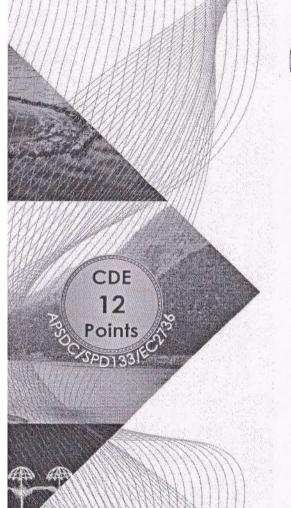
Dr. K. Ajay Benarji Hon. State Secretary

t. Die.

Dr. K.Murali Mohan Rao Org.Chairman 7. Dawel

Dr. Tirnathi Ramesh President - IDA RJY

adqui.







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Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

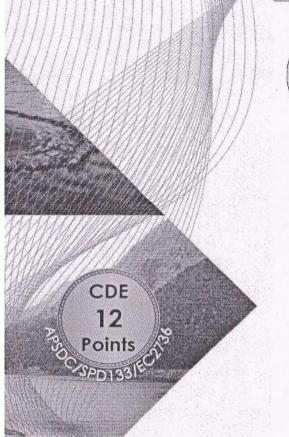
Dr. K. Ajay Benarji Hon. State Secretary

t. Petro.

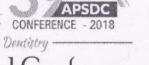
Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY









## Certificate of Attendance

Presented to

### **Dr Ramesh**

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Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

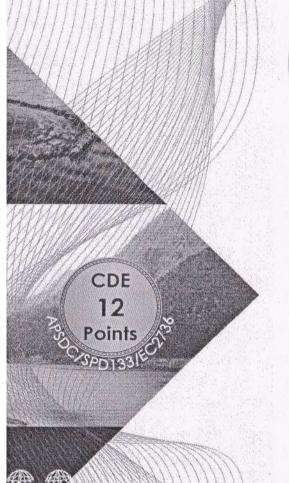
Dr. K. Ajay Benarji Hon. State Secretary

L. Pers.

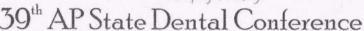
Dr. K.Murali Mohan Rao Org. Chairman

J. Vand

Dr. Tirnathi Ramesh President - IDA RJY









# Certificate of Attendance

Presented to

### Dr. Y Harika

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

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

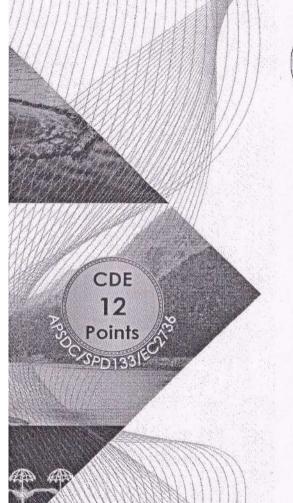
Dr. K. Ajay Benarji Hon. State Secretary

L. Pers.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY







## Certificate of Attendance

Presented to

### Dr. B.Lakshmana Rao

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

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

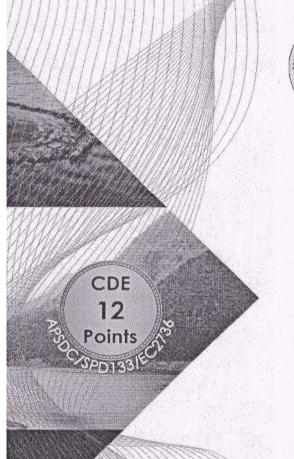
Dr. K. Ajay Benarji Hon. State Secretary

t. Petro.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY





# 5GUD T 3 APSDC CONFERENCE - 2018 Shaping Dentistry

39th AP State Dental Conference



# Certificate of Attendance

Presented to

### Dr Narayana Rao

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.

Sud to o

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY 1476

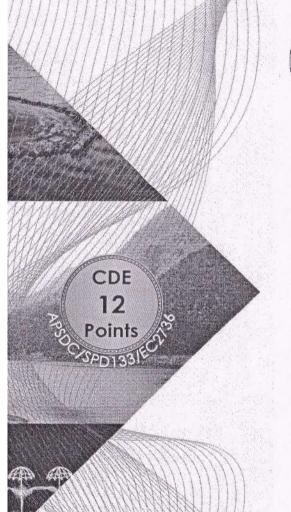
Dr. K. Ajay Benarji Hon. State Secretary

t. De.

Dr. K.Murali Mohan Rao Org.Chairman J. Dawich

Dr. Tirnathi Ramesh President - IDA RJY

a da una







## Certificate of Attendance

Presented to

### Dr. Naveen Kumar

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

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

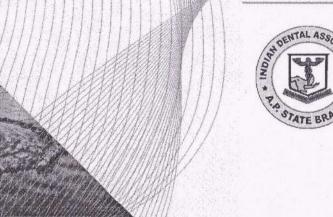
Dr. K. Ajay Benarji Hon. State Secretary

t. Petro.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY



CDE

Points



# Shaping Dentistry



39th AP State Dental Conference

## Certificate of Attendance

Presented to

### Dr. Nibha

had Participated and Contributed towards the success of the 39th AP State Dental Conference held on 7th to 9th 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

L. Pers.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY



CDE

Points



39th AP State Dental Conference



## Certificate of Attendance

Presented to

### Dr Punitha

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

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY Dr. K. Ajay Benarji

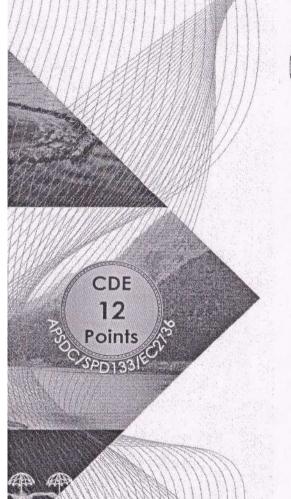
Hon. State Secretary

L. Pers.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY





# 5611123 APSDC CONFERENCE - 2018 Shaping Deutistry





## Certificate of Attendance

Presented to

### **Dr Ramesh**

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.

Aud to o

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY 14762

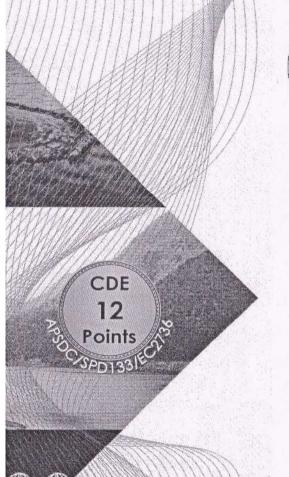
Dr. K. Ajay Benarji Hon. State Secretary

t. " Petro.

Dr. K.Murali Mohan Rao Org.Chairman J. Dawich

Dr. Tirnathi Ramesh President - IDA RJY

A LINE







## Certificate of Attendance

Presented to

### Dr. T. Ramesh

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

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

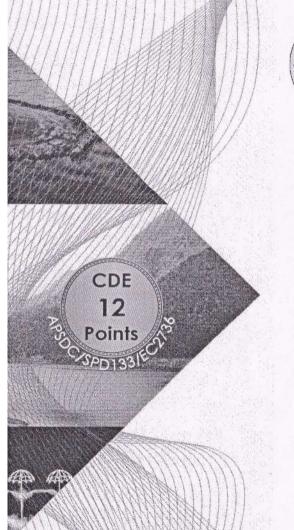
Dr. K. Ajay Benarji Hon. State Secretary

t. Petro.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY







## Certificate of Attendance

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Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

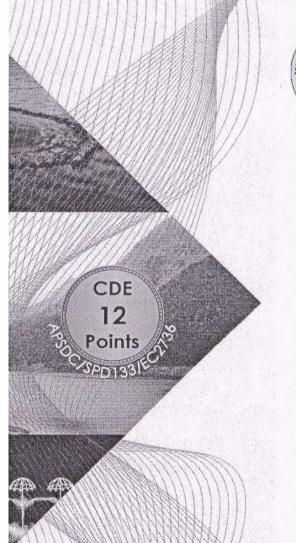
Dr. K. Ajay Benarji Hon. State Secretary

t. Petro.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY





# Shaping Dentistry



39th AP State Dental Conference

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### Dr Rupasree

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Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY LANDS

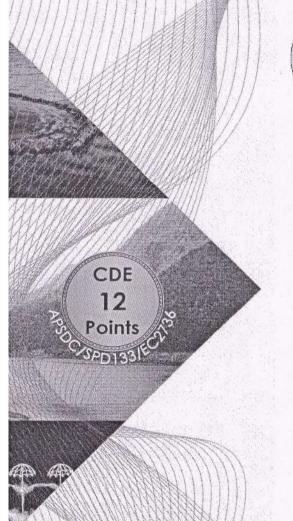
Dr. K. Ajay Benarji Hon. State Secretary

t. Die.

Dr. K.Murali Mohan Rao Org.Chairman J. Dawich

Dr. Tirnathi Ramesh President - IDA RJY

A LINE





# Shaping Dentistry



39th AP State Dental Conference

## Certificate of Attendance

Presented to

### Dr. Sirisha

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.

Jul to

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY 1476

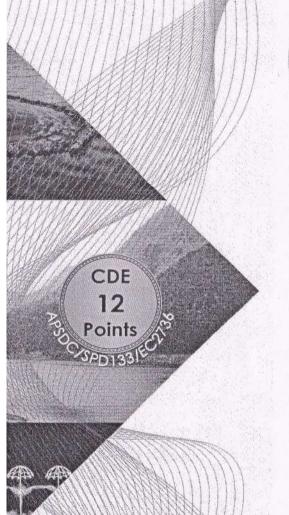
Dr. K. Ajay Benarji Hon. State Secretary

t. " Petro.

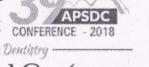
Dr. K.Murali Mohan Rao Org.Chairman J. Dawel

Dr. Tirnathi Ramesh President - IDA RJY

a da una







# Certificate of Attendance

Presented to

### Dr. Y Sravanthi

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

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY

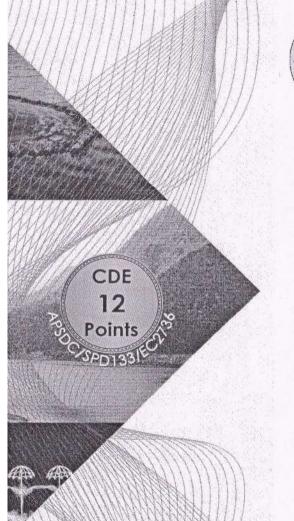
Dr. K. Ajay Benarji Hon. State Secretary

t. Petro.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY





# Shaping Dentistry



39th AP State Dental Conference

## Certificate of Attendance

Presented to

### Dr. Suma BC

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.

Aud to o

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen

Dr. Polisetty Naveen Hon. Secretary - IDA RJY LAND

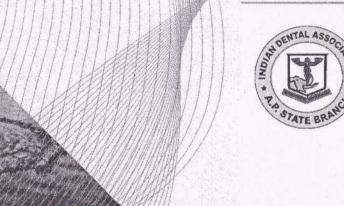
Dr. K. Ajay Benarji Hon. State Secretary

t. Du.

Dr. K.Murali Mohan Rao Org.Chairman 7. Dawel

Dr. Tirnathi Ramesh President - IDA RJY

a da una



CDE

Points



# Shaping Dentistry



39th AP State Dental Conference

## Certificate of Attendance

Presented to

### Dr. Vaishnavi

had Participated and Contributed towards the success of the 39th AP State Dental Conference held on 7th to 9th 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

t. Petro.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY

# Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

# Certificate of Attendance

presented to

Ramesh Amirisetty

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

Dr. Nitin Dani President ISP

Dr. Abhay Kolte Hon. Secretary ISP Dr. Ashish Jain

Conference Secretary

**Dr. Nymphea Pandit** Organizing Chairperson

**Dr. Baljit Singh** Organizing Secretary

# Indian Society of Periodoniology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

# Certificate of Attendance

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Rupasree Gundala

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Dr. Nitin Dani President ISP

Dr. Abhay Kolte Hon. Secretary ISP

Dr. Ashish Jain Conference Secretary D. N. . .

**Dr. Nymphea Pandit** Organizing Chairperson L-12

**Dr. Baljit Singh** Organizing Secretary



# XII IAPNO NAGIONAL 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 22nd & 23rd

#### CERTIFICATE OF APPRECIATION

This certificate is awarded to

Akhil ......for

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

Dr.Aruna Devi

President

Dr. Sabyasachi Saha

Hon.Gen.Secretary

Browdener

Dr. Naveen Kumar. B

Organizing Chairman

Dr.Narayana Rao.V



# XII IAPND NAGIONAL PG CONVENTION - 2018 LENORA INSTITUTE OF DENTAL SCIENCES



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

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

#### CERTIFICATE OF APPRECIATION

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Dr DC Naidu for

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

Dr. Aruna Devi

President

Dr.Sabyasachi Saha
Hon.Gen.Secretary

Dr.Naveen Kumar.B

Organizing Chairman

Dr.Narayana Rao.V



### XII IAPNO NAGIONAL PG CONVENCION - 2018 LENORA INSTITUTE OF DENTAL SCIENCES



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

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Dr.Aruna Devi

Dr.Sabyasachi Saha Hon.Gen.Secretary

Dr.Naveen Kumar.B
Organizing Chairman

Dr.Narayana Rao.V



# XII IAPNO NAGIONAL 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 22nd & 23rd

#### CERTIFICATE OF APPRECIATION

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B. LakshmanRao for

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

Dr. Aruna Devi

Dr.Sabyasachi Saha Hon.Gen.Secretary

Dr.Naveen Kumar.B
Organizing Chairman

Dr.Narayana Rao. V
Organizing Secretary



# XII IAPND NAGIONAL 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 22nd & 23rd

#### 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.

Dr.Aruna Devi

Dr.Sabyasachi Saha Hon.Gen.Secretary

Dr.Naveen Kumar.B
Organizing Chairman

Dr.Narayana Rao.V



# 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 for

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

Dr.Aruna Devi

President

Dr.Sabyasachi Saha Hon.Gen.Secretary

Dr.Naveen Kumar.B

Organizing Chairman

Dr.Narayana Rao.V



# XII IAPND NAGIONAL PG CONVENGION - 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 22nd & 23rd

#### CERTIFICATE OF APPRECIATION

This certificate is awarded to Vishwa prakash shetty

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

Dr.Aruna Devi

Dr. Sabyasachi Saha Hon. Gen. Secretary

Dr.Naveen Kumar.B
Organizing Chairman

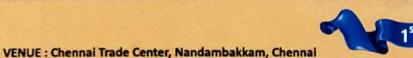
Dr.Narayana Rao.V
Organizing Secretary



#### 43rd Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)







Nanakkam Caennau

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

INNOVATE, INSPIRE, INTEGRATE







October 2018

# Certificate of Appreciation

Presented to

DR. DAL SINGH . Y

for being a Judge in the E - Poster Session at the 43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference held on 11th to 13th 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

S. Rimlam

Organising Secretary

DR. R. S. NEELAKANDAN

Conference Secretary

DR./M. VEERABAHU Chairman, Scientific Committee

DR. GUNASEELAN RAJAN Organising Chairman

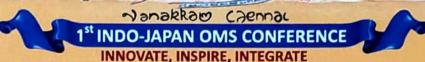


VENUE: Chennai Trade Center, Nandambakkam, Chennai

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







Date: 111 112

October 2018

## Certificate of Attendance

Presented to





## DR. DAL SINGH. V

has participated and contributed towards the success of the 43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference held on 11th to 13th 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

S. Rua James



CDE

Points



# 5GIIDT 3 APSDC CONFERENCE - 2018 Shaping Dentistry 39th AP State Dental Conference



## Certificate of Attendance

Presented to

### Dr. Minorbabu

had Participated and Contributed towards the success of the 39th AP State Dental Conference held on 7th to 9th 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

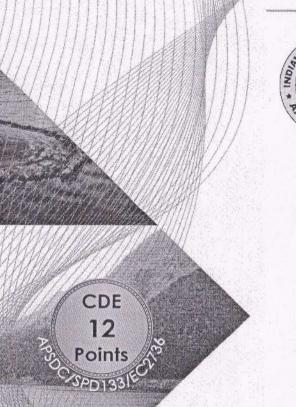
t. Petro.

Dr. K.Murali Mohan Rao Org. Chairman

J. Dawida

Dr. Tirnathi Ramesh President - IDA RJY

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





# 5611123 APSDC CONFERENCE - 2018 Shaping Dentistry



39th 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.

Solto o

Dr. B. Sudhakar Raju State President

Dr. Polisetty Naveen Hon. Secretary - IDA RJY TAUPY

Dr. K. Ajay Benarji Hon. State Secretary

t. " Petro.

Dr. K.Murali Mohan Rao Org.Chairman J. Dawid

Dr. Tirnathi Ramesh President - IDA RJY

adquir

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



CDE

Points



39th AP State Dental Conference



## Certificate of Attendance

Presented to

### Dr Punitha

had Participated and Contributed towards the success of the 39th AP State Dental Conference held on 7th to 9th 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

L. Pers.

Dr. K.Murali Mohan Rao Org. Chairman

T. Dawel

Dr. Tirnathi Ramesh President - IDA RJY

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

## Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

# Certificate of Attendance

presented to

Ramesh Amirisetty

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

Dr. Nitin Dani President ISP

Dr. Abhay Kolte Hon. Secretary ISP Dr. Ashish Jain

Conference Secretary

**Dr. Nymphea Pandit** Organizing Chairperson

**Dr. Baljit Singh** Organizing Secretary

## Indian Society of Periodoniology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

# Certificate of Attendance

presented to

Rupasree Gundala

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

Dr. Nitin Dani President ISP

Dr. Abhay Kolte Hon. Secretary ISP

Dr. Ashish Jain Conference Secretary D. N. . .

**Dr. Nymphea Pandit** Organizing Chairperson L-12

**Dr. Baljit Singh** Organizing Secretary



### 46TH 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

Dr. Kashinath K R
President, IPS

Dr. V Rangarajan Secretary & Treasurer, IPS

Dr. Chethan Hegde

Dr. Manoj Shetty

Dr. Sanath Shetty Scientific Chairman





## Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

# Certificate of Attendance

presented to

Ramesh Amirisetty

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

Dr. Nitin Dani President ISP

Dr. Abhay Kolte Hon. Secretary ISP Dr. Ashish Jain

Conference Secretary

**Dr. Nymphea Pandit** Organizing Chairperson

**Dr. Baljit Singh** Organizing Secretary

## Indian Society of Periodoniology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

# Certificate of Attendance

presented to

Rupasree Gundala

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

Dr. Nitin Dani President ISP

Dr. Abhay Kolte Hon. Secretary ISP

Dr. Ashish Jain Conference Secretary D. N. . .

**Dr. Nymphea Pandit** Organizing Chairperson L-12

**Dr. Baljit Singh** Organizing Secretary



Date:

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

### Financial Support Request Letter

1	. Name of the Staff Member	: Dr. Akhi!
2	. Designation	: senior futura
3.		: Of Public health dentistry
4.	Conference/Publication/ Membersh	in Fee/ Workshop /FDP Certificate Details:
	2370	INPHD National Confinence
5.	Date and Duration of the Program	: 19/11/19 to 21/11/19.
6.	Associating professional body/ Age	ncy: IAPHD
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 5000   -
	ii. Travelling Allowances	
	iii. Membership Fee	:
	iv. Others (if any)	:
		اه یا،
_		Signature of the Staff Member
Da	te:	Signature of the Start 172111041
1.	Recommendations of the HoD:	Silicarth
	Recommendations of the IQAC:	Olili
	Recommendations of the Principal:	Pony
		Sanctioned/ Not Sanctioned
-		Account Department
		1
A	Accountant:	

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

Date: 12 11/19 Dr. Akhil Debit to Paid to \_\_\_\_ Dr. Akhil a sum of Rs. 5000 Rupees five thousand rupees only Only towards 238d IAPHD National confuence by Cheque / DD / Cash \_ 5000/-



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

### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Jacob Prakash : Projemor
2.	Designation	· Projemor
3.	Department	of eval pathology
4.	Conference/Publication/ Membership	Food Workshop /FDP Certificate Details:
	23rd	ZAPAD National conferences
5.	Date and Duration of the Program	: 19/11/23 0 21/11/23,
6.	Associating professional body/ Ager	ncy: TAPHD
7.	Financial support particulars (Rs.)	;
	i. Registration Charges	: 5000
	ii. Travelling Allowances	;
	iii. Membership Fee	;
	iv. Others (if any)	<u>;</u>
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	- * N
2.	Recommendations of the IQAC:	<u>Alai</u>
3.	Recommendations of the Principal	1:
		Sanctioned Not Sanctioned
		Account Department

Accountant:

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

			Date: 12/11/19		
	Deb	it to <u>Pr</u>	· Javob Prak	ach	Vi -
Paid to _	Dr. Jacob P	rakaih		_a sum of Rs	5000-
Rupees_	fire thousar	id supees			Only
towards _	23rd JAPHI	National	confuence		
by Cheque	/DD/Cash_	5000			
		don.		W.	O Marsh



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### Financial Support Request Letter

1.	Name o	of the Staff Member	: Dr. Narayano RaD
2.	Designa	ation	Professor
3.	Departi	ment	of conservative and chababance
4.	Confer	ence/Publication/ Membershi	ip Fee/ Workshop /FDP Certificate Details:  3rd JAPHD WATIONAL Confuence
<ul><li>5.</li><li>6.</li></ul>	Date an	nd Duration of the Program ating professional body/ Age	: 19 11/19 10 11 11/19 ency: IAPHD
7.		ial support particulars (Rs.)	
	i.	Registration Charges	
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
Б	ate:		Signature of the Staff Member
_		0.1 H.D.	S. Nisauth
1	. Reco	mmendations of the HoD:	
2		mmendations of the IQAC:	
3	. Reco	mmendations of the Princip	Sanctioned Not Sanctioned
			Account Department

Accountant:

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. Navayana	Rao
Paid to _	Dr. Navayana Ras	a sum of Rs 5000/-
Rupees_	five thousand rupees	Only
towards _	23rd IAPHD National confuence	
	1DD / Cash 5000  -	
O <sub>2</sub>		$\Omega$
Paid by	Approved by Account	tant Reactored by



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

### Financial Support Request Letter

1.	Name	of the Staff Member	. Dx .0	Javeen Kumal
2.		nation		sor & HOD
3.	Depar			hic Health dentistry
	•			
4.	Conre	rence/Publication/ Membershi	p ree/ Worksh	Lacate
		XOLO MOUNTAIN THE		Cica ce-,
			, 1 1	
5.	Date a	nd Duration of the Program	:30 .M	18-2/12/18
6.	Associ	iating professional body/ Ager	ncy:	
7.	7. Financial support particulars (Rs.) :			
	i.	Registration Charges	: 51	00 -
	ii.	Travelling Allowances	;	
	iii.	Membership Fee	:	
	iv.	Others (if any)	:	
Da	te:			Signature of the Staff Member
			10	
1.		nmendations of the HoD : 🕦	VIII .	
2.	Recom	nmendations of the IQAC:(	<u>Jlili</u>	
3.	Recom	mendations of the Principal:		
			90 "	Sanctioned/ Not Sanctioned
	Account Department			partment

Accountant :

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

Date: 22/11/18.

Received by

Paid to	Dr. Mayer	to <u>br. Na</u>	a sum of d	Rs_ 5100	1-
	70		e hundred du		Only
towards_	23" Nation	nal IAPHD	Conference		
by Cheque	DD/Cash	5100/-		7	



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### Financial Support Request Letter

1. 2. 3. 4.	Name of the Staff Member Designation Department Conference/Publication/ Membershi	: Pro vishwa prakash shetty : Pro know & Hoo : Of Oval Puthology ip Fee/ Workshop /FDP Certificate Details: 22rd JAPHD National conference
<ul><li>5.</li><li>6.</li><li>7.</li></ul>	Date and Duration of the Program Associating professional body/ Ager Financial support particulars (Rs.) i. Registration Charges ii. Travelling Allowances iii. Membership Fee iv. Others (if any)	: 19/11/19 to 21/11/23  ncy: IAPHD  : COOD/-  : Signature of the staff Member
1. 2. 3.	Recommendations of the HoD:  Recommendations of the IQAC:  Recommendations of the Principal:	S. Micerth.  S. Livi.  Sanctioned Not Sanctioned
		Account Department

Accountant:

	NH-16, RAJANAGARAM, Rajamahendravaram - 533254. Ph : 0883 - 2484492, Fax : 0883 - 2484493	
	Date:	12/11/19
	Debit to Dr Vichwaprakach Shelly	
Paid to _	Dr. Vishwaprakash Shetty a sum of Rs.	50001-
Rupees_	five thousand ripees	Only
towards	23rd to PHD National confecura	
by Cheque /		
Polit Fu	Approved by Accountant	Mustabard by



## LENORA INSTITUTE OF DENTAL SCIENCES (Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

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Web: https://doi.org/10.1008/1

### Financial Support Request Letter

<ol> <li>Name of the Staff Member</li> </ol>	Dr. Arhil
<ol><li>Designation</li></ol>	Senior Lecturer
3. Department	of Public health dentisty
<ol><li>Conference/Publication/ Members</li></ol>	hip Fee/ Workshop /FDP Certificate Details:
	South AP state Dental conference
5. Date and Duration of the Program	:7/12/18 to 9/12/18
	ency Afrati Dental conference
7. Financial support particulars (Rs.)	1500/-
i. Registration Charges	:
ii. Travelling Allowances	:
iii. Membership Fee	:
iv. Others (if any)	:
	1
	Aplais
Date:	Signature of the Staff Member
1 Pagamman dations of the II-D	Chlicath-
1. Recommendations of the HoD:	o Nasa E
2. Recommendations of the IQAC:	Que
3. Recommendations of the Principal:	Oum
	Sanctioned/ Not Sanctioned
	100 10 10 00 1

**Account Department** 

Accountant:

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-	Ty 1 x		4/	
Paid to _	Dr-Akhil	a su	un of Rs.	1500/-	
Rupees	fifteen hundred wy	pees			Only
towards	39th AP State Deni	al confuence			
by Cheque 1	DD/Cash1500/-				
Paul by	Approved by	Accountant	Rede	wed by	St. one green



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### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Rupasree
2.	Designation	: Ready
3.	Department	: of periodontia
4.	Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:  th AP State dental Confesence
	39	the He start best of
-	D 1 Duration of the Program	: 7/12/18 to 9/12/18 ncy: AP State dental conference
5.	Date and Duration of the Flogram	ap state doubal conterence
6.	Associating professional body/ Age	ncy: Hi st was constant
7.	Financial support particulars (Rs.)	
	<ol> <li>Registration Charges</li> </ol>	: 1500/
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	·
De	, ta	Signature of the Staff Member
<u>Da</u>	te:	S. Nicardo
1.	Recommendations of the HoD:	
2.	Recommendations of the IQAC:	8 VV
3.	Recommendations of the Principal	:
		Sanctioned/ Not Sanctioned
		Account Department

Accountant

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

Debit to De Pupasrae \_a sum of Rs.\_\_ Paid to Dr Rupasrae Only Sifteen hundred nipees 39th DP state Dental conference by Cheque / DD / Cash 1500 -



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### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Dal cingh
2.	Designation	: Profesor & HOD
3.	Department	: Profunor & HOD : of oral marillofactal surgery
4.	Conference/Publication/ Membersh	ip Fee/Workshop/FDP Certificate Details: 39th AP State dental conference
5.	Date and Duration of the Program	: 7/12/18 to 9/12/18 ney: AP state deutal conference
6.	Associating professional body/ Ager	ncy: AP state destal conference
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 1500/
	ii. Travelling Allowances	;
	iii. Membership Fee	: <u></u>
	iv. Others (if any)	:
Da	ute:	Dal singh
<u>Da</u>	ue.	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Wisanth
2.	Recommendations of the IQAC:	Qlile
3.	Recommendations of the Principal:	Sanctioned Not Sanctioned
	8	Account Department

Accountant : Date:

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

			Date:_	1/12/18
	Debit to	Dr. Dal singh		
Paid to _	Or Palsingh		_a sum of Rs	1500/-
Rupees_	efifteen hundred	Musees		Only
towards	39th Apslate		enu	
by Cheque /	DD / Cash 1500	<u> </u>		
Paid by	Approved by	Accountan	t Rece	olenst.



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

### Financial Support Request Letter

<ol> <li>Name of the Staff Member</li> <li>Designation</li> <li>Department</li> </ol>	: Professor : Polenor : of oral pathology
	nip Fee/ Workshop /FDP Certificate Details:
<ul><li>5. Date and Duration of the Program</li><li>6. Associating professional body/ Age</li></ul>	: 7/12/18 to 9/12/18  ncy: Apstate pental confuence
<ul><li>7. Financial support particulars (Rs.)</li><li>i. Registration Charges</li><li>ii. Travelling Allowances</li></ul>	: 1500/-
iii. Membership Fee iv. Others (if any)	
Date:	Signature of the Staff Member
Recommendations of the HoD:	a Miscorth
2. Recommendations of the IQAC:	Q Vile
3. Recommendations of the Principal:	Sanctioned Not Sanctioned
	Account Department

Accountant:

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

		Date: 1/2/18
	Debit to Pr Jawb Pr	okaih
Paid to	Dr Towb prakash	a sum of Rs. 1500}
Rupees	fifteen hundred rupees	Only
towards	394 Apstate Dental C	onfuera
by Cheque / I	DD/Cash 1500+	
Paid by	Approved by Acco	Received by



## LENORA INSTITUTE OF DENTAL SCIENCES (Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)

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### Financial Support Request Letter

2. Designation  3. Department  4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:  3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	1. Name of the Staff Member	: Dr. Y. Harika
3. Department  4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:  3. Ath AP State de atal Conference  5. Date and Duration of the Program : Tiglig - 9 12 18.  6. Associating professional body/ Agency:  7. Financial support particulars (Rs.):  i. Registration Charges : [Moo] -  iii. Travelling Allowances : iii. Membership Fee  iv. Others (if any):  Date: Signature of the Staff Member  1. Recommendations of the HoD: Signature of the Staff Member  2. Recommendations of the Principal: Sanctioned/ Not Sanctioned	2. Designation	
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:  3Ath AP State de at a 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 :	3. Department	
Date:  Signature of the Staff Member  1. Recommendations of the HoD:  2. Recommendations of the IQAC:  Sanctioned/ Not Sanctioned	<ol> <li>Conference/Publication/ Members         39 Ho AP State         39 Ho AP State         5. Date and Duration of the Program         6. Associating professional body/ Age         7. Financial support particulars (Rs.)         i. Registration Charges         ii. Travelling Allowances         iii. Membership Fee</li> </ol>	ship Fee/ Workshop /FDP Certificate Details:  e de of al conference  : H12/18 - 9/12/18  ency:  : 1400/-
~ Abat attivit	Date:  1. Recommendations of the HoD:  2. Recommendations of the IQAC:  3. Recommendations of the Principal:	Signature of the Staff Member
Z open om one	A	ccount Department

Accountant :

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

Date: 30 11 18 Debit to Dr. y Hanka a sum of Rs. 1400/-Paid to Dr. y Hanka Rupees one thousand and four hundred Rupees Only towards 29th Ap Hate dental Conference by Cheque / DD / Cash 1400/-



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### Financial Support Request Letter

	I No Colonia	h
	1. Name of the Staff Member	: Dr. B. Lakehman Rao.
	2. Designation	: HOD & Professor.
	B. Department	: of Prosthodontics
4	. Conference/Publication/ Members	hip Fee/ Workshop /FDP Certificate Details:
	39th AP Stat	e dental Conference
5	. Date and Duration of the Program	= 7/12/18 - 9/12/18
6	Associating professional body/ Age	ency:
7.		:
	i. Registration Charges	: 3000 -
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
_		Jalubanka.
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	Jachanlas.
2.	Recommendations of the IQAC:	Alli
3.	Recommendations of the Principal:	
		Sanctioned/ Not Sanctioned
		Account Department
	<b>6</b>	

Accountant :

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

		Date: 1 12 18
	Debit to Dr. Blatzhma	TOTAL MANY TOTAL CONTROL CO.
Paid to	Dr-Blakthman rao	_a sum of Rs. 3000/-
	three thousand Rupees	Only
	39th AP State dental Confere	nce
by Cheque	1DD/Cash 3000/-	
Paid by	Approved by Account	ntant Received by



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### Financial Support Request Letter

<ol> <li>Name of the Staff Member</li> </ol>	: Dr. Naiayana lao
2. Designation	: Postenor
3. Department	: Of Conservative & Endodontic
4. Conference/Publication/ Membersl	hip Fee/ Workshop /FDP Certificate Details:
39th Al	P State Dental Conference
	·
5. Date and Duration of the Program	
6. Associating professional body/ Age	ency: Apstate Dental confesence
7. Financial support particulars (Rs.)	÷
i. Registration Charges	:1500[-
ii. Travelling Allowances	:
iii. Membership Fee	÷
iv. Others (if any)	:
	X analora
Date:	Signature of the Staff Member
Recommendations of the HoD:	S. Wicath
2. Recommendations of the IQAC:	& Citi
3. Recommendations of the Principal:	- Paront
	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		383 - 2484493
		Date: 1/12/18
	Debit to Dr Nacayan	a Rao
Paid to	Dinacayano Roco	a sum of Rs. 1500/-
Rupees	fifteen hundred rupees	Only
towards	39th Apstate Dental confu	unu
by Cheque / I	DD/Cash 1500/-	25 20 20 20 20 20 20 20 20 20 20 20 20 20
Pata by	Approved by Acobi	Intant Received by



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

### Financial Support Request Letter

1 37 04 0 00	0 0
1. Name of the Staff Member	: Dr. Naveen kumar
2. Designation	: Projenor & HOD
3. Department	: of public health dentists
4. Conference/Publication/ Members	hip Fee/Workshop/FDP Certificate Details: 39th AP dental Confuence
5. Date and Duration of the Program	: 7/12/18 to 9/12/18
6. Associating professional body/ Age	ency: 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:	C. Wisanth
2. Recommendations of the IQAC:	Q lill
3. Recommendations of the Principal:	Open
	Sanctioned/ Not Sanctioned
	Account Department

Accountant:

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

		Date: 1/12/18
	Debit to Dr. Naveen kumar	
Paid to	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	2 of Rs. 1500/-
Rupees	-fifteen hundred supees	Only
towards	39th Ap Dental Confuence	
by Cheque / D		
Paid by	Approved by Accountant	Received by



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### Financial Support Request Letter

1. Name of the Staff Member	: Dr. NIBHA.
2. Designation	: Professor
3. Department	: of Proethodontice
4. Conference/Publication/ Members	hip Fee/ Workshop /FDP Certificate Details:
	: 7/12/18-9/12/18.
	ncy:
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:	ollwife of
2. Recommendations of the IQAC:	Olar
3. Recommendations of the Principal:	Oot
	Sanctioned/ Not Sanctioned
	Account Department

Accountant:

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

Date: 1/12/18

Debit to Dr. Nibha		ali7 II.
Paid to Dr. Nibha	_a sum of Rs	1400/-
Rupees on thou and your hundred	Ruples	Only
towards 39th Ap Hate dental Confere		
by Cheque / DD / Cash 1400/-		

Paid by

Approved by

Accountant

Received by



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#### Financial Support Request Letter

1. Name of the Staff Member	: Dr. Punitha
2. Designation	: Rolerox
3. Department	: of Pedodontics
4. Conference/Publication/ Members	hip Fee/ Workshop /FDP Certificate Details:  State Dental Confunce
5. Date and Duration of the Program	: 7/12/18 to 9/12/18
6. Associating professional body/ Age	ncy: 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
Recommendations of the HoD:	S- Clisare
2. Recommendations of the IQAC:	Q. lici
3. Recommendations of the Principal:	Ocen
	Sanctioned/Not Sanctioned
	Account Department

Accountant:

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

	Ph: 0883 - 2484492, Fax: 086	Date: 1/12/18
	Debit to Pr-punith	<b>a</b>
Paid to _	Dr. punitha	a sum of Rs. 1500/-
Rupees	fifteen hundred ripees	Only
towards	39th Ap dental conference	
by Cheque !	DD/Cash 1500/-	
Paid by	Approved by Accou	ptant Received by



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#### Financial Support Request Letter

1	. Name of the Staff Member	: Pr.Ramesh
2	. Designation	: Profess & HOD
3	. Department	: of Reiodontics
4	. Conference/Publication/ Membersl	nip Fee/Workshop/FDP Certificate Details: 39th AP dental confirmu
5.	Date and Duration of the Program	: 7/12/18 to 9/12/18
6.	Associating professional body/ Age	: 7/12/18 to 9/12/18 ncy: AP dental conference
7.		:U
	i. Registration Charges	: 1500/_
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Wisiath
2.	Recommendations of the IQAC:	8 liv
3.	Recommendations of the Principal:	Sanctioned/ Not Sanctioned
		Account Department

Accountant:

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

	Debit to Dr la		
Paid to	Dr Rameih	a sum of Rs.	1500/-
a. –			Only
Rupees_	-fifteen hundred supe	es	
towards	39h Ap dental conferen	4	
by Cheque / !	DD/Cash 1500/-		



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### Financial Support Request Letter

1. 2. 3. 4.	2. Designation :  3. Department :	Dr. T. Ramesh Sinió r leiturir Of Routho Montia Workshop/FDP Certificate Details: P. dental conference
5. 6. 7.	i. Registration Charges :	12/18 to 9/12/18 P dental conference SOO/-
Da	Date:	Signature of the Staff Member
<ol> <li>2.</li> <li>3.</li> </ol>	. Recommendations of the Principal:	Sanctioned/ Not Sanctioned
	Accou	nt Department

Accountant:

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

Date: 1) 2/18 Debit to Dr. 7- Ramerh a sum of Rs. 1500/-Dr. Ti Ramen Paid to Only Afteen hundred supers 39th AP dental Confuence towards by Cheque / DD / Cash \_ 1500 -



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#### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Naven human
2.	Designation	: Rolmor & Mod
3.	Department	: of Public Health Dentismy
4.	Conference/Publication/ Membersh	nip Fee/ Workshop /FDP Certificate Details:  AP state Dental Confuence
		: 7/12/18 to 9/12/18
5.	Date and Duration of the Program	: (((2)(8) (0) ) ) ( ) ( ) ( )
6.	Associating professional body/ Ago	ency: Apstate pental conjuence
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 1500/-
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
		1 Javeen Junas
Da	ite:	Signature of the Staff Member
1	Recommendations of the HoD:	C'Niscett.
1.		
2.	Recommendations of the IQAC:	
3.	Recommendations of the Principa	
		Sanctioned Not Sanctioned
		Account Department

Accountant: Date:

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

Date: 1/12/18

Defit to Dr. Marcon K	umar	
Paid to DI-Naveen Kurnar	a sum of Rs. 1500/-	
Rupees fifteen hundred rupees	<u>On</u>	Ly
towards : 39th Ap dental confuence		
by Cheque / DD / Cash 1500/-		_
Paid by Approved by Account	etant Received by	4. + Q



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### Financial Support Request Letter

1.	Name of the Staff Member	: pr. Rupasree
2.	Designation	: Ready
3.	Department	: of Purodontics
4.	Conference/Publication/ Membersh	ip Fee/ Workshop/FDP Certificate Details: _AP_state_dentalconfesence
5.	Date and Duration of the Program	: 7/12/18 TD 9/12/18
6.	Associating professional body/ Age	:7/12/18 to 9/12/18 ncy: Ap state devital conference
7.	Financial support particulars (Rs.)	: 1500/-
	i. Registration Charges	:
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	<u> </u>
Da	te:	Signature of the Staff Member
1	Recommendations of the HoD:	8. Nisuch
2.	Recommendations of the IQAC:	
	Recommendations of the Principal	//
э.	Recommendations of the Finterpar	Sanctioned/ Not Sanctioned
		Account Department

Accountant:

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

Date: 1/12/18 Debit to Dr. Cupasree a sum of Rs. 15001 Paid to fiften hundred supees 39th AP State Dental confuence towards by Cheque / DD / Cash 15001



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#### Financial Support Request Letter

1. Name of the Staff Member	Dr. Sprisha
2. Designation	: Seniox Lecturer.
3. Department	of Brosthadortice
4. Conference/Publication/ Membersh	nip Fee/ Workshop /FDP Certificate Details:
5. Date and Duration of the Program	: 7/12/18 - 9/12/19
6. Associating professional body/ Age	ncy:
7. Financial support particulars (Rs.)	
<ul> <li>i. Registration Charges</li> <li>ii. Travelling Allowances</li> <li>iii. Membership Fee</li> <li>iv. Others (if any)</li> </ul>	500 -
Date:	Signature of the Staff Member
1. Recommendations of the HoD:	alchero
2. Recommendations of the IQAC:	
3. Recommendations of the Principal:	
	Sanctioned/ Not Sanctioned
	Account Department

Date:

Accountant:

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

			Date :	12/18	_
	Debit to	Dr. Pricha			_
Paid to	Dr. Sinisha	a	sum of Rs.	1500/-	_
Rupees on	o thousand and	fru hundred R	upu	Or	zly
towards	39th Ap State de	ntal Conference	<u> </u>	7	_
by Cheque / I	D/Cash 1500/-			F 100	
Poid by	Approved by	Accountant	Sele	wed by	TO A STATE OF THE



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#### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Y. Sravarthi
2.	Designation	: Servior Iceturer
3.	Department	: of Parosthodontics
4.	Conference/Publication/ Membershi	ip Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	: 7/12/18-9/12/18
6.	Associating professional body/ Agen	ncy:
7.	Financial support particulars (Rs.)	÷
	i. Registration Charges	: 15001-
	ii. Travelling Allowances	:
	iii. Membership Fee	
	iv. Others (if any)	;
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	akhada
2.	Recommendations of the IQAC:	() Like
	Recommendations of the Principal	
J.	Recommendations of the Timespare	Sanctioned/ Not Sanctioned
		Account Department

Accountant:

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

Date: 30 11/18

	Debit to	or. y brava	04A3	. 4/ To	
Paid to			a sum of Rs.	12001-	
Rupees_	one thousand and of	hu hundred	Rupell		_Only
towards _	39th AP State Den	Hal Confere	nce		
by Cheque	1DD/Cash 1500/-				
Paid by	Approved by	Accountant	t R	Wilwed by	a apvoint



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### Financial Support Request Letter

1. 2. 3. 4.	39rn AP State.	: Dr. Suma B.C. : Senior Lecturer : of Brothodootics. ip Fee/ Workshop /FDP Certificate Details: Cental Conference.	
5.	Date and Duration of the Program	·	
6.		ncy:	
7.	Financial support particulars (Rs.)  i. Registration Charges	1300 -	
	ii. Travelling Allowances		
	iii. Membership Fee		
	iv. Others (if any)		
Da	ate:	Signature of the Staff Member	
1.	1. Recommendations of the Hold		
2.	Recommendations of the IQAC:		
3.	Recommendations of the Principal	·	
		Sanctioned/ Not Sanctioned	
		Account Department	

Accountant:

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

		Date:_	1 12 18
	Debit to DY. S	uma BC	** E/ 6
Paid to DY	· Luma BC	a sum of Rs.	1300/-
Rupees One	thousand and thro	ee hundred Rupees	Only
towards 39	th-Ap Hate dental	Coference	
by Cheque / DI	D/Cash 1300/-		
	Corio		Bugg
Paid by	Approved by	Hosountant	deven by



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#### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Vaishnavi
2.	Designation	: Kendy
3.	Department	: Of Oval & Marileofarist pursue
4.	Conference/Publication/ Members	: Of Oval & Monite facial puryung
5. 6.	Date and Duration of the Program Associating professional body/ Age	: 7/12/18 to 9/12/18 ency: AP state dental conference
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 1500/-
	ii. Travelling Allowances	:
	iii. Membership Fee	ž
	iv. Others (if any)	÷
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Niserth
2.	Recommendations of the IQAC:	Q. Oili
3.	Recommendations of the Principal:	Sanctioned/ Not Sanctioned
		Account Department

Accountant:

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

Date: 1/12/18 Dr. Vaichnavi Debit to a sum of Rs. 1500 Dr. Vaithnavi Pald to Only Rupees fifteen hundred supers 39th Apstate Dental Conference towards 15001by Cheque / DD / Cash



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#### Financial Support Request Letter

G. CC) ( 1	: Dr. Ramesh Aminisetty
Staff Member	: Dr. Karnesti Hiturstay
	: Polmor 4 HOD
	: Popmor & HOD : of Periodontics
ublication/ Membersl	hip Fee/Workshop/FDP Certificate Details: 43 <sup>rd</sup> National Annual conferen
	: 5/10/98 to 7/10/18 ency: National Annual conference
. ,	:
ation Charges	: 5500/
ing Allowances	:
rship Fee	;
(if any)	:
	Ramesh.
	Signature of the Staff Member
ons of the HoD:	S' Nicarth
1	Q Que
ons of the Principal:	
	Sanctioned Not Sanctioned
	Account Department
- a (	ation of the Program rofessional body/ Age port particulars (Rs.) ration Charges ling Allowances ership Fee (if any)  ions of the HoD: ons of the Principal:

Date:

Accountant:

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

		Date: 29/9/18
	Debit to Dr. Rameth Ami	
Pold to _	Dr. Rameth Aminisetty	a sum of Rs. <u>\$500 -</u>
Rupees	five thousand five hundred cont	ly Only
towards	43rd National Annual confecen	<u>a</u>
by Cheque !	DD/Cash 5500 -	
Paid by	Approved by Accountant	Received by



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### Financial Support Request Letter

Name of the Staff Member Designation Department Conference/Publication/ Me	: Dr. Rupaste Gundala : Kender : of fwodates mbership Fee/ Workshop /FDP Certificate Details: 43rd National Annual confinence
Date and Duration of the Pro	gram : 5/10/18 to 7/10/18
Associating professional boo	ly/Agency: National Annual Conference
Financial support particulars	(Rs.) :
i. Registration Charges	: 5500/
ii. Travelling Allowance	es :
iii. Membership Fee	; <b>:</b>
iv. Others (if any)	:
ate:	Signature of the Staff Member
Recommendations of the Ho	DD: Misandly
Recommendations of the Pri	0 -
	Account Department
	Designation Department Conference/Publication/ Mer  Date and Duration of the Pro Associating professional bod Financial support particulars i. Registration Charges ii. Travelling Allowance iii. Membership Fee iv. Others (if any)  ate:  Recommendations of the Ho Recommendations of the IQ.

Accountant :

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

	Date: 29/9/18	-
	Debit to Dr. Rupairee hundala	_
Paid to _	Dr. Rupasne hundala a sum of Rs. 5500/-	_
Rupees	five thoward five hundred supees On	Щ
towards	43rd National Annual Confuence	
by Cheque / I	D/Cash	—
Constant of the second	Sand for Accountant Regulared by	



Date:

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#### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Akhil
2.	Designation	: Enjoy Lecturer
3.	Department	: of public health dentistry
4.	Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details : h In PHD National Pa convention
5. 6.	Date and Duration of the Program Associating professional body/ Age	: 22 6 16 to 23 6 18 ncy: IAPHD
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 400D -
	ii. Travelling Allowances	;
	iii. Membership Fee	:
	iv. Others (if any)	:
		Signature of the Staff Member
Da	ite:	O. Micert
1.	Recommendations of the HoD:	000
2.	Recommendations of the IQAC:	All Co.
3.	Recommendations of the Principal:	Sanctioned/ Not Sanctioned
		5.00
		Account Department
	Accountant :	

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

		7	Sate: 15/6/18	_
	Debit to De	Akhil		
Paid to	Dr-Akhil	a sum o	f Rs 40001-	_
Rupees	four thousand upe	es	On	Ly
towards	12th IAPHD Natio	mal Pa convention	2	
by Cheque / I	D/Cash 4000/-			_
Paid by	Approved by	Accountant	Received by	Chola Medille in



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### Financial Support Request Letter

1. Name of the Staff Member	: Dr. Oc Naidu
2. Designation	: Reader.
3. Department	: of oxthodootics
4. Conference/Publication/ Members	hip Fee/ Workshop /FDP Certificate Details:
5. Date and Duration of the Program	: 22/6/18 - 23/6/18
	ency:
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:	avor
2. Recommendations of the IQAC:	July
3. Recommendations of the Principal:	04
	Sanctioned/ Not Sanctioned
A	Account Department

Accountant :

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

Date: 156 18

Debit to Dr. DC Noidu	
Paid to Dr. De Naidu a sum of Rs.	500/-
Rupees fire thousand and fire hundred Rupees	Only
towards 12th IAPHO national PG Convention	
by Cheque /DD / Cash	

Paid by

Approved by

Accountant

Received by



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

#### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Jacob prakash : Rofemor
2.	Designation	: Rojemov
3.	Department	of oral pathology
4.	Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
5. 6.	Date and Duration of the Program Associating professional body/ Age	: 22/6/18 to 23/6/18 ncy: DAPHD
7.	Financial support particulars (Rs.)	
	i. Registration Charges	: 4000/
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	;
9.		Signature of the Staff Member
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	S'Nisaith
2.	Recommendations of the IQAC:	8 lill
3.	Recommendations of the Principal	Δ
	- 10	Account Department

Accountant:

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

		Date: 15/6/18
	Debit to Dr Jawb Pro	
Paid to _	Dr. Tacob prakach	a sum of Rs. 4000/-
Rupees	four thousand nipees	Only
towards	12th IAPHO National Ph C	onvention
by Cheque / I	DD/Cash 4000/-	- Ol
Paid by	Approved by Accord	tant Received by



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#### Financial Support Request Letter

1.	Name	of the Staff Member	: Dr. B. La	icshman Rav.
2.	Design	nation	: Professor	& HOD.
3.	Depar	tment	: of Prosts	odontics.
4.	Confe	rence/Publication/ Membershi		
		J2th IAPHO nati		
5.	Date a	and Duration of the Program	: 22/6/18	- 23/6/18.
6.	Assoc	iating professional body/ Ager	ıcy:	
7.	Financ	cial support particulars (Rs.)	:	
	i.	Registration Charges	5500	7.10
	ii.	Travelling Allowances	:	
	iii.	Membership Fee	:	
	iv.	Others (if any)	:	
				Cakehrestoro.
Da	te:		Sig	nature of the Staff Member
1.	Recor	nniendations of the HoD:	Jachnarton.	×
2.	Recon	nmendations of the IQAC:	Alite	
3.		nmendations of the Principal	. / /	
J.	Kecon	innendations of the Filherpar		ctioned/ Not Sanctioned
			San	
			Account Departr	nent

Accountant :

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

•		Date: 15 6 16
	Debit to Dr. B. Lake	TO 1 198
Paid to	Dr. B. Lakshman Ras	a sum of Rs. 5500).
Rupees_	Five thousand five hund	red supece Only
towards _	12th IAPHO National PG	Convention
by Cheque	1DD/Cash 5500 -	
Paid by	Approved by Jacou	intant Received by

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

		Date: 15 6 18
e ga	Debit to Dr. B. Lakes	hman Pas.
Paid to _	Dr. B. Lakshman Pan	a sum of Rs. 5500).
Rupees_	Five thousand five hund	red super Only
towards	12th IAPHO National PG	Convention
by Cheque !	1DD/Cash 5500 -	
Cold for	Approved by Faco	untant Received by



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### Financial Support Request Letter

<ol> <li>2.</li> <li>3.</li> <li>4.</li> </ol>		: Dr. Nanayana Rao : Professor : Of Conservative and endodontics ip Fee/ Workshop/FDP Certificate Details: 2 IAPHD National Py convention
5.	Date and Duration of the Program	: 22/6/18 to 23/6/18
6.	Associating professional body/ Age	ncy: TAPHP
7.	Financial support particulars (Rs.)	
	i. Registration Charges	: 4000/-·
	ii. Travelling Allowances	:
	iii. Membership Fee	
	iv. Others (if any)	;
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	Silisarth
2.	Recommendations of the IQAC:	Qlill
3.	Recommendations of the Principal:	$\Omega$
		Sanctioned/ Not Sanctioned
		Account Department
	. A	

Accountant : 🙎

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

		Date: 15/1/18
	Debit to Dr Nalayan	
Paid to _	Dt Nalayana RoD	a sum of Rs. 4000/-
Rupees	four thousand rupees	Only
towards	12th TAPHA National PGC	onvention
by Cheque / I	DD/Cash 40001-	
Pald by	Approved by Accoy	Mant Received by



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### Financial Support Request Letter

1. 2.	Design		. R	Navendhva: eader: Brosthodontics.
3.	Depart	- 111 / Manahamahi	n Fee/ Worksh	on /FDP Certificate Details:
4.		12th JAPHO not	10×00-124.	
5.	Date a	nd Duration of the Program	: 22	6/18 - 23/6/19.
6.	Associ		-	
7.	Financ	ial support particulars (NS.)	. 5	560 -
	i.	Registration Charges	•	
	ii.	Travelling Allowances	:	_
	iii.	Membership Fee	:	
	iv.	Others (if any)	:	
				Signature of the Staff Member
Da	ite:			<b>Ø</b> '
1. 2.	Recor	nmendations of the HoD:	Heli	
3.	Recor	nmendations of the Principal		Sanctioned/ Not Sanctioned
			Account De	partment

Accountant:

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

Date: 166 18

	Debit to Dr. Wareno	dhra	
Paid to	Dr. Namendra	a sum of Rs	5500/-
	fire thousand fine hundred &	Exper!	Only
towards	· 12th IAPHD national PG1	Concention	
	1DD/Cash		
91			andre



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### Financial Support Request Letter

Name of the Staff Member	: Dr. DAL singh. V
Designation	
Department	: prof & Hop : prol & Manillo find Si
1st 2ndio-	ip Fee/ Workshop /FDP Certificate Details:
	: 11th 13th october 2018
<ul> <li>Financial support particulars (Rs.)</li> <li>i. Registration Charges</li> <li>ii. Travelling Allowances</li> <li>iii. Membership Fee</li> </ul>	:
te:	
Recommendations of the HoD: Recommendations of the IQAC: Recommendations of the Principal	Sanctioned Not Sanctioned  Account Department
	Date and Duration of the Program Associating professional body/ Age Financial support particulars (Rs.) i. Registration Charges ii. Travelling Allowances iii. Membership Fee iv. Others (if any)  Ate:  Recommendations of the HoD:

Accountant Date:

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

			Date :_	3/10/2018
	Debit to _	Dr. V. Da	el si nyh	
Paid to	Dr. V. Dalsi	yh	_a sum of Rs	70001
Rupees	Senu	the mond	Rupeene	My Only
towards	est 2r	1DO- JAPAN	confere	NCE -
by Cheque / D	D/Cash	70001-		
				Λ A

Paid by

Approved by

Accountant

Received by



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#### **Financial Support Request Letter**

1.	Name	of the Staff Member	: Dr. T. Mohan
2.	Design	nation	: polemi
3.	Depar	tment	: prosthodentro
4.	Confe	rence/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
			Indian prosthodontor Society Confermer
5.	Date a	and Duration of the Program	: 15th to 18th NOV 2018
6.	Assoc	iating professional body/ Age	ncy: ZPS
7.		cial support particulars (Rs.)	;
	i.	Registration Charges	<u> </u>
	ii.	Travelling Allowances	
	iii.	Membership Fee	:
	iv.	Others (if any)	:
			Tule -
Da	ite:		Signature of the Staff Member
1.	Recon	nmendations of the HoD:	ma burneyers
2.	Recon	nmendations of the IQAC:	le pêder
3.		nmendations of the Principal	
			Account Department

Accountant:

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

				Date :	10/11/2018	
	D	ebit to Dr	T. Mohan			
Paid to	Dr.T.	Mohan	a	sum of Rs	5332l-	cage i
Rupees Fi	ue thouse	and three hur	dred and	1 thirty rup	<u>eés</u> O	nf
towards	46 <sup>th</sup>	Mational C	on evence	of IPS,	Manglore	
by Cheque / !		5332/-				
			**************************************			

Parky

Approved by

Accountant

Received by



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#### **Financial Support Request Letter**

1.	Name of the Staff Member	: Dr a Rupasu	
2.	Designation	: Pr a Rupasu : Reade	
3.	Department	: periodontes	
4.	Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:	
5.	Date and Duration of the Program	: 5-70choper2019	
6.			
7.	Financial support particulars (Rs.)	<u> </u>	
	i. Registration Charges	: 26661-	
	ii. Travelling Allowances		
	iii. Membership Fee		
	iv. Others (if any)	:	
Da	te:	G. Rupasress Signature of the Staff Member	
1.	Recommendations of the HoD:	G. Ruparese	
2.	Recommendations of the IQAC:	ponti	
3.	Recommendations of the Principal:	Sanctioned/Not Sanctioned	
		Account Department	

Accountant:

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

		Date: 29/9/18
	Debit to Do Rypassel	.G
Paid to		
Rupees_	Two thousand son hundred and	Story Bix Only
towards _	43rd Mational Conference of	ISP Chandigach
by Cheque	1DD/Cash 2666/-	
011	age dos	Rentined By
Data by	Approved by Hosbuntani	J (January)



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### Financial Support Request Letter

1	Nama	of the Staff Member	: Dr. A. Ramush
١.			
2.	Design		: prof & HoD : periodiontro
3.	Depar	tment	: periodiontro
4.	Confe	rence/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
		43	d National Armal Confience
			·
5.			: 5 to 7 ochher 2018
6.	Assoc	iating professional body/ Age	ncy: 4SD
7.	Financ	cial support particulars (Rs.)	:
	i.	Registration Charges	: 2666/-
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
			M.A. Rus
D.			Signature of the Staff Member
D	ite:		Signature of the Start Weinber
1.	Recor	nmendations of the HoD:	Dr. A. Rans
2.	Recor	nmendations of the IQAC:	D. D'I dei
3.		nmendations of the Principal	
		-	Sanctioned Not Sanctioned
			Account Department

Accountant:

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

Debit to Por Ramesh A \_a sum of Rs. \_\_\_\_ 2666/-Paid to Dr. Remosh, A Rupees Two thousand and six hunted and six ty six suprionly towards 43rd Mational Enference of SSP, Chandig Ruh by Cheque / DD / Cash



Date:

### LENORA INSTITUTE OF DENTAL SCIENCES

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#### Financial Support Request Letter

1.	Name of the Staff Member : DY. M'Salyam  Designation : Reader	
2.	Designation : Reader	
3.	Department: pedodonh 19	
4.	Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:	
	39th Aps DC	
5.	Date and Duration of the Program : 7th 9th Dec 2018	
6.	1 / ( ) .	
7.	Financial support particulars (Rs.) :	
	i. Registration Charges : 1500/-	
	ii. Travelling Allowances :	
	iii. Membership Fee :	
	iv. Others (if any)	
Da	te: Signature of the Staff Member	
1.	Recommendations of the HoD: Medical	
2.	Recommendations of the IQAC: U. W. L.	
3.	Passey and stions of the Principal:	
	Sanctioned Not Sanctioned	
	Account Department	
	Accountant:	

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

		Date :_	1/12/2018
	Debit to	Dr. M. satyam	
Paid to	Dr. M. Satyan		1500/-
Rupees	little had	und bypuno	Ly Only
towards	39th APS	Donfunce	
by Cheque / DI			
			192 13



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### Financial Support Request Letter

<ol> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	Name of the Staff Member  Designation  Department  Conference/Publication/ Membershi	: Dr. Mind Babu  : professol  : pedodon h.m  ip Fee/ Workshop /FDP Certificate Details:  the Ap State Dentel confirme
6	Associating professional body/ Ager	:
Da	ite:	Signature of the Staff Member
1. 2. 3.	Recommendations of the HoD:Recommendations of the IQAC:Recommendations of the Principal:	Sanctioned Not Sanctioned  Account Department
		Account Department

Accountant :

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

Debit to Dr. Mind Bebu Dr. Mind Beby a sum of Rs. 1500 Paid to Rupees towards by Cheque / DD / Cash Received by