# A CERTIFIED LIST OF STAFF RECEIVED FINANCIAL SUPPORT ALONG WITH THEIR E-COPIES OF SANCTION LETTERS DURING A.Y.2017-18



# **CKS Teja Institute of Dental Sciences** and research Tirupati *Gertificate*

Of Participation

This is to certify	that Miss/Mr.	Дя: k:	Snidevi	of	has
					Oral Medicine and
Radiology on .15.					

**Head of the Department** 



# **CKS Teja Institute of Dental Sciences** and research Tirupati *Certificate*

Of Participation

The state of Miss/Mr	Da B Kaishnaveni of	has
This is to certify that iviss/ivii.		Oral Madiaina and
narticipated in a workshop on '	CBCT" organized by Department of	Oral Medicine and
Dadislam on 15-6-1	+	
Radiology on .15-6-13to18-6-1	••••••	

**Head of the Department** 



# **CKS Teja Institute of Dental Sciences** and research Tirupati *Gertificate*

Of Participation

This is to certify that Miss/Mr.	Da Praybanth	of	has
participated in a workshop on "	CBCT" organized bỳ De	partment of	Oral Medicine and
Radiology on .15.6-17. to .18-6-17			

**Head of the Department** 



# CKS Teja Institute of Dental Sciences and research Tirupati *Gertificate*

Of Participation

This is to certify that Miss/Mr.	Dr. Anard	of	has
participated in a workshop on	"CBCT" organized	by Department of	Oral Medicine and
Radiology on 15:6-17. ta.18:6-17			

Head of the Department



#### **CKS Teja Institute of Dental Sciences** and research Tirupati

**Gertificate** 

Of Participation

participated in a workshop on "CBCT" organized by Department of Oral Medicine and Radiology on ...15:6-17. to ...18-6-17.....

**Head of the Department** 



#### **Gertificate**

Of Participation

This is to certify that Miss/Mr \_\_\_\_\_\_ ปิด B เอเม็กตลาล ใจอ\_\_has participated in the workshop on "DIGITAL SMILE DESIGNING" conducted From 15-3-17 to 18-3-17 organized by the Narayana Dental **College and Hospital** 

**Organizing Chairman** 

**Organizing Secretary** 

Co-ordinator



#### **Gertificate**

Of Participation

This is to certify that Miss/Mr &r Nibhakum	has participated in the workshop on
"DIGITAL SMILE DESIGNING" conducted From	15-3-17 to 18-3-17 organized by the Narayana Denta
College and Hospital	

Organizing Chairman

**Organizing Secretary** 

Co-ordinator



# **Tertificate**

Of Participation

This is to certify that Miss/Mr Dr. Singha	has participated in the workshop on
"DIGITAL SMILE DESIGNING" conducted From	(5-3-17 to 18-3-17 organized by the Narayana Dental
College and Hospital	

Organizing Chairman

**Organizing Secretary** 

Co-ordinator



#### Certificate Of Participation

"DIGITAL SMILE DESIGNING" conducted From 15-3-13 to 18-3-13 organized by the Narayana Dental College and Hospital

Organizing Chairman

**Organizing Secretary** 

Co-ordinator



# **Tertificate**

Of Participation

This is to certify that Miss/Mr		ticipated in the workshop on
"DIGITAL SMILE DESIGNING" conducted	om <u>15-3-17 to [8-3-17</u>	organized by the Narayana Dental
College and Hospital		Q

Organizing Chairman

Organizing Secretary

Co-ordinator



J'ump)

Organizing Chairman

W. Parilliam

**Organizing Secretary** 

him

Co-ordinator



This is to certify that Miss/Mr <u>And Anusha</u> has participated in the seminar on "PERI-IMPLANTITIS" conducted From <u>Anas Anusha</u> by the Vishnu Dental College.

J. Jums

Organizing Chairman

N. Parilliran

Organizing Secretary

him

Co-ordinator



This is to certify that Miss/Mr <u>Dr. Gr. Santhi</u> has participated in the seminar on "PERI-IMPLANTITIS" conducted From <u>20:12-13 to 23-12-13</u> organized by the Vishnu Dental College.

Organizing Chairma

Organizing Chairman Organizing Secretary

June 1

**Co-ordinator** 



Organizing Chairman

A. Pariliran

**Organizing Secretary** 

June 1

Co-ordinator



Juni Juni

Organizing Chairman

n. Pariliras

Organizing Secretary

NO STATE OF THE PARTY OF THE PA

June 1

Co-ordinator

9.



Organizing Chairman

**Organizing Secretary** 

Co-ordinator



This is to certify that Miss/Mr <u>Dusinamondo</u> has participated in the seminar on "COMPOSITE USING BIOCLEAR CONCEPT" conducted From <u>1-1-13 to 9-1-13</u> organized by the G.Pulla Reddy Dental College and Hospital.

Organizing Chairman

**Organizing Secretary** 

Co-ordinator



This is to	certi	fy that Miss/N	Лr	1. Lalitha	has	participated	in the
cominar	on	"COMPOSITE	USING	BIOCLEAR	CONCEPT"	conducted	From
7-1-17 to 9-	1-17	organized b	y the G.I	Pulla Reddy	Dental Colle	ge and Hospi	tal.

Organizing Chairman

Organizing Secretary

Co-ordinator



This is to certify that Miss/Mr Dr Narayana has participated in the seminar on "COMPOSITE USING BIOCLEAR CONCEPT" conducted From 3-1-17 to 9-1-17 organized by the G.Pulla Reddy Dental College and Hospital.

Organizing Chairman

Organizing Secretary

Co-ordinator



This is to certify that Miss/Mr \( \int \text{\( \text{On 1\) e e \( \text{O} \) \\ \text{conducted in the seminar} \) on "COMPOSITE USING BIOCLEAR CONCEPT" conducted From \( \frac{1}{2} \) \

Organizing Chairman

**Organizing Secretary** 

Co-ordinator

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

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

Date: 7/12/17

	Debit to	Dr. Rupasye	C		
Paid to	Dr. Rupasie	•	_a sum of Rs	8000/-	
Rupees	Eight thou	sand supees			_Only
towards	seminar on	Peci-implantitis			7
by Cheque / DS	D/Cash	8000/-	8		



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#### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Rupa Sree
2.	Designation	: Professor & MOD
3.	Department	: l'eigdonties
4.	Conference/Publication/ Membersh	in Fee/ Workshop /FDD C-+: C
	leui-s	Traplombilis
5.	Date and Duration of the Program	:20/12/17 to 23/12/17
6.	Associating professional body/ Age	псу:
7.	Financial support particulars (Rs.)	:
	<ol> <li>Registration Charges</li> </ol>	: 8000
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
Da	ite:	Signature of the Staff Member
l.	Recommendations of the HoD:	Papasree
2.	Recommendations of the IQAC:	
3.	Recommendations of the Principal:	
		Sanctioned Not Sanctioned
		Account Department
	Accountant :	
	Date:	
	Dail.	

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

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

Date: 7/12/17 Debit to Dr. G. Anusha Paid to Dra. Anisha a sum of Rs. 8000/-Rupees Eight thousand rupees towards Pecifimplantitis by Cheque / DD / Cash 8000/-



Date:

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#### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Anusha				
2.	Designation	: Reader				
3.	Department	: Recioclontics.				
4.						
5.	Date and Duration of the Program	: 20/12/12 to 23/12/17				
6.	Associating professional body/ Age	ncy:				
7.	Financial support particulars (Rs.)	: 8000				
	i. Registration Charges	÷				
	ii. Travelling Allowances	·				
	iii. Membership Fee	;				
	iv. Others (if any)	;				
Da	ite;	Signature of the Staff Member				
1.	Recommendations of the HoD:	Ruparree				
2.	Recommendations of the IQAC:					
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

Date: 7/12/17 Debit to Dr. Gr. Santhi Paid to \_\_\_\_\_\_ Dr.G. Santhi a sum of Rs. 8000/-Rupees\_\_\_\_ Eight thousand supees Perimplantitis by Cheque / DD / Cash 8000/-



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#### Financial Support Request Letter

	Mama	of the Staff Member	Dr. C. Shanki
1.		nation	: So Lecture
2.		tment	· Periodonia
3.	- 0	(Dublication/ Membersh	in Fee/ Workshop /FDP Certificate Details:
4.	Confe	Per	i Displantite
5.	Date a	and Duration of the Program	: 20/12/17 to 23/12/17
6.	Assoc	ciating professional body/ Age	ncy:
7.		cial support particulars (Rs.)	: <b>b</b>
	i.	Registration Charges	: 8000
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
			Signature of the Staff Member
$\overline{\mathbf{D}}$	ate:		
1.	Reco	ommendations of the HoD:	Lupance
2.	Reco	ommendations of the IQAC:	,
3.	Reco	ommendations of the Principal	:
			Sanctioned Not Sanctioned
			Account Department

Date:

Accountant

#### KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

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

Date: 1/12/17 Debit to \_\_\_\_ Dr. A Ramul Dr. A Ramul a sum of Rs. 8000 |-Paid to thousand rupen Rupees Eight Pen vinplanteli towards 8000} by Cheque / DD / Cash



Date:

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#### Financial Support Request Letter

1.	Name of the Staff	Member		A: Ramut	
2.	Designation		: Y	rofemon	
3.	Department		: Pe	wodowlis	
4.	Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:				
5.	Date and Duration	n of the Program	: 20	12/17 to 23/12/17	
6.	Associating profe	ssional body/ Ager	ncy:	,	
7.	Financial support				
	i. Registratio	on Charges	: 80	000	
	ii. Travelling	; Allowances			
	iii. Membersh	nip Fee	:		
	iv. Others (if	any)	:		
Da	ite:			Signature of the Staff Member	
1.	Recommendation	ns of the HoD:		Rupasver	
2.					
3.		ns of the Principal:			
				Sanctioned Net Sanctioned	
	Account Department			Department	
	Accountant :				

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

			Date :_	1/2/17
	Debit to	Dr Kal	ani	
Paid to		Kalyami	_a sum of Rs.	800
Rupees		Gight Thousand	rupeu	Only
towards		Pei mplanil	bi .	
by Cheque / DD / Ca	sh	8000  -		7
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#### Financial Support Request Letter

1.	. Name of the Staff Member :	D. Kaluma
2.	. Designation :	P. Kalyana ymm huturu
3.	. Department	VP 1 1 O O O O O O O O O O O O O O O O O
4.	. Conference/Publication/ Membership Fee	E/ Workshop /FDP Certificate Details:
5.	. Date and Duration of the Program :	20/12/17 to 23/12/17
6.	. Associating professional body/ Agency:	
7.	Dimensis 1	
		8000
		-
	iv. Others (if any)	
D	Date:	Signature of the Staff Member
1.	1. Recommendations of the HoD:	Rupasree
2.		
3.		
		Sanctioned Not Sanctioned
	Ac	count Department
	Accountant:	
	Date:	

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

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

Date: 5/6/17 Debit to Dr. K. Sridevi Pald to Dr. K. sndevi \_a sum of Rs. 6000/-Rupees Sin thousand Rupees towards Workshop on CBCT by Cheque / DD / Cash\_ 6000/-



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#### Financial Support Request Letter

١.	Name	of the Staff Member	: Dr. K. Srideni
2.	Design	nation	: Professor of HOD
3.	Depart	tment	: Oral Medicine & Radiology:
4.	Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :		
		CBC	<u>x</u>
5.	Date a	nd Duration of the Program	: 15/6/17 to 18/6/17
6.	Assoc	iating professional body/ Ager	ncy:
7.	Financ	cial support particulars (Rs.)	:
	i.	Registration Charges	: 6,000
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
			4
_			Signature of the Staff Member
<u>D</u>	ate:		
1.	Reco	mmendations of the HoD:	Siden
2.	Reco	mmendations of the IQAC:	
3.	Reco	mmendations of the Principal	· Arxy
			Sanctioned Not Sanctione'd
			Account Department

Accountant:

Date:

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

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

		Date	: 5/6/17	
	Debit to	· B · kushnaveni		
Paid to	Dr.B. Kuishnaven	a sum of R	6000/-	
Rupees_	sin thousand ruy	0005		Only
towards_	workhop on CB	CT		
by Cheque	2/DD/Cash600	0/-		
Paid by	Approved by	Accountant	Received by	1



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#### Financial Support Request Letter

١.	Name of the Staff Member	De B. Krishna versi
2,	Designation	Reader
3.	Department	: Oxal Medicine & Radiology
4,		ip Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	: 15/6/17 to 18/6/19
6.	Associating professional body/ Age	ncy:
7.	Financial support particulars (Rs.)	;
	i. Registration Charges	: 6,000
	ii. Travelling Allowances	·
	iii. Membership Fee	;
	iv. Others (if any)	;
D	ate:	Signature of the Staff Member
1.	Recommendations of the HoD:	Eideri
2.		
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 :	5/6/17
	Debit to	Dr. Prachani	th	
Paid to	Dr. Prashanth		_a sum of Rs	6000/-
Rupees	Sin thousand s	rupees		Only
towards	workshop on CBC	T		
by Cheque / I	D/Cash6000[	,		
Faid by	Approved by	Actountar	at Rea	vasaoth



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Î.	Name of the Staff Member	: De Prashath
2	Designation	Sr Lecture
3.	Department	: Oral Medicine & Radiology
4.		p Fee/ Workshop /FDP Certificate Details :
	Q	3U
5.	Date and Duration of the Program	: 15/6/17 10 18/6/17
		ncy:
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 6000
	ii. Travelling Allowances	÷
	iii. Membership Fee	:
	iv. Others (if any)	:
D	ate:	Signature of the Staff Member
1.	Recommendations of the HoD:	Siden
2.	Recommendations of the IQAC:	
	Recommendations of the Principal:	
		Sanctioned Not Sanctioned
		Account Department
	Accountant :	
	Date:	

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

Date : 5/6 0 Debit to Dr Arrang Paid to 10. Arand. a sum of Rs. 5000 Repees ofice thousand rupeen. CBCT confirme towards 6000 by Cheque / DD / Cash



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1.	Name of the Staff Member	: Dr. Anand : Revader ·
2.	Designation	: Reader:
3.	Department	: Oral Medicine + Radiology
4.	Conference/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	15/6/17 10 (8/6/17
6.		ncy:
7.	Financial support particulars (Rs.)	;
	i. Registration Charges	: 6000
	ii. Travelling Allowances	;
	iii. Membership Fee	; <u></u>
	iv. Others (if any)	;
D	ate:	Signature of the Staff Member
1.	Recommendations of the HoD:	Sideri
2.		
3.		
		Sanctioned Not Sanctioned
		Account Department
	Ю	
	Accountant:	

		,	Date :_	5/6/17	
	Debit to _	Dr	Raja Guttuke		
Paid to _	Dr Raga C	redtrika	a sum of Rs.	6000	
Rupees	- Sym	thouand	Vupem		_Only
towards	. , .	CBCT a	sylven		,
by Cheque / I	DD / Cash	600	b j		
				( ) ( )	



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1.	Name of the Staff Member	Serior between
2.	Designation	: Cremios bester e-
3.	Department	: Oral Medicine & Radiology
4.	A 2	p Fee/ Workshop /FDP Certificate Details :
5.	Date and Duration of the Program	: 16/6/12 2018/6/17
6.	Associating professional body/ Agen	cy:
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 6000
	ii. Travelling Allowances	:
	iii. Membership Fee	;
	iv. Others (if any)	; <u></u>
Da	ate:	Signature of the Staff Member
1.	Recommendations of the HoD:	Sidari
2.	Recommendations of the IQAC:	
3.	Recommendations of the Principal:	
		Sanctioned Not Sanctioned
		Account Department
	Accountant:	
	Date:	

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

Date: 2/1/17

	Debit to Dr. ch. Mulali	kuchna		
Paid to	Dr.ch. Musaliknishna	a sum of Rs_	30001-	
Rupees_	three thousand supers			Only
towards_	composite Using Bioclear Co	meet		
by Cheque	2/DD/Cash	1		



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## Financial Support Request Letter

<ol> <li>Designa</li> <li>Departn</li> <li>Confere</li> </ol>	nent nce/Publication/ Membersh	Dr. Ch. Mwalik His how Professor & HOD Conservative dentisty and Endou hip Fee/ Workshop/FDP Certificate Details:
7. Financia i. R ii. T iii. M	Duration of the Program	: 7/1/17 to 9/1/17 ncy: : 3,000
Date:		Simon Harali Chilan
. Recomm	endations of the HoD:endations of the IQAC:endations of the Principal:	
		Account Department

Accountant:

Date:

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

Debit to Dr. Sniramarao

Paid to Dr. Sniramarao a sum of Rs. 3000/
Rupees thee thousand rupees Only

towards Composite Using Bioclear Concept

by Cheque / DD / Cash 3000/-

Para by

Approved by

Accountant

Penetived by



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1. Name of the Staff Member	De Steamarao
2. Designation	: Seclar Lucy
3. Department	: Consenative Dentistry & Endodo
4. Conference/Publication/ Members	Ship Fee/ Workshop /FDP Certificate Details
Composite	Ming Bioclean Longer
5. Date and Duration of the Program	: 7/1/17 to 9/1/17
6. Associating professional body/ Ag	gency:
7. Financial support particulars (Rs.)	:
i. Registration Charges	: 3,000
ii. Travelling Allowances	:
iii. Membership Fee	:
iv. Others (if any)	;
Date:	Soiyamarao
Dutc.	Signature of the Staff Member
1. Recommendations of the HoD:	Marlikrisha
2. Recommendations of the IQAC:	
3. Recommendations of the Principa	al:
	Sanctioned Not Sanctioned
	Account Department
	Account Department
Accountant: 1,	
Date:	

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

Date : 9/1/17 Debit to \_\_\_\_\_ Or. Lalitha Paid to Dr. Lalitha \_a sum of Rs. \_ 3000 1-Rupees three thousand rupees Only towards Composite Using Bialear Concept by Cheque / DD / Cash \_\_\_\_\_ 3000/-



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1.	Name of the Staff Member	: Dr. Lalitto
2.	Designation	: Sr Lectures
3.	Department	: Conservative Dentisty & Endodontis
4.	Conference/Publication/ Membersh	ID Fee/ Workshop /FDP Cartificate Date II
	Composite usi	29 Bioclean Concept
		()
5.	Date and Duration of the Program	: 7/1/17 to 9/1/17
6.	_	ncy:
7.	Financial support particulars (Rs.)	
	i. Registration Charges	: 7000
	ii. Travelling Allowances	3,000
	iii. Membership Fee	:
	iv. Others (if any)	:
	others (if any)	;
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	Muja O; tristma
2.	Recommendations of the IOAC:	Mary Dis
3.	Recommendations of the Dringing	
	Recommendations of the Principal	
		Sanctioned Not Sanctioned
		Account Department
	$\wedge$	
	Accountant:	
	Date:	

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

Date: 1/17 Debit to Dr Navayana Paid to Di-Navayana a sum of Rs 3000/three thousand supers Rupees Composite Using Biodoar Conupt by Cheque / DD / Cash 30001-



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## Financial Support Request Letter

		Account Department
_	1	Sanctioned Not Sanctioned
3. F	Recommendations of the Principal:	<u> </u>
2. F	Recommendations of the IQAC:	1
1. F	Recommendations of the HoD:	Hurali Crishne
Date	<b>:</b> :	Signature of the Staff Member
1	v. Others (if any)	:
	Memoership ree	:
	i. Travelling Allowances	:
i	registration Charges	: 3 <sub>1</sub> 000
	maneral support particulars (Rs.)	:
6. 1	Associating professional body/ Ager	ncy:
	Date and Duration of the Program	7/1/17 to 9/1/17
		ip Fee/ Workshop /FDP Certificate Details:
	•	: Consenative Dentistry & Endo
	Department	Professor
_	Name of the Staff Member Designation	Dr. Nazayana Professor

Accountant : Date:

		Date :_	2/1/17
	Debit to Dr. Deep	a	
Paid to_	Dr Deepa	a sum of Rs.	30001-
Rupees_	three thousand supers	•	Only
towards_	Composite Using Bioclear C	oncept	
by Cheque	1DD/Cash30001-		



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1.	Name of the Staff Member	: De Dappor
2.	Designation	De Deeper Reader
3.	Department	: Consenative Dentisty & Endedorson.
4.	Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details
	Composite	eriza Bleches Corrept
5.	Date and Duration of the Program	: 7/1/19 to 9/1/17
6.	Associating professional body/ Age	ncy:
7.	Financial support particulars (Rs.)	
	i. Registration Charges	: 3,000
	ii. Travelling Allowances	
	iii. Membership Fee	
	iv. Others (if any)	•
Da	ate:	Signature of the Staff Member
1.	Recommendations of the HoD:	Harali Coldine
2.		
3.		
		Sanctioned Not Sanctioned
		Account Department
	Accountant:	

			Date	: 3/3/17	
	Debit t	o Dt. B	Lakhman Rao		
Paid to	Dr. B. Lak	ihman Rao		s 5000/-	
Rupees	five thous	and supers			_Only
towards	Olgital	Smile Derig	ming		
by Cheque / DS	D/Cash	Smile Devig 50001-			
	20	6			D
Paid by	Abbroom	(fu A	Rat.	latortmand	ao



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### Financial Support Request Letter

1. 2. 3. 4.	Name of the Staff Member Designation Department Conference/Publication/ Membershi	Dr. B. Lotishman Raco  Professor and Head  Prosthodoutics  ip Fee/ Workshop/FDP Certificate Details:  it al Smile Designing:
5.	Date and Duration of the Program	15/3/17 10/8/3/17
6.	Associating professional body/ Ager	ncy:
7.	Financial support particulars (Rs.)	
	i. Registration Charges	: 5.000
	ii. Travelling Allowances	: <u>5,000</u>
	iii. Membership Fee	
	iv. Others (if any)	:
Da	te:	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:

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

Date: 3/3/17 Debit to Dr. Naundra Paid to Dr. Nauendra a sum of Rs. 5000/-Rupees\_ five thousand supers Only towards Digital Smile Derigning by Cheque / DD / Cash 5000/-



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1.	Name	of the Staff Member	: Dr. Narendia
2.	Design	nation	: Roader
3.	Depart		: Prosthodontics
4.		rence/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details:
5.		nd Duration of the Program	: 15/3/17 6 18/3/17
6.			icy:
7.	Financ	ial support particulars (Rs.)	:
	i.	Registration Charges	: 5,000
	ii.	Travelling Allowances	;
	iii.	Membership Fee	÷
	iv.	Others (if any)	:
Da	ate:		Signature of the Staff Member
1.	Recor	nmendations of the HoD:	Calcyman Raw
2.	Recor	nmendations of the IQAC:	
3.	Recor	nmendations of the Principal:	Sanctioned Not Sanctioned
	Ac		Account Department
	Accou	intant :	

			Date :	3/3/17	
	Debit to DY	E Satyana	uayana		
Paid to	Dr. T. Satyanaeay	V	_a sum of Rs.	5000/-	
Rupees	·five thousand sup	ees			_Only
towards	Digital smile Der	igning			9
by Cheque / D	50 / Cash50	00/-			
Paid by	Approved by	Adounta	int K	Catyanaene	Jane.



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1.	Name of the Staff Member	: De T-Satyanaearana
2.	Designation	: De T. Sortyanarayona : Reader
3.	Department	: Prastingolontia.
4.	Conference/Publication/ Membersh	nip Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	: 15/3/17 to 18/3/17
6.	Associating professional body/ Age	ncy:
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 500 b
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	Cakes man Ruo
2.	Recommendations of the IQAC:	
3.	Recommendations of the Principal:	
		Sanctioned/Not Sanctioned
	/	Account Department
	Accountant :	

			Date :_	3/3/17	
	Debit to	Dr-siniha			
Paid to	Dr-sirisha		a sum of Rs.	5000/-	
Rupees	five thousand or	spees			_Only
towards	Digital Smile	Derigning			
by Cheque / DI	D/Cash5000				
0.4.			(	Paigle.	
Paid by	Approved by	Accountant	t R	isishes	



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1.	Name of the Staff Member	: De · Sinisha
2.	Designation	: St. Lectaria
3.	Department	: Prosthodonti's
4.		ip Fee/ Workshop /FDP Certificate Details:  1 Smile Designing:
5.	Date and Duration of the Program	: 15/3/17 10 18/3/17
6.	Associating professional body/ Age	ncy:
7.	Financial support particulars (Rs.)	;
	i. Registration Charges	: 5,000
	ii. Travelling Allowances	3
	iii. Membership Fee	÷
	iv. Others (if any)	:
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	LaOshmaiRao
2.		
3.	Recommendations of the Principal	·
		Sanctioned Not Sanctioned
		Account Department
	Accountant : A	

			Date :_	3/3/17	
	Debit to	Nibha Ku	mali		
Pold to $\_$	Dr. Nibha Kumaii		_a sum of Rs.	5000/-	
Rupees	five thousand ru	pees			Only
towards					· ·
towards Digital Smile Denigning  by Cheque / DD / Cash 5000/-					
Paid by	Approved by	Accounta	nt A	Pedelord by	



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#### Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Nibha Singh : Reader
2.	Designation	: Reader
3.	Department	: Prosthodontiu.
	Conference/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	: 15/3/17 to 18/3/17
6.	Associating professional body/ Ager	ıcy:
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 5,000
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
Da	ate:	Signature of the Staff Member
1.	Recommendations of the HoD:	Catylman Rav
2.	Recommendations of the IQAC:	
3.	Recommendations of the Principal:	
		Account Department

Accountant Date: