

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  
Certificate**

Of Participation

This is to certify that Miss/Mr. ....*Dr. K. Sridevi*..... of ..... has 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

Resource Person

Organizing Chairman

Principal



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

***Certificate***

Of Participation

This is to certify that Miss/Mr. .... *Dr. B. Krishnaveni* ..... of ..... has 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

Resource Person

Organizing Chairman

Principal



**CKS Teja Institute of Dental Sciences  
and research  
Tirupati  
*Certificate*  
Of Participation**

This is to certify that Miss/Mr. ....*Dr. Prabhath*..... of ..... has 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**

**Resource Person**

**Organizing Chairman**

**Principal**



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

Of Participation

This is to certify that Miss/Mr. Dr. Anand of ..... has 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

Resource Person

Organizing Chairman

Principal



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

Of Participation

This is to certify that Miss/Mr. ....*Dr. Raga Geethika*..... of ..... has 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

Resource Person

Organizing Chairman

Principal



**NARAYANA**  
DENTAL COLLEGE AND HOSPITAL

# NARAYANA DENTAL COLLEGE AND HOSPITAL

## *Certificate*

Of Participation

This is to certify that Miss/Mr Dr. B. Lakshmana Rao 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

Principal



**NARAYANA**  
DENTAL COLLEGE AND HOSPITAL

# NARAYANA DENTAL COLLEGE AND HOSPITAL

## *Certificate*

Of Participation

This is to certify that Miss/Mr Dr. Nibhakumari 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

Principal





**NARAYANA**  
DENTAL COLLEGE AND HOSPITAL

# NARAYANA DENTAL COLLEGE AND HOSPITAL

## *Certificate*

Of Participation

This is to certify that Miss/Mr Dr. Sinha 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

Principal



**NARAYANA**  
DENTAL COLLEGE AND HOSPITAL

# NARAYANA DENTAL COLLEGE AND HOSPITAL

## *Certificate*

Of Participation

This is to certify that Miss/Mr Dr. T. Saiyanarayana 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

Principal



**NARAYANA**  
DENTAL COLLEGE AND HOSPITAL

# NARAYANA DENTAL COLLEGE AND HOSPITAL

## *Certificate*

Of Participation

This is to certify that Miss/Mr Dr. Narendra 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

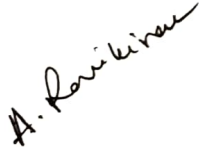
Principal



# VISHNU DENTAL COLLEGE

This is to certify that Miss/Mr Dr. Rupabree has participated in the seminar on "PERI-IMPLANTITIS" conducted From 20-12-17 to 23-12-17 organized by the Vishnu Dental College.

  
Organizing Chairman

  
Organizing Secretary

  
Co-ordinator

  
Principal



# VISHNU DENTAL COLLEGE

This is to certify that Miss/Mr .....*Dr. G. Anusha*..... has participated in the seminar on "PERI-IMPLANTITIS" conducted From *20.12.17 to 23.12.17* organized by the Vishnu Dental College.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal



# VISHNU DENTAL COLLEGE

This is to certify that Miss/Mr .....*Dr. G. Santhi*..... has participated in the seminar on "PERI-IMPLANTITIS" conducted From *20-12-17 to 23-12-17* organized by the Vishnu Dental College.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal



# VISHNU DENTAL COLLEGE

This is to certify that Miss/Mr ..... *Dr. A. Ramesh* ..... has participated in the seminar on "PERI-IMPLANTITIS" conducted From *20-12-17 to 23-12-17* organized by the Vishnu Dental College.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal



# VISHNU DENTAL COLLEGE

This is to certify that Miss/Mr .....*Dr. Kalyani*..... has participated in the seminar on "PERI-IMPLANTITIS" conducted From *20-12-19 to 23-12-19* organized by the Vishnu Dental College.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal





## G. PULLA REDDY DENTAL COLLEGE & HOSPITAL KURNOOL

This is to certify that Miss/Mr ..... Dr. Ch. Murali Krishna ..... has participated in the seminar on "COMPOSITE USING BIOCLEAR CONCEPT" conducted From 7-1-17 to 9-1-17 ..... organized by the G.Pulla Reddy Dental College and Hospital.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal



## G. PULLA REDDY DENTAL COLLEGE & HOSPITAL KURNOOL

This is to certify that Miss/Mr ..... *Dr. Srinamarao* ..... has participated in the seminar on "COMPOSITE USING BIOCLEAR CONCEPT" conducted From *7-1-17 to 9-1-17* ..... organized by the G.Pulla Reddy Dental College and Hospital.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal



## G. PULLA REDDY DENTAL COLLEGE & HOSPITAL KURNOOL

This is to certify that Miss/Mr Dr. Lalitha..... has participated in the seminar on "COMPOSITE USING BIOCLEAR CONCEPT" conducted From 7-1-17 to 9-1-17.....organized by the G.Pulla Reddy Dental College and Hospital.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal



## **G. PULLA REDDY DENTAL COLLEGE & HOSPITAL KURNOOL**

This is to certify that Miss/Mr Dr. Narayana has participated in the seminar on "COMPOSITE USING BIOCLEAR CONCEPT" conducted From 7-1-17 to 9-1-17 organized by the G.Pulla Reddy Dental College and Hospital.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal



## G. PULLA REDDY DENTAL COLLEGE & HOSPITAL KURNOOL

This is to certify that Miss/Mr ..... *Dr Deepa* ..... has participated in the seminar on "COMPOSITE USING BIOCLEAR CONCEPT" conducted From *7-12-2011* ..... organized by the G.Pulla Reddy Dental College and Hospital.

Organizing Chairman

Organizing Secretary

Co-ordinator

Principal

**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. Rupasree

Paid to Dr. Rupasree a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards seminar on Peri-implantitis

by Cheque / DD / Cash 8000/-

PA  
Paid by

Sastry  
Approved by

RA  
Accountant

Rupasree  
Received by



# LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Rupa Sree
2. Designation : Professor & HOD
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Peri-Implantitis
5. Date and Duration of the Program : 20/12/17 to 23/12/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 8000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Rupasree  
Signature of the Staff Member

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

Account  
Sanctioned/ Not Sanctioned

**Account Department**

Accountant: A.

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 7/12/17

Debit to Dr. G. Anuha

Paid to Dr. G. Anuha a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards Periimplantitis

by Cheque / DD / Cash 8000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by





# LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Anusha
2. Designation : Reader
3. Department : Periodontics.
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Peri - Implantitis -----  
-----
5. Date and Duration of the Program : 20/12/17 to 23/12/17
6. Associating professional body/ Agency: -----
7. Financial support particulars (Rs.) : 8000
  - i. Registration Charges : -----
  - ii. Travelling Allowances : -----
  - iii. Membership Fee : -----
  - iv. Others (if any) : -----

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

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

**Account Department**

Accountant : *A.*

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

**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. Santhi

Paid to Dr. G. Santhi a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards periimplantitis

by Cheque / DD / Cash 8000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by



# LENORA INSTITUTE OF DENTAL SCIENCES

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

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NH-16, Rajanagaram, Rajahmundry, East Godavari (DL), AP, India.

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Shanthi
2. Designation : Sr. Lecturer
3. Department : Periodontia
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Peri - Implants
5. Date and Duration of the Program : 20/12/17 to 23/12/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : 8
  - i. Registration Charges : 8000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Shanthi  
Signature of the Staff Member

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

Rupasree  
Sanctioned  Not Sanctioned

Account Department

Accountant : [Signature]

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

# KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 7/12/17

Debit to Dr. A Ramul

Paid to Dr. A Ramul a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards Perimplantals

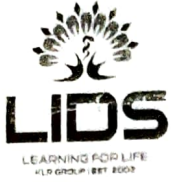
by Cheque / DD / Cash 8000/-

lll  
Paid by

Saam  
Approved by

Rat.  
Accountant

Ranish  
Received by



# LENORA INSTITUTE OF DENTAL SCIENCES

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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. A. Ramakrishna
2. Designation : Professor
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Peri-Implantitis
5. Date and Duration of the Program : 20/12/17 to 23/12/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 8000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Signature of the Staff Member

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

Sanctioned  Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 7/2/17

Debit to Dr. Kalyani

Paid to Dr. Kalyani a sum of Rs. 8000

Rupees Eight thousand rupees Only

towards Pai implants

by Cheque / DD / Cash 8000

*[Signature]*  
Paid by

*[Signature]*  
Approved by

*[Signature]*  
Accountant

*[Signature]*  
Received by

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Kalyani
2. Designation : Senior Lecturer
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Peri-Implantitis -----  
-----
5. Date and Duration of the Program : 20/12/17 to 23/12/17
6. Associating professional body/ Agency: -----
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 8000
  - ii. Travelling Allowances : -----
  - iii. Membership Fee : -----
  - iv. Others (if any) : -----

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

Signature of the Staff Member

1. Recommendations of the HoD : Repassree
2. Recommendations of the IQAC: -----
3. Recommendations of the Principal : -----

Sanctioned  Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 5/6/17

Debit to Dr. K. Snidevi

Paid to Dr. K. Snidevi a sum of Rs. 6000/-

Rupees Six thousand rupees Only

towards Workshop on CBCT

by Cheque / DD / Cash 6000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by





# LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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

## Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Srideni
2. Designation : Professor & HOD
3. Department : Oral Medicine & Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- CBT -----  
-----
5. Date and Duration of the Program : 15/6/17 to 18/6/17
6. Associating professional body/ Agency: .....
7. Financial support particulars (Rs.) : .....
- i. Registration Charges : 6,000
- ii. Travelling Allowances : .....
- iii. Membership Fee : .....
- iv. Others (if any) : .....

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

Signature of the Staff Member  
*Srideni*

1. Recommendations of the HoD : *Srideni*
2. Recommendations of the IQAC: .....
3. Recommendations of the Principal : .....

Sanctioned  Not Sanctioned

**Account Department**

Accountant : *[Signature]*

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 5/6/17

Debit to Dr. B. kishnaveni

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

Rupees Six thousand rupees Only

towards Workshop on CBCT

by Cheque / DD / Cash 6000/-

OLL  
Paid by

Saen  
Approved by

Pat  
Accountant

Kishnaveni  
Received by



# LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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

## Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Krishnaveni
2. Designation : Reader
3. Department : Oral Medicine & Radiology
4. Conference/Publication/ Membership Fec/ Workshop /FDP Certificate Details :  
CBCI
5. Date and Duration of the Program : 15/6/17 to 18/6/17
6. Associating professional body/ Agency: .....
7. Financial support particulars (Rs.) : .....
- i. Registration Charges : 6,000
- ii. Travelling Allowances : .....
- iii. Membership Fee : .....
- iv. Others (if any) : .....

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

Krishnaveni  
Signature of the Staff Member

1. Recommendations of the HoD : Sideri

2. Recommendations of the IQAC: .....

3. Recommendations of the Principal : .....

Sanctioned  
Sanctioned/ Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 5/6/17

Debit to Dr. Prabhath

Paid to Dr. Prabhath a sum of Rs. 6000/-

Rupees Six thousand rupees Only

towards Workshop on CBCT

by Cheque / DD / Cash 6000/-

Plt  
Paid by

Laan  
Approved by

Plt  
Accountant

Prabhath  
Received by



# LENORA INSTITUTE OF DENTAL SCIENCES

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

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NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Prashanth
2. Designation : Sr Lecturer
3. Department : Oral Medicine & Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- CBU -----  
-----
5. Date and Duration of the Program : 15/6/17 to 18/6/17
6. Associating professional body/ Agency: .....
7. Financial support particulars (Rs.) : .....
- i. Registration Charges : 6000
- ii. Travelling Allowances : .....
- iii. Membership Fee : .....
- iv. Others (if any) : .....

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

Prashanth  
Signature of the Staff Member

1. Recommendations of the HoD : Sideri
2. Recommendations of the IQAC: .....
3. Recommendations of the Principal : .....

Prashanth  
Sanctioned/Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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

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

Date : 5/6/17

Debit to Dr Anand

Paid to Dr Anand a sum of Rs 6000

Rupees five thousand rupees Only

towards CBCI conference

by Cheque / DD / Cash 6000

PA  
Paid by

Saem  
Approved by

PA  
Accountant

Anand  
Received by



# LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Anand
2. Designation : Reader
3. Department : Oral Medicine & Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
CBCT
5. Date and Duration of the Program : 15/6/17 to 18/6/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 6000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Signature of the Staff Member

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

Sanctioned / Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 5/6/17

Debit to Dr. Raga Gethika

Paid to Dr Raga Gethika a sum of Rs. 6000/-

Rupees six thousand Rupen Only

towards CBCT Conference

by Cheque / DD / Cash 6000/-

PA  
Paid by

Ragon  
Approved by

RA  
Accountant

Gethika  
Received by



## Financial Support Request Letter

1. Name of the Staff Member : Dr. Raja Kesthika
2. Designation : Senior Lecturer
3. Department : Oral Medicine & Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
CBCT
5. Date and Duration of the Program : 15/6/17 to 18/6/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
- i. Registration Charges : 6000
- ii. Travelling Allowances : \_\_\_\_\_
- iii. Membership Fee : \_\_\_\_\_
- iv. Others (if any) : \_\_\_\_\_

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

Signature of the Staff Member

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

Sanctioned / ~~Not Sanctioned~~

**Account Department**

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 2/1/17

Debit to Dr.ch.Muralikrishna

Paid to Dr.ch.Muralikrishna a sum of Rs. 3000/-

Rupees three thousand rupees Only

towards composite Using Bioclear concept

by Cheque / DD / Cash 3000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. C. Muralikrishna
2. Designation : Professor & HOD
3. Department : Conservative dentistry and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Composite using Bioheal concept -----  
-----  
-----
5. Date and Duration of the Program : 7/1/17 to 9/1/17
6. Associating professional body/ Agency: -----
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 3,000
  - ii. Travelling Allowances : -----
  - iii. Membership Fee : -----
  - iv. Others (if any) : -----

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

Signature of the Staff Member

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

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

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : \_\_\_\_\_

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 2/1/17

Debit to Dr. Sriramarao

Paid to Dr. Sriramarao a sum of Rs. 3000/-

Rupees three thousand rupees Only

towards Composite Using Bioclear Concept

by Cheque / DD / Cash 3000/-

DD  
Paid by

Sagr  
Approved by

Rd  
Accountant

Sriramarao  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Sri Ramarao
2. Designation : Sr. Lecturer
3. Department : Conservative Dentistry & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Composite using Bioclear Concept
5. Date and Duration of the Program : 7/1/17 to 9/1/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 3,000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Sri Ramarao  
Signature of the Staff Member

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

Sanctioned  Not Sanctioned

Account Department

Accountant : [Signature]

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

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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 2/1/17

Debit to Dr. Lalitha

Paid to Dr. Lalitha a sum of Rs. 3000/-

Rupees three thousand rupees Only

towards Composite Using Bialcar concept

by Cheque / DD / Cash 3000/-

PL  
Paid by

Sagor  
Approved by

Ray  
Accountant

Calitha  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Lalitha
2. Designation : Sr. Lecturer
3. Department : Conservative Dentistry & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Composite using Bioclear Concept -----  
-----
5. Date and Duration of the Program : 7/1/17 to 9/1/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 3,000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Lalitha  
Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_  
Murali Krishna
2. Recommendations of the IQAC: \_\_\_\_\_
3. Recommendations of the Principal : \_\_\_\_\_

Sanctioned / Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date: 21/12

Debit to Dr Narayana

Paid to Dr Narayana a sum of Rs 3000/-

Rupees three thousand rupees Only

towards Composite Using Bioclear Concept

by Cheque / DD / Cash 3000/-

PA  
Paid by

JSB  
Approved by

PA  
Accountant

W. Srinivas  
Received by





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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Narayana
2. Designation : Professor
3. Department : Conservative Dentistry & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Composite Using Bioclear Concept -----  
-----
5. Date and Duration of the Program : 7/1/17 to 9/1/17
6. Associating professional body/ Agency: -----
7. Financial support particulars (Rs.) : -----
  - i. Registration Charges : 3,000
  - ii. Travelling Allowances : -----
  - iii. Membership Fee : -----
  - iv. Others (if any) : -----

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

Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_ Murali Krishna
2. Recommendations of the IQAC: \_\_\_\_\_
3. Recommendations of the Principal : \_\_\_\_\_

Sanctioned/ Not Sanctioned

Account Department

Accountant : \_\_\_\_\_

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 2/1/17

Debit to Dr. Deepa

Paid to Dr Deepa a sum of Rs. 3000/-

Rupees three thousand rupees Only

towards Composite Using Bioclear Concept

by Cheque / DD / Cash 3000/-

DLK  
Paid by

Cash  
Approved by

Pou  
Accountant

Deepa  
Received by



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Web: www.lids.ac.in, E-Mail: ldsrajahmundry@gmail.com, PH: 0883 2404492, Fax: 0883 2404493

## Financial Support Request Letter

1. Name of the Staff Member : Dr. Deepa
2. Designation : Reader
3. Department : Conservative Dentistry & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Composite using Biscores Concept -----  
-----
5. Date and Duration of the Program : 7/1/19 to 9/1/19
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 3000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Signature of the Staff Member

1. Recommendations of the HoD : \_\_\_\_\_ Murali Krishna
2. Recommendations of the IQAC: \_\_\_\_\_
3. Recommendations of the Principal : \_\_\_\_\_

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 3/3/17

Debit to Dr. B. Lakshman Rao

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

Rupees five thousand rupees Only

towards Digital Smile Designing

by Cheque / DD / Cash 5000/-

Paid by

Sagon  
Approved by

Rat  
Accountant

Lakshman Rao  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Lakshman Rao
2. Designation : Professor and Head
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Digital Smile Designing
5. Date and Duration of the Program : 15/3/17 to 18/3/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) :
  - i. Registration Charges : 5,000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Lakshman Rao  
Signature of the Staff Member

1. Recommendations of the HoD : Lakshman Rao
2. Recommendations of the IQAC: \_\_\_\_\_
3. Recommendations of the Principal : \_\_\_\_\_

Sanctioned / Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 3/3/17

Debit to Dr. Naendra

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

Rupees five thousand rupees Only

towards Digital smile Designing

by Cheque / DD / Cash 5000/-

[Signature]  
Paid by

[Signature]  
Approved by

[Signature]  
Accountant

[Signature]  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Narendra
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Digital Smile Designing
5. Date and Duration of the Program : 15/3/17 to 18/3/17
6. Associating professional body/ Agency: .....
7. Financial support particulars (Rs.) : .....
- i. Registration Charges : 5,000
- ii. Travelling Allowances : .....
- iii. Membership Fee : .....
- iv. Others (if any) : .....

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

Signature of the Staff Member  
Narendra

1. Recommendations of the HoD : Lakshman Rao
2. Recommendations of the IQAC: .....
3. Recommendations of the Principal : .....

Sanctioned/ Not Sanctioned  
Sanctioned

**Account Department**

Accountant : A.

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 3/3/17

Debit to Dr. T. Satyanarayana

Paid to Dr. T. Satyanarayana a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards Digital smile Designing

by Cheque / DD / Cash 5000/-

LLM  
Paid by

Saam  
Approved by

Pal  
Accountant

Satyanarayana  
Received by





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## Financial Support Request Letter

1. Name of the Staff Member : Dr. T. Satyanarayana
2. Designation : Reader.
3. Department : Prosthodontics.
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Digital Smile Designing
5. Date and Duration of the Program : 15/3/17 to 18/3/17
6. Associating professional body/ Agency: \_\_\_\_\_
7. Financial support particulars (Rs.) : \_\_\_\_\_
  - i. Registration Charges : 5000
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

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

Signature of the Staff Member  
Satyanarayana

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

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

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

Sanctioned/ Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 3/3/17

Debit to Dr-Sirisha

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

Rupees five thousand rupees Only

towards Digital Smile Designing

by Cheque / DD / Cash 5000/-

*PH*  
Paid by

*Sagar*  
Approved by

*PH*  
Assistant

*Sirisha*  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Srinisha
2. Designation : Sr. Lecturer
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
Digital Smile Designing
5. Date and Duration of the Program : 15/3/17 to 18/3/17
6. Associating professional body/ Agency: .....
7. Financial support particulars (Rs.) : .....
- i. Registration Charges : 5,000
- ii. Travelling Allowances : .....
- iii. Membership Fee : .....
- iv. Others (if any) : .....

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

Signature of the Staff Member Srinisha

1. Recommendations of the HoD : Lakshma Rao

2. Recommendations of the IQAC: .....

3. Recommendations of the Principal : .....

Sanctioned Not Sanctioned

**Account Department**

Accountant : [Signature]

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

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

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 3/3/17

Debit to Dr. Nibha Kumari

Paid to Dr. Nibha Kumari a sum of Rs. 5000/-

Rupees five thousand rupees Only

towards Digital Smile Designing

by Cheque / D/D / Cash 5000/-

  
Paid by

  
Approved by

  
Accountant

  
Received by



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Nibha Singh
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :  
----- Digital Smile Designing -----  
-----
5. Date and Duration of the Program : 15/3/17 to 18/3/17
6. Associating professional body/ Agency: .....
7. Financial support particulars (Rs.) : .....
- i. Registration Charges : 5,000
- ii. Travelling Allowances : .....
- iii. Membership Fee : .....
- iv. Others (if any) : .....

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

N. Nibha  
Signature of the Staff Member

1. Recommendations of the HoD : Lakshman Rao
2. Recommendations of the IQAC: .....
3. Recommendations of the Principal : .....

[Signature]  
Sanctioned/ Not Sanctioned

**Account Department**

Accountant [Signature]

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