

A CERTIFIED LIST OF STAFF RECEIVED
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E-COPIES OF SANCTION LETTERS
DURING A.Y.2021-2022

CERTIFICATE OF ATTENDANCE



isp 2021

**45th ISP NATIONAL
CONFERENCE (VIRTUAL) 2021 PUNE**

Presented to

Dr.G Anusha - ---

for attending the

45th ISP National Conference (Virtual) 2021, Pune

from 21st - 23rd October, 2021

Credited with **18** CDE Points (Ref. No. MSDE/CDE/692/2021 dtd 12/10/2021)

Dr. Nympha Pandit
President, ISP

Dr. Harpreet Singh Grover
Hon. Secretary, ISP

Dr. Vijay Deshmukh
Organizing Chairman

Dr. D. Gopalakrishnan
Organizing Secretary

Dr. Nitin Dani
Conference Secretary

Dr. Sharath Shetty
Treasurer

Dr. Sangeeta Muglikar
Scientific Chairperson

**Signature of Maharashtra State
Dental Council Representative**

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**45th ISP NATIONAL
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Presented to

Dr. D. Bharath Simha Reddy

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**45th ISP NATIONAL
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Presented to

Dr. Chakravarthy Y.S.H.S

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Dr. Sharath Shetty
Treasurer

Dr. Sangeeta Muglikar
Scientific Chairperson

**Signature of Maharashtra State
Dental Council Representative**



20th ISP PG CONVENTION

Certificate of Appreciation

Presented to

DR. G. ANUSHA

at the 20th ISP PG Convention
held at Chandigarh from 22 to 24 April, 2022

Dr. Anirban Chatterjee
(President, ISP)

Dr. Vishakha Grover
(Scientific Chairperson)

Dr. Harpreet Singh Grover
(Hon. Secretary, ISP)

Dr. Baljeet Singh
(Organizing Chairman)

Dr. Ashish Jain
(Convention Secretary)

Dr. Gurparkash Singh Chahal
(Organizing Secretary)



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DR. CHAKRAVARTHY. Y.S.H.S

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A handwritten signature in black ink, appearing to read 'Anirban'.

Dr. Anirban Chatterjee
(President, ISP)

A handwritten signature in black ink, appearing to read 'Vishakha'.

Dr. Vishakha Grover
(Scientific Chairperson)

A handwritten signature in black ink, appearing to read 'Harpreet Singh Grover'.

Dr. Harpreet Singh Grover
(Hon. Secretary, ISP)

A handwritten signature in black ink, appearing to read 'Baljeet Singh'.

Dr. Baljeet Singh
(Organizing Chairman)

A handwritten signature in black ink, appearing to read 'Ashish Jain'.

Dr. Ashish Jain
(Convention Secretary)

A handwritten signature in black ink, appearing to read 'Gurparkash Singh Chahal'.

Dr. Gurparkash Singh Chahal
(Organizing Secretary)



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(Scientific Chairperson)

Dr. Harpreet Singh Grover
(Hon. Secretary, ISP)

Dr. Baljeet Singh
(Organizing Chairman)

Dr. Ashish Jain
(Convention Secretary)

Dr. Gurparkash Singh Chahal
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DR. S. RAVI KIRAN

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Dr. Anirban Chatterjee
(President, ISP)

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Dr. Vishakha Grover
(Scientific Chairperson)

A handwritten signature in black ink, appearing to read 'Harpreet Singh Grover'.

Dr. Harpreet Singh Grover
(Hon. Secretary, ISP)

A handwritten signature in black ink, appearing to read 'Baljeet'.

Dr. Baljeet Singh
(Organizing Chairman)

A handwritten signature in black ink, appearing to read 'Ashish'.

Dr. Ashish Jain
(Convention Secretary)

A handwritten signature in black ink, appearing to read 'Gurparkash'.

Dr. Gurparkash Singh Chahal
(Organizing Secretary)



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Dr. Anirban Chatterjee
(President, ISP)

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Dr. Vishakha Grover
(Scientific Chairperson)

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Dr. Harpreet Singh Grover
(Hon. Secretary, ISP)

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Dr. Baljeet Singh
(Organizing Chairman)

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Dr. Ashish Jain
(Convention Secretary)

A handwritten signature in black ink, appearing to read 'Gurparkash'.

Dr. Gurparkash Singh Chahal
(Organizing Secretary)



Certificate of Attendance



ILLUMINATING
THE
DARK SIDE

This is to recognise the attendance of

DR. AMRUTHA.D

at the 36th IACDE National Conference and

21st IACDE National PG Convention

held on 19th, 20th & 21st November 2021 hosted by

KLE Vishwanath Katti Institute of Dental Sciences,

KAHER, Belagavi.

Dr. Vibha Hegde
President, IACDE

Dr. Prahlad Saraf
Hon. General Secretary, IACDE

Dr. Deepak Sharma
Conference Secretary

Dr. Sonal B Joshi
Organizing Chairperson

Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



Certificate of Attendance



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This is to recognise the attendance of

DR. P. L. LALITHA

at the 36th IACDE National Conference and

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Dr. Prahlad Saraf
Hon. General Secretary, IACDE

Dr. Deepak Sharma
Conference Secretary

Dr. Sunil B Joshi
Organizing Chairperson

Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



Certificate of Attendance



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This is to recognise the attendance of

DR. SHANILA REDDY

at the 36th IACDE National Conference and

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President, IACDE

Dr. Prahlad Saraf
Hon. General Secretary, IACDE

Dr. Deepak Sharma
Conference Secretary

Dr. Sunil B Joshi
Organizing Chairperson

Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



Certificate of Attendance



ILLUMINATING
THE
DARK SIDE

This is to recognise the attendance of

DR. U. V. V. SATYANARAYANA

at the 36th IACDE National Conference and

21st IACDE National PG Convention

held on 19th, 20th & 21st November 2021 hosted by

KLE Vishwanath Katti Institute of Dental Sciences,

KAHER, Belagavi.

Dr. Vibha Hegde
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Hon. General Secretary, IACDE

Dr. Deepak Sharma
Conference Secretary

Dr. Sunil B Joshi
Organizing Chairperson

Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



Certificate of Attendance



ILLUMINATING
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DR. PADMA SRI. Y

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Hon. General Secretary, IACDE

Dr. Deepak Sharma
Conference Secretary

Dr. Sunil B Joshi
Organizing Chairperson

Dr. Preeti Doddwad
Organizing Secretary

Dr. Anand C Patil
Scientific Chairperson



AN EVENT OF



QUEST FOR *Perfection*

This certificate is presented to

Dr. Pulavarthi Lakshmi Lalitha

for attending 22nd IACDE NATIONAL PG CONVENTION held on 25th, 26th & 27th of March 2022 hosted by GSL Dental College & Hospital, Rajahmundry, Andhra Pradesh


Dr. Ratnakar. P
President, IACDE


Dr. Dibyendu
Mazumdar
Parton, Hon. President
Dental Council of India


Dr. Prahlad A
Saraf
Hon. General Secretary,
IACDE


Dr. S.V. Satish
Convention
Secretary


Dr. T. Murali
Mohan
Organizing Chairperson


Dr. K. Ramakrishna
Raju
Organizing Secretary


Dr. Srinidhi V.B
Scientific Chairperson



VDC
VISHNU DENTAL COLLEGE

INDIAN SOCIETY OF PROSTHODONTICS - RESTORATIVE - PERIODONTICS

2ND VIRTUAL ISPRP CONFERENCE

THEME : TOGETHER TOWARDS TOMORROW

CERTIFICATE OF APPRECIATION

Presented to

DR. LAKSHMI DEEPA.V

for his/her contribution as a **Chairperson / Judge / Moderator**

towards the success of **Scientific Program**

during **2nd Virtual ISPRP National Conference 2022** held on **4th, 5th & 6th February 2022,**

hosted by **Vishnu Dental College, Bhimavaram.**

Dr. Prathap. M. S.
President, ISPRP

Dr. Mohammed Feroz T. P.
Secretary, ISPRP

Dr. Suresh Sajjan MC
Organizing Chairman

Dr. Girija Sajjan
Organizing Secretary

Dr. P. Gautami
Scientific Chairman



AN EVENT OF



QUEST FOR *Perfection*

This certificate is presented to

Dr. Sriramaraao Sudhamsetty

for attending 22nd IACDE NATIONAL PG CONVENTION held on 25th, 26th & 27th of March 2022 hosted by GSL Dental College & Hospital, Rajahmundry, Andhra Pradesh


Dr. Ratnakar P
President, IACDE


Dr. Dibyendu
Mazumdar
Paston, Hon. President
Dental council of India


Dr. Prahlad A
Saraf
Hon. General Secretary,
IACDE


Dr. S.V. Satish
Convention
Secretary


Dr. T. Murali
Mohan
Organizing Chairperson


Dr. K. Rama Krishna
Raju
Organizing Secretary


Dr. Srinidhi V.B
Scientific Chairperson



32nd NATIONAL IAOMR CONFERENCE-2021

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
MAMATA DENTAL COLLEGE-KHAMMAM
3rd - 5th December, 2021



18 CREDIT
HOURS

Certificate of Participation

This is to certify that Dr. K. SRI DEVI has participated in **32nd NATIONAL IAOMR CONFERENCE-2021**, Organised by the Department of Oral Medicine & Radiology, Mamata Dental College, Khammam from 3rd - 5th December, 2021.

A Ravi Kiran

Dr. Ravi Kiran A
President, IAOMR

Dr. Shalu Rai

Dr. Shalu Rai
Gen. Secretary, IAOMR

Vinay

Dr. K. Vinay Kumar Reddy
Organising Secretary

Vijay

Dr. Vijay Kumar. B
Organising Chairman



32nd NATIONAL IAOMR CONFERENCE-2021

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
MAMATA DENTAL COLLEGE-KHAMMAM
3rd - 5th December, 2021



18 CREDIT HOURS

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This is to certify that Dr. B. KRISHNAVENI has participated in **32nd NATIONAL IAOMR CONFERENCE-2021**, Organised by the Department of Oral Medicine & Radiology, Mamata Dental College, Khammam from 3rd - 5th December, 2021.

A. Ravi Kiran

Dr. Ravi Kiran .A
President, IAOMR

Dr. Shobu Rai

Dr. Shobu Rai
Gen. Secretary, IAOMR

Dr. K. Vinay Kumar Reddy

Dr. K. Vinay Kumar Reddy
Organising Secretary

Dr. Vijay Kumar B

Dr. Vijay Kumar B
Organising Chairman



32nd NATIONAL IAOMR CONFERENCE-2021

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
MAMATA DENTAL COLLEGE-KHAMMAM
3rd - 5th December, 2021



18 CREDIT HOURS

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This is to certify that Dr. G. YAMSI KRISHNA has participated in **32nd NATIONAL IAOMR CONFERENCE-2021**, Organised by the Department of Oral Medicine & Radiology, Mamata Dental College, Khammam from 3rd - 5th December, 2021.

A. Ravi Kiran

Dr. Ravi Kiran .A
President, IAOMR

Dr. Shibu Rai

Dr. Shibu Rai
Gen. Secretary, IAOMR

Dr. K. Vinay Kumar Reddy

Dr. K. Vinay Kumar Reddy
Organising Secretary

Dr. Vijay Kumar B

Dr. Vijay Kumar B
Organising Chairman



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A. Ravi Kiran

Dr. Ravi Kiran .A
President, IAOMR

Dr. Shilpi Rai

Dr. Shilpi Rai
Gen. Secretary, IAOMR

Dr. K. Vinay Kumar Reddy

Dr. K. Vinay Kumar Reddy
Organising Secretary

Dr. Vijay Kumar B

Dr. Vijay Kumar B
Organising Chairman



32nd NATIONAL IAOMR CONFERENCE-2021

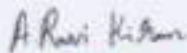
DEPARTMENT OF ORAL MEDICINE & RADIOLOGY
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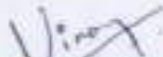
This is to certify that Dr. Y. THEJASRI has participated in **32nd NATIONAL IAOMR CONFERENCE-2021**, Organised by the Department of Oral Medicine & Radiology, Mamata Dental College, Khammam from 3rd - 5th December, 2021.



Dr. Ravi Kiran .A
President, IAOMR



Dr. Shibu Rai
Gen. Secretary, IAOMR



Dr. K. Vinay Kumar Reddy
Organising Secretary



Dr. Vijay Kumar. B
Organising Chairman



XIX NATIONAL TRIPLE O SYMPOSIUM 2022

INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY (IAOMR)

Hosted by Vinayaka Mission's Sankarachariyar Dental College,
Vinayaka Mission's Research Foundation (Deemed to be University)



11 CDE POINTS
TNDC APPROVAL NO.35/22

Certificate of Appreciation

The Organising committee is pleased to present this certificate to

Dr. Snidevi Koduri

For your contribution as Chairperson in the Scientific Poster / Paper Presentation

for Student / Faculty in Session 4 at **XIX NATIONAL TRIPLE O**

SYMPOSIUM 2022 Organised by Vinayaka Mission's Sankarachariyar Dental College,
held on 29th & 30th April 2022.

Dr. K. Vinay Kumar Reddy
IAOMR - President

Dr. K. Prashanth Shenoy
IAOMR - Secretary

Dr. J. Baby John
Dean, VMSDC

Dr. P.T. Ravikumar
Organising Chairman

Dr. J. Arun Kumar
Organising Co-Chairman

Dr. R. Karthik
Organising Secretary

Dr. Maya Ramesh
Scientific Chair Person



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Certificate of Participation

11 CDE POINTS
TNDC APPROVAL NO.35/22

This is to certify that

Dr. Sridevi Koduri

participated in the **XIX NATIONAL TRIPLE O SYMPOSIUM** titled,

"Current Concepts & Future Perspectives" organized by the Department of

Oral Medicine & Radiology in collaboration with Departments of Oral & Maxillofacial Surgery and Oral Pathology & Oral Microbiology of Vinayaka Mission's Sankarachariyar Dental College, VMRF (DU), Salem on 29th & 30th April 2022.

Dr. K. Vinay Kumar Reddy
President - IAOMR

Dr. K. Prashanth Shenoy
Hon. Gen. Secretary - IAOMR

Dr. J. Baby John
Dean, VMSDC

Dr. P.T. Ravikumar
Organising Chairman, VMSDC

Dr. J. Arun Kumar
Organising Co-Chairman, VMSDC

Dr. R. Karthik
Organising Secretary, VMSDC

Dr. Sabitha Gokulraj
Treasurer, VMSDC

Dr. Saramma Mathew Fenn
Organising Joint Secretary, VMSDC

Dr. Maya Ramesh
Scientific Chair Person



CERTIFICATE OF PARTICIPATION



Presented to

12 CDE POINTS



Ref. No. KSDC/81/2021

Dr. Vishwa Prakash Shetty

For participating in the Workshop Titled

**"DISASTER VICTIM IDENTIFICATION AND UNIDENTIFIED MISSING PERSONS
IDENTIFICATION, WITH INTRODUCTION TO INTERPOL DVI GUIDELINES"**

At the 18th Annual National Conference of The Indian Association of Forensic Odontology

Organized by:

Department of Forensic Medicine, Seth GS Medical College & KEM Hospital, Mumbai

In Collaboration with:

Department of Oral Pathology, Nair Hospital Dental College, Mumbai

Held on 25th September 2021 (Virtual Workshop)

Dr. Emilio Nuzzolese
Prof. in Legal Medicine
University of Turin (Italy)
Medico Legale Institute of Turin
(Italy)

Dr. Evi Untoro
M.D. Forensic Medicine
E Sciences, Fac of Med.
Triasko Univ, Jakarta
INDONESIA

Dr. Ranjeet Singh
Fingerprint Expert,
Founder & Managing Director,
Sherlock Institute of Forensic
Science, INDIA

Certificate No.

IAFOW4215

Dr. S. Balagopal
President,
IAFO

Dr. Hemlata Pandey
Organizing Secretary,
IAFO



CERTIFICATE OF PARTICIPATION



Presented to

Dr.A Jacob Prakash

12 CDE POINTS



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Dr. M. Vijaya Lakshmi

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Dr. Hemlata Pandey
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Triasko Univ, Jakarta
INDONESIA

Dr. Ranjeet Singh
Fingerprint Expert,
Founder & Managing Director,
Sherlock Institute of Forensic
Science, INDIA

Certificate No.

IAFOW4215

Dr. S. Balagopal
President,
IAFO

Dr. Hemlata Pandey
Organizing Secretary,
IAFO



Certificate of Participation

Awarded to

Dr. Harsha. M

For presenting **Paper** in Scientific Sessions (Faculty) titled

'Correlation Between Strature And Odonto-Facial Parameters - A Crossectional, Regression Analysis Study'

At the 18th Annual National Conference of Indian Association of Forensic Odontology

'Innovations and Trends in Forensic Odontology'

Held on 25th and 26th September 2021

Organized by: Dept. of Forensic Medicine, Seth GS Medical College and KEM Hospital, Mumbai

In collaboration with: Dept. of Oral Pathology and Microbiology, Nair Hospital Dental College, Mumbai



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Department of Paediatric and Preventive Dentistry

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JAIPUR, RAJASTHAN, INDIA**

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For having participated as a Delegate at the
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Dr M.Radhika

Signature of State Dental
Council Representative

Dr Gautami S Penmetsa
Authorised Signatory
(on behalf of Organiser)

Dr.Sahitya Reddy
Signature of Guest
speaker



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THEME : "TOGETHER TOWARDS TOMORROW"

CERTIFICATE OF PARTICIPATION

This is to certify that

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President, ISPRP

Dr. Mohammed Feroz T. P.
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Organizing Chairman

Dr. Girija Sajjan
Organizing Secretary

Dr. P. Gautami
Scientific Chairman



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THEME : "TOGETHER TOWARDS TOMORROW"

CERTIFICATE OF PARTICIPATION

This is to certify that

DR. D. BHARATH SIMHA REDDY

has presented a **Scientific Paper**

at the **2nd Virtual ISPRP National Conference 2022** held on **4th, 5th & 6th February 2022**,

hosted by **Vishnu Dental College, Bhimavaram.**

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This is to certify that

DR. CHAKRAVARTHY Y.S.H.S

has presented a **Scientific Paper**

at the **2nd Virtual ISPRP National Conference 2022** held on **4th, 5th & 6th February 2022**,

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CERTIFICATE OF PARTICIPATION

This is to certify that

DR. V. MOHAN KRISHNA REDDY

has presented a **Scientific Paper**

at the **2nd Virtual ISPRP National Conference 2022** held on **4th, 5th & 6th February 2022**,

hosted by **Vishnu Dental College, Bhimavaram.**

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President, ISPRP

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This is to certify that

DR. S. RAVI KIRAN

has presented a **Scientific Paper**

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hosted by **Vishnu Dental College, Bhimavaram.**

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Scientific Chairman



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2ND VIRTUAL ISPRP CONFERENCE

THEME : "TOGETHER TOWARDS TOMORROW"

CERTIFICATE OF PARTICIPATION

This is to certify that

DR. G. SANTHI

has presented a **Scientific Paper**

at the **2nd Virtual ISPRP National Conference 2022** held on **4th, 5th & 6th February 2022**,

hosted by **Vishnu Dental College, Bhimavaram.**

Dr. Prathap. M. S.
President, ISPRP

Dr. Mohammed Feroz T. P.
Secretary, ISPRP

Dr. Suresh Sajjan MC
Organizing Chairman

Dr. Girija Sajjan
Organizing Secretary

Dr. P. Gautami
Scientific Chairman

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

Date : 14/10/2021

Debit to Dr. Nishath thoury Suryadevara

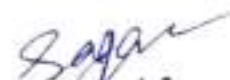
Paid to Dr. Nishath thoury Suryadevara a sum of Rs. 2750/-

Rupees Two thousand Seven hundred and fifty rupees Only

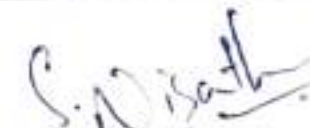
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Financial Support Request Letter

1. Name of the Staff Member : Dr. Nishanth thevey Suryadevara
2. Designation : professor
3. Department : periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details : 45th Isp Pune virtual conference
5. Date and Duration of the Program : 21/10/2021 to 23/10/2021
6. Associating professional body/ Agency : Isp
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

S. Nishanth
Signature of the Staff Member

1. Recommendations of the HoD :

2. Recommendations of the IQAC :

3. Recommendations of the Principal :

S. Nishanth
R. Chidambaram
Principal
Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

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Date : 14/10/21

Debit to Dr G. Santhi

Paid to Dr G. Santhi a sum of Rs. 2750/-

Rupees two thousand Seven hundred and fifty rupees Only

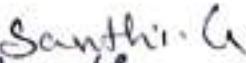
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Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Santhi
2. Designation : Senior Lecturer
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
45th IAP Pune Virtual Conference
5. Date and Duration of the Program : 9/10/2021 to 23/10/2021
6. Associating professional body/ Agency : IAP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - 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

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Date : 14/10/21

Debit to Dr. Y. S. H. S. Chakravarthy

Paid to Dr. Y. S. H. S. Chakravarthy a sum of Rs. 2750/-

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Financial Support Request Letter

1. Name of the Staff Member : Dr. Y.S.H.S Chakravarthy
2. Designation : Professor
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
45th IAP Pune Virtual Conference
5. Date and Duration of the Program : 21/10/2021 to 23/10/2021
6. Associating professional body/ Agency : IAP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Chakr.
Signature of the Staff Member

1. Recommendations of the HoD :

S. N. S. Th.

2. Recommendations of the IQAC :

[Signature]

3. Recommendations of the Principal :

[Signature]

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Accountant :

[Signature]

Date:

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Debit to Dr. G. Anusha.

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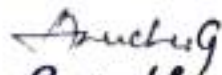
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Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Anusha
2. Designation : Reader
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
45th I.S.P. Pune Virtual Conference
5. Date and Duration of the Program : 21/10/2021 to 23/10/2021
6. Associating professional body/ Agency : I.S.P.
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Gali
Signature of the Staff Member

1. Recommendations of the HoD : S. R. R. H.
2. Recommendations of the IQAC : R. M.
3. Recommendations of the Principal : (Signature)

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Account Department

Accountant : (Signature)

Date:

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Date : 16/10/21

Debit to Dr. M. Madhusudhan Rao

Paid to Dr. M. Madhusudhan Rao a sum of Rs. 2750/-

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Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Madhusudhan Rao
2. Designation : Reader
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
1st RSP Pune Virtual Conference
5. Date and Duration of the Program : 21/10/2021 to 23/10/2021
6. Associating professional body/ Agency : RSP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2750/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

Madhusudhan Rao
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

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Date : 14/4/22

Debit to Dr. D. Bharath Sinha Reddy

Paid to Dr. D. Bharath Sinha Reddy a sum of Rs. 7000/-

Rupees Seven thousand rupees Only

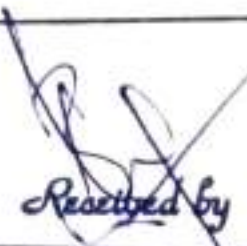
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Financial Support Request Letter

1. Name of the Staff Member : Dr. D. Bharath Srinivas Reddy
2. Designation : Senior Lecturer
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
22th ISL PG Convention
5. Date and Duration of the Program : 22/4/2022 to 24/4/2022
6. Associating professional body/ Agency: ISL
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD: [Signature]

2. Recommendations of the IQAC: [Signature]

3. Recommendations of the Principal: [Signature]

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Accountant: [Signature]

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Debit to Dr. S. Ravikiran

Paid to Dr. S. Ravikiran a sum of Rs. 7000/-

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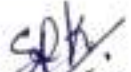
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Financial Support Request Letter

1. Name of the Staff Member : Dr. S. Ravi Kiran
2. Designation : Senior Lecturer
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
Dr. H. P. P. PG Convention
5. Date and Duration of the Program : 22/4/2012 to 24/4/2012
6. Associating professional body/ Agency: DSP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : Free
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Signature of the Staff Member

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

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Account Department

Accountant [Signature]

Date: _____

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Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/4/22

Debit to Dr. G. Anusha

Paid to Dr. G. Anusha a sum of Rs. 7000/-

Rupees Seven thousand rupees Only

towards 20th JSP pg Convention

by Cheque / DD / Cash 7000/-

Mr.
Paid by

Sgt
Approved by

Accountant

G. Anusha
Received by



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Financial Support Request Letter

1. Name of the Staff Member

Dr. G. Anusha

2. Designation

Reader

3. Department

Periodontics

4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :

20th ISL PG Convention

5. Date and Duration of the Program

22-4-2022 to 24-4-2022

6. Associating professional body/ Agency:

ISL

7. Financial support particulars (Rs.)

i. Registration Charges

7000/-

ii. Travelling Allowances

iii. Membership Fee

iv. Others (if any)

Date:

Signature of the Staff Member

1. Recommendations of the HoD :

2. Recommendations of the IQAC :

3. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/4/22

Debit to Dr. Y. Ralagnya

Paid to Dr. Y. Ralagnya a sum of Rs. 7000/-
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 towards 20th TSP PG Convention.
 by Cheque/DD/Cash 7000/-

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Approved by

Accountant

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Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Rasagnya
2. Designation : Senior Lecturer
3. Department : Oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
20th DSR PG Convention
5. Date and Duration of the Program : 28/4/2022 to 24/4/2022
6. Associating professional body/ Agency : DSR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

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

Date : 15/4/22

Debit to Dr Santhi G

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towards 20th TSP PG Convention

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant

Santhi G
Received by



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Financial Support Request Letter

1. Name of the Staff Member

Dr. Sathish G

2. Designation

Senior Lecturer

3. Department

of Periodontics

4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :

20th I.S.P. PG convention

5. Date and Duration of the Program

22/4/2022 to 24/4/2022

6. Associating professional body/ Agency:

I.S.P.

7. Financial support particulars (Rs.)

i. Registration Charges

7000/-

ii. Travelling Allowances

—

iii. Membership Fee

—

iv. Others (if any)

—

Date:

Signature of the Staff Member

1. Recommendations of the HoD:

2. Recommendations of the IQAC:

3. Recommendations of the Principal:

Sanctioned/ Not Sanctioned

Account Department

Accountant:

Date:

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

Date : 15/4/22

Debit to Dr. Y.S.H.S. Chakravarthy

Paid to Dr. Y.S.H.S. Chakravarthy a sum of Rs 7000/- Only

Rupees Seven thousand rupees

towards 20th ICP PG Convention

by Cheque/DD/Cash 7000/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

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Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PHE: 0803-2484492 Fax: 0803-2484493

Financial Support Request Letter

1. Name of the Staff Member

Dr. Y.S.H.S. Chakravarthy

2. Designation

Head of the department

3. Department

Oral Pathology

4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :

20th IAP PG Convention

5. Date and Duration of the Program

22/4/2022 to 24/4/2022

6. Associating professional body/ Agency:

IAP

7. Financial support particulars (Rs.)

i. Registration Charges

7000/-

ii. Travelling Allowances

iii. Membership Fee

iv. Others (if any)

Date:

Signature of the Staff Member

1. Recommendations of the HoD:

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 : _____

Debit to Dr. Sriramachand

Paid to Dr. Sriramachand a sum of Rs. 8,500/-

Rupees Eight thousand five hundred rupees Only

towards 22nd IACDE National PG Convention

by Cheque / DD / Cash 8500/-


Paid by


Approved by


Accountant


Received by



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sri Ramana
2. Designation : Reader
3. Department : Conservative Dentistry & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
22nd IACDE National PG Convention
5. Date and Duration of the Program : 25-3-2022 to 27-3-2022
6. Associating professional body/ Agency: IACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Sri Ram
Signature of the Staff Member

1. Recommendations of the HoD : M. G. S. V. V.
2. Recommendations of the IQAC : Dr. P. S. R.
3. Recommendations of the Principal : P. S. R.

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 : 18/3/22

Debit to Dr. P. Lalitha

Paid to Dr. P. Lalitha a sum of Rs. 8500/-

Rupees Eight thousand and five hundred. Only

towards 22nd PACDE National PG Convention

by Cheque / DD / Cash 8500/-


Paid by


Approved by


Accountant

P. Lalitha
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. P. Lalitha
2. Designation : Senior lecturer
3. Department : Oral Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
22nd JACDE National PG Convention
5. Date and Duration of the Program : 25-3-2022 to 27-3-2022
6. Associating professional body/ Agency: JACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

P. Lalitha
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 11/11/21

Debit to Dr. Shanila Reddy

Paid to Dr. Shanila Reddy . a sum of Rs. 8000/-

Rupees Eight thousand Rupees Only

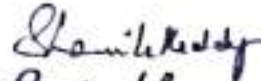
towards 36th IACDE National Conference

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant


Received by



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

Financial Support Request Letter

1. Name of the Staff Member : Dr Shanika Reddy
2. Designation : Senior Lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th IACDE National Conference
5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

[Signature]
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294,

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/7/23

Debit to Dr. P. Lalitha

Paid to Dr. P. Lalitha a sum of Rs. Three

Eight Thousand Rupees Only

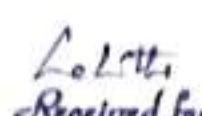
for 36th IACDE National Conference

by Cheque / DD / Cash ₹ 000/-


Paid by


Approved by


Assistant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr P Lalitha
2. Designation : Senior Lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th IACDE National Conference
5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IACDE
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 :

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 : 11/11/21

Debit to Dr. D. Amritha

Paid to Dr. D. Amritha a sum of Rs. 8000/-

Rupees Eight thousand Rupees Only

towards 36th IACDE National Conference.

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant


Received by

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. D. Aruntha
2. Designation : Senior Lecturer
3. Department : Of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th IACDE National Conference
5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IACDE
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

[Signature]
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant: [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/21

Debit to Dr. G. V. V. Satyanarayana

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

Rupees Eight thousand Rupees. Only

towards 36th TACDF National Conference

by Cheque / DD / Cash 8000/-

M
Paid by

Saty
Approved by

ji
Accountant

Satyanarayana
Received by



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

Accredited with NAAC "A" Grade

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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. B. V. V. Satyanarayana
2. Designation : Senior Lecturer
3. Department : of Conservative and Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
36th IACDF National Conference
5. Date and Duration of the Program : 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IACDF
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Satyanarayana
Signature of the Staff Member

1. Recommendations of the HoD : *Dr. B. V. V. Satyanarayana*
2. Recommendations of the IQAC : *[Signature]*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/21

Debit to Dr. Y. Padmasri

Paid to Dr. Y. Padmasri a sum of Rs. 8000/-

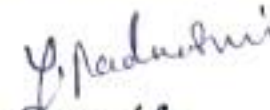
Rupees Eight thousand Rupees 0 Only
towards 36th IACDE National Conference

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant


Received by



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NB-12, Sajjanpore, Rajahmundry, East Godavari (DC), AP, India

Web: www.lids.edu Y-Mail: lidaulstmantry@gmail.com Ph: 0883-2404402 Fax: 0883-2404403

Financial Support Request Letter

1. Name of the Staff Member: Dr. V. Admasu
2. Designation: Senior Lecturer
3. Department: of Conservative and Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
36th IADCE National Conference
5. Date and Duration of the Program: 19-11-2021 to 21-11-2021
6. Associating professional body/ Agency: IADCE
7. Financial support particulars (Rs.):
- | | |
|---------------------------|---------------|
| i. Registration Charges | <u>8000/-</u> |
| ii. Travelling Allowances | <u>-</u> |
| iii. Membership Fee | <u>-</u> |
| iv. Others (if any) | <u>-</u> |

Date:

Signature
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 : _____

Debit to Dr. Lakshmi Deepa V

Paid to Dr. Lakshmi Deepa V a sum of Re. 850/-

Rupees Eight hundred and fifty Only

towards 2nd virtual ISPPR Conference.

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Lakshmi Deepa V
2. Designation : Professor
3. Department : Conservative Dentistry & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Virtual ISRP Conference
5. Date and Duration of the Program : 4-2-22 to 6-2-22
6. Associating professional body/ Agency: _____
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Deepa
Signature of the Staff Member

1. Recommendations of the HoD: Pradi Babu V.V.
2. Recommendations of the IQAC: Pradi
3. Recommendations of the Principal: Pradi

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 : 25/11/21

Debit to Dr. K. Srideni

Paid to Dr. K. Srideni a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

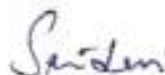
towards 3rd National IADR Conference

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant


Received 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 : Dr. K. Sridevi
2. Designation : H.O.D
3. Department : Of Oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
32nd National IADMR Conference
5. Date and Duration of the Program : 3-12-2021 to 5-12-2021
6. Associating professional body/ Agency: IADMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

K. Sridevi
Signature of the Staff Member

1. Recommendations of the HoD: K. Sridevi
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/4/22

Debit to Dr. K. Srideni

Paid to Dr. K. Srideni a sum of Rs. 5000/-

Rupees five thousand Rupees. Only

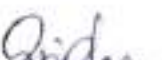
towards 19th National Triple 'O' Symposium 2022

by Cheque/DD/Cash 5000/-


Paid by


Approved by


Assurant


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. K. Sridewi
2. Designation : H.O. D
3. Department : Oral Medicine & Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
19th National Triple 'O' Symposium 2022
5. Date and Duration of the Program : 29/4/2022 to 30/4/2022
6. Associating professional body/ Agency: IAOMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

R. Sridewi
Signature of the Staff Member

1. Recommendations of the HoD: R. Sridewi
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant: [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 26/11/21

Debit to Dr. B. Krishnaveni

Paid to Dr. B. Krishnaveni a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

towards 32nd National IAOMR Conference.

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Assistant

B. Krishnaveni
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 PII:0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Krishnaveni
2. Designation : Reader
3. Department : of oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
30th National IAOMR Conference
5. Date and Duration of the Program : 3-12-2021 to 5-12-2021
6. Associating professional body/ Agency: IAOMR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Krishna
Signature of the Staff Member

1. Recommendations of the HoD : [Signature]

2. Recommendations of the IQAC : [Signature]

3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 26/11/21

Debit to Dr. V. Teja Sri

Paid to Dr. V. Teja Sri a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

towards 32nd National PADM Conference

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant

V. Teja Sri
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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Accredited with NAAC "A" Grade

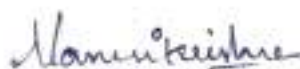
NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Teja Sni
2. Designation : Senior lecturer
3. Department : Oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
32nd National IADR Conference
5. Date and Duration of the Program : 5/12/2021 to 5/12/2021
6. Associating professional body/ Agency : IADR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:


Signature of the Staff Member

1. Recommendations of the HoD : 
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 - 533204.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. G. Vamsi Krishna

Paid to Dr. G. Vamsi Krishna a sum of Rs. 1000/-

Rupees Seven Thousand Rupees Only

towards 22nd National Dental Conference.

by Cheque / DD / Cash 1000/-


Paid by


Approved by


Accountant

G. Vamsi Krishna
Received 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 : Dr. G. Vamsi Krishna
2. Designation : Senior Lecturer
3. Department : of Oral Medicine & Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
32nd National IADR Conference
5. Date and Duration of the Program : 3/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IADR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Vamsi Krishna
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant: [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/11/21

Debit to Dr. V. Raga Geethika

Paid to Dr. V. Raga Geethika a sum of Rs. 7000/-

Rupees Seven Thousand Rupees Only

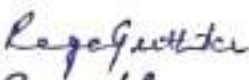
towards 32nd National Paediatric Conference

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Accountant


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Web: www.lids.ac.in E-Mail: lidsraja@rediffmail.com Pin-0083-2484492 Fax: 0083 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Raga Geethika
2. Designation : Senior Lecturer
3. Department : of Oral Medicine and Radiology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
32nd National IADR Conference
5. Date and Duration of the Program : 7/12/2021 to 5/12/2021
6. Associating professional body/ Agency: BAOAR
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Signature of the Staff Member

1. Recommendations of the HoD : R. Sridhar
2. Recommendations of the IQAC : Dr. S.
3. Recommendations of the Principal : Dr. S.

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 : 18/09/2021

Debit to Dr. T. Madhusudhana Rao

Paid to Dr. T. Madhusudhana Rao a sum of Rs. 1250/-

Rupees one thousand two hundred and fifty rupees Only

towards 18th Annual National Conference of Indian Association of Forensic Odontology

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. T. Madhusudhana Rao
2. Designation : Professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
10th Annual National Conference of Indian Association
of forensic odontology
5. Date and Duration of the Program : 25/9/21 to 26/9/21
6. Associating professional body/ Agency: IAPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -



Signature of the Staff Member

Date: _____

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

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 : 18/09/2021

Debit to Dr. Vishwa Prakash Shetty

Paid to Dr. Vishwa Prakash Shetty a sum of Rs. 1250/-

Rupees one thousand two hundred and fifty rupees Only

towards 18th Annual national Conference of Indian Association of forensic odontology

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant

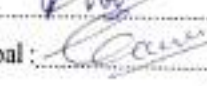

Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. VishwaPrakash Shetty
2. Designation : Professor and HOD
3. Department : of oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National Conference of Indian Association of Forensic Odontology
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: IAFO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - 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 : 18/09/2021

Debit to Dr. Vidya Rani PS

Paid to Dr. Vidya Rani PS a sum of Rs. 1250/-

Rupees one thousand two hundred and fifty rupees Only

towards 18th Annual national conference of Indian Association of Forensic Odontology

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vidyarani PS
2. Designation : Senior lecturer
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National Conference of
Indian Association of forensic odontology
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: IADO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Vidyarani PS
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. M. Harcha

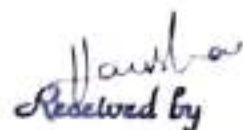
Paid to Dr. M. Harcha a sum of Rs. 1250/-

Rupees One thousand two hundred and fifty rupees Only
towards 18th Annual National Conference of Indian Association of forensic dentistry
by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Henshe
2. Designation : Senior Lecturer
3. Department : Oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National Conference of Indian Association of Forensic Odontology.
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: IAFO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Ramkumar
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 17/9/21

Debit to Dr. A. Jacob prakash.

Paid to Dr. A. Jacob prakash a sum of Rs 1250/-

Rupees One thousand two hundred and fifty rupees Only
towards 18th Annual National Conference of Indian Association of forensic odontology

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. A. Jacob Prasad
2. Designation : Professor
3. Department : Dept. of Oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /PDP Certificate Details:
15th Annual National Conference of Indian Association of Forensic Odontology
5. Date and Duration of the Program : 25/7/2021 to 26/7/2021
6. Associating professional body/ Agency : IASO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - 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 : 18/9/21

Debit to Dr. Vijayalakshmi. M.

Paid to Dr. Vijayalakshmi. M. a sum of Rs. 1250/-

Rupees One thousand two hundred and fifty rupees Only

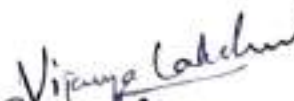
towards 18th Annual National Conference of Indian Association of forensic odontology

by Cheque / DD / Cash 1250/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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Accredited with NAAC "A" Grade

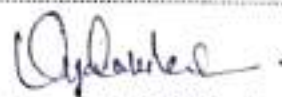
NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

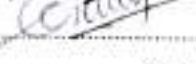
Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH:0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr Vijaya Lakshmi. H
2. Designation : Reader
3. Department : Of Oral Pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th Annual National Conference of Indian Association of Forensic Odontology.
5. Date and Duration of the Program : 25/9/2021 to 26/9/2021
6. Associating professional body/ Agency: IAFO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1250/-
 - 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 : 18/9/21

Debit to Dr. Swathi.S

Paid to Dr. Swathi.S a sum of Rs. 7000/-

Rupees Seven thousand rupees. Only

towards 55th Indian Orthodontic Virtual Conference

by Cheque/DD/Cash 7000/-


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, PII: 0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sreethi. S
2. Designation : Senior Lecturer
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
5th Indian Orthodontic Virtual Conference
5. Date and Duration of the Program : 24-9-2021 to 26-9-2021
6. Associating professional body/ Agency: IOO
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

Sreethi. S.
Signature of the Staff Member

1. Recommendations of the HoD : Paramh
2. Recommendations of the IQAC : R. K. R.
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. Lekhapavani. G

Paid to Dr. Lekhapavani. G a sum of Rs. 7000/-

Rupees Seven thousand Rupees. Only

towards 55th Indian Orthodontic Virtual Conference.

by Cheque / DD / Cash 1000/-


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. Lekha Pavani. G
2. Designation : Senior Lecturer
3. Department : Of Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
55th Indian Orthodontic Virtual Conference
5. Date and Duration of the Program : 24/9/2021 to 26/9/2021
6. Associating professional body/ Agency : IOC
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Signature of the Staff Member

1. Recommendations of the HoD : Pavani
2. Recommendations of the IQAC : Sridhar
3. Recommendations of the Principal : [Signature]

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 : 18/9/21

Debit to Dr. Leelapraveena.

Paid to Dr Leelapraveena a sum of Rs. 7000/-

Rupees Seven thousand Rupees Only

towards 55th Indian Orthodontic Virtual conference.

by Cheque / DD / Cash 7000/-


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: lidsrajaahmundry@gmail.com, PH:0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Lella Praveene
2. Designation : Senior lecturer
3. Department : of Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
55th Indian Orthodontic Virtual conference
5. Date and Duration of the Program : 24/9/2021 to 26/9/2021
6. Associating professional body/ Agency: IOC
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

Lella Praveene
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/9/21

Debit to Dr. Sarathbabu. B

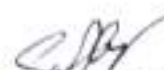
Paid to Dr. sarathbabu. B a sum of Rs. 7000/-

Rupees Seventy thousand rupees Only

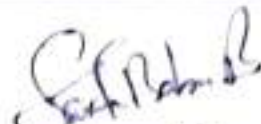
towards 55th Indian Orthodontic Virtual conference.

by Cheque / DD / Cash 7000/-


Paid by


Approved by


Assistant


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

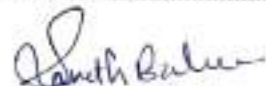
NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

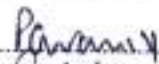
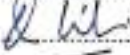
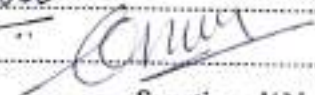
Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883-2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sarath Babu B
2. Designation : Reader
3. Department : Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
55th Indian Orthodontic Conference
5. Date and Duration of the Program : 24-9-2021 to 26-9-2021
6. Associating professional body/ Agency : IOC
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:


Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/4/22

Debit to Dr. S.V.S. Kiran ch.

Paid to Dr. S.V.S. Kiran ch. a sum of Rs. 8000/-

Rupees Eight thousand Rupees. Only

towards 25th IOS National PG Students Convention.

by Cheque/DD/Cash 8000/-


Paid by


Approved by


Accountant

Kiran ch
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. S.V.S. Kiran ch.
2. Designation : Reader
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IOS National PG Students Convention
5. Date and Duration of the Program : 28/4/2022 to 1/5/2022
6. Associating professional body/ Agency : IOS
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 : Pavan
2. Recommendations of the IQAC : P. V. S. Kiran
3. Recommendations of the Principal : P. V. S. Kiran

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/4/22

Debit to Dr V. Jessie Ratan

Paid to Dr. V. Jessie Ratan a sum of Rs. 8000/-

Rupees Eight thousand Rupees Only

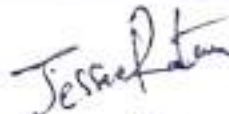
towards 25th IOS National PG Students Convention

by Cheque / D.D / Cash 8000/-


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, Pin: 0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Jessie Ratan
2. Designation : Senior lecturer
3. Department : Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IOS National PG Students convention
5. Date and Duration of the Program : 30/4/2022 to 1/5/2022
6. Associating professional body/ Agency: IOS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Jessie Ratan
Signature of the Staff Member

1. Recommendations of the HoD : Pavanika
2. Recommendations of the IQAC : [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/4/22

Debit to Dr. P. Narendra.

Paid to Dr. P. Narendra a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards 25th IOS National PG Students convention.

by Cheque / DD / Cash 8000/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

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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. P. Narendra
2. Designation : Reader
3. Department : of Orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
85th IAS National PG Students Convention
5. Date and Duration of the Program : 28/4/2022 to 1/5/2022
6. Associating professional body/ Agency: IAS
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 : Panchanab
2. Recommendations of the IQAC : R. V. S.
3. Recommendations of the Principal : P. S. S.

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 22/4/22

Debit to Dr. M. Sivaprasad.

Paid to Dr. M. Sivaprasad a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

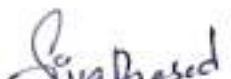
towards 25th IOS National PG Student Convention.

by Cheque / DD / Cash 8000/-


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 PII: 0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Siva Prasad
2. Designation : Reader
3. Department : of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th JAS National PG Students Convention
5. Date and Duration of the Program : 08/4/2022 to 11/5/2022
6. Associating professional body/ Agency: JAS
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 : *[Signature]*
2. Recommendations of the IQAC : *[Signature]*
3. Recommendations of the Principal : *[Signature]*

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 : _____

Debit to Dr. K. Rupa Shree

Paid to Dr. K. Rupa Shree a sum of Rs. 300/-

Rupees Three thousand Rupees Only

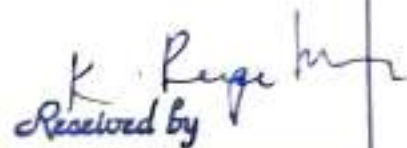
towards Perisodiyam

by Cheque / DD / Cash 3000 /-


Paid by


Approved by


Accountant


Received by



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Supa Hara
2. Designation : Professor
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
Periodontics
5. Date and Duration of the Program : 30-3-2016 to 01-04-2016
6. Associating professional body/ Agency:
7. Financial support particulars (Rs.) : 2000/-
 - 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 :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23-5-2021

Debit to Dr. Y. Chakravarthi

Paid to Dr. Y. Chakravarthi a sum of Rs. 3000/-

Rupees Three thousand Rupees only Only

towards period adhyasan.

by Cheque / DD / Cash 3000/-

CC
Paid by

Sagor
Approved by

Pat
Accountant

Shal Cunneth
Received by



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Y. Chakravarthi
2. Designation : HOD and Professor
3. Department : of periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
..... perio adhyaan
5. Date and Duration of the Program : 30-3-2021 to 01-04-2021
6. Associating professional body/ Agency : perio adhyaan
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
Chakravarthi

1. Recommendations of the HoD : *Chakravarthi*
2. Recommendations of the IQAC : *K. N. S.*
3. Recommendations of the Principal : *[Signature]*

Sanctioned ☒ Not Sanctioned ☐

Account Department

Accountant : *[Signature]*

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23-3-2021

Debit to Dr. G. Harikishan

Paid to Dr. G. Harikishan a sum of Rs. 3000/-

Rupees Three thousand rupees only Only

towards Devo adhyaan

by Cheque / DD / Cash 3000/-

11/3
Paid by

Sagar
Approved by

Pat
Accountant

Harikishan
Received by



LENORA INSTITUTE OF DENTAL SCIENCES

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Accredited with NAAC "A" Grade

NIE-16, Rajanagar, Rajahmundry, East Godavari (DL), AP, India.

Web: www.lids.ac.in, E-Mail: lidsrajanagundry@gmail.com, Pin-0883-2484472 Fax: 0883 2484473

Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Hanikrishnan
2. Designation : Prof. J.
3. Department :
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
peris adhyaan
5. Date and Duration of the Program :
6. Associating professional body/ Agency: peris adhyaan
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 :
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 : 23-3-2021

Debit to Dr. V. Mohan Krishna Reddy

Paid to Dr. V. Mohan Krishna Reddy a sum of Rs. 3000/-

Rupees Three thousand rupees only Only

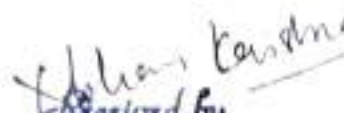
towards Devo adhyaan

by Cheque / DD / Cash 3000/-


Paid by


Approved by


Accountant


Received by



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. N. Mohan Krishna Reddy
2. Designation : Senior Lecturer
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
perio adhyan
5. Date and Duration of the Program : _____
6. Associating professional body/ Agency: perio adhyan
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 : Chaturvedi
2. Recommendations of the IQAC : L. Prasad
3. Recommendations of the Principal : Prasad

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 : 23-3-2021

Debit to Dr. G. Anurag

Paid to Dr. G. Anurag a sum of Rs. 3000/-

Rupees Three thousand Rupees only Only

towards period adhyasan

by Cheque / DD / Cash 3000/-

PAID
Paid by

Sas
Approved by

RAJ
Accountant

Anurag
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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Financial Support Request Letter

1. Name of the Staff Member : Dr G Anurag
2. Designation : Senior Lecturer
3. Department : of periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
Perio adhyasan
5. Date and Duration of the Program : 20-3-2021 to 01-04-2021
6. Associating professional body/ Agency: Perio Adhyasan
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 : Chakravarthi
2. Recommendations of the IQAC: R. K. Ch
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 : 21/4/22

Debit to Dr. K. Pavan

Paid to Dr. K. Pavan a sum of Rs. 8000/-

Rupees Eight thousand rupees. Only

towards 25th IOS National PG Students Convention.

by Cheque / DD / Cash 8000/-


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: 0883-2404492, Fax: 0883-2404493

Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Pavan
2. Designation : H.O.D
3. Department : Of orthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th Ios National PG Students Convention
5. Date and Duration of the Program : 28/4/2022 to 1/5/2022
6. Associating professional body/ Agency: Ios
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Pavan
Signature of the Staff Member

1. Recommendations of the HoD : *Pavan*
2. Recommendations of the IQAC : *Dr. K. Pavan*
3. Recommendations of the Principal : *Dr. K. Pavan*

Sanctioned/ Not Sanctioned

Account Department

Accountant

Date:

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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. V. S. H. S. Chettravathy
2. Designation : H.O.D
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Virtual ISPP Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: ISPP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. Nisha H.
2. Recommendations of the IQAC: A. W.
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 28/1/22

Debit to Dr. Y.S.H.S. Chakravarthy.

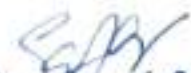
Paid to Dr. Y.S.H.S. Chakravarthy. a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees Only

towards 2nd virtual TSPRP conference

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by

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Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Mohan Krishna Reddy
2. Designation : Reader
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Vishal ISPPP Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: ISPPP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. A. R. R. R.
2. Recommendations of the IQAC: R. Sridhar
3. Recommendations of the Principal : OW

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 : 27/1/22

Debit to Dr. V. Mohan Krishna Reddy

Paid to Dr. V. Mahan Krishna Reddy a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees only Only

towards 2nd virtual ISPRP Conference

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. D. Bhavith Srinika Dattaj
2. Designation : Senior Lecturer
3. Department : Oral Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Annual ISPP Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: ISPP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 550/-
 - 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 : 29-01-22

Debit to Dr. D. Bharath Simha Reddy.

Paid to Dr. D. Bharath Simha Reddy a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees Only

towards 2nd virtual ISPRP Conference

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant

Dr. Bharath Simha Reddy
Received by

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Accredited with NAAC "A" Grade

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Anila
2. Designation : Reader
3. Department : Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Virtual ISPPP Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: ISPPP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

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

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 : 28/1/22

Debit to Dr. G. Anusha

Paid to Dr. G. Anusha a sum of Rs. 850/-

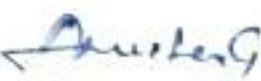
Rupees Eight hundred and fifty rupees Only
towards 2nd virtual ISPRP conference.

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


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 2404492 Fax: 0883 2404493

Financial Support Request Letter

1. Name of the Staff Member : Dr. S. Ravikiran
2. Designation : Senior Lecturer
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd National ISPP Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: ISPP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Ravikiran
Signature of the Staff Member

1. Recommendations of the HoD : S. D. S. H.
2. Recommendations of the IQAC: R. H.
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/1/22

Debit to Dr. S. Ravikiran

Paid to Dr. S. Ravikiran a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees. Only

towards 2nd virtual ISPRP conference.

by Cheque / DD / Cash 850/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Sathish
2. Designation : Senior Lecturer
3. Department : of Periodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
2nd Virtual PSPRP Conference
5. Date and Duration of the Program : 4/2/2022 to 6/2/2022
6. Associating professional body/ Agency: PSPRP
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 850/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. N. Sathish
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/1/22

Debit to Dr. G. Santhi

Paid to Dr. G. Santhi a sum of Rs. 850/-

Rupees Eight hundred and fifty rupees. Only

towards 2nd virtual ISPRP conference.

by Cheque / DD / Cash 850/-


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. Anvesh G
2. Designation : Senior Lecturer
3. Department : Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IAPHD National conference
5. Date and Duration of the Program : 19-11-21 to 21-11-21
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Signature
Signature of the Staff Member

1. Recommendations of the HoD : Balaiah
2. Recommendations of the IQAC: K. Viji
3. Recommendations of the Principal : Lenora

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 : 13/11/21

Debit to Dr. Anvesh. G.

Paid to Dr Anvesh. G a sum of Rs. 5000/-

Rupees Five thousand rupees Only

towards 25th IAPHD National Conference.

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Praneetha S
2. Designation : Senior Lecturer
3. Department : Public Health Dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IAPHD National Conference
5. Date and Duration of the Program : 19-11-21 to 21-11-21
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Praneetha
Signature of the Staff Member

1. Recommendations of the HoD : B. N. S. S. S.
2. Recommendations of the IQAC : Dr. S. S. S.
3. Recommendations of the Principal : Canal

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 : _____

Debit to Dr Praneetha K.

Paid to Dr Praneetha K. a sum of Rs 5000/-

Rupees Five thousand rupees Only

towards 25th TAPHD National conference

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Assistant


Received by

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

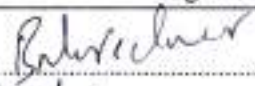
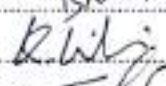
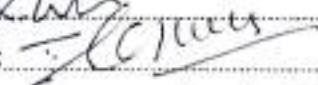
Web: www.lids.ac.in E-Mail: lidsrajaahmundry@gmail.com PH:0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jabeerunnisa
2. Designation : Reader
3. Department : Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IAPHD National Conference
5. Date and Duration of the Program : 19/11/2021 to 21/11/2021
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 13/11/21

Debit to Dr. Zabirunnisa.

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

Rupees Five thousand rupees. Only

towards 25th IAPHD National Conference.

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


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: 0883-2404492 Fax: 0883-2404493

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jagadeesh Narayana K
2. Designation : Professor
3. Department : of Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
95th IAPAD National Conference
5. Date and Duration of the Program : 19/11/2021 to 21/11/2021
6. Associating professional body/ Agency: IAPAD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

Jagadeesh Narayana K
Signature of the Staff Member

1. Recommendations of the HoD : B. Srinivasulu
2. Recommendations of the IQAC: K. H. Srinivasulu
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 13/11/21

Debit to Dr. Jagadeesh Narayana

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

Rupees Five thousand Rupees Only

towards 25th IAPHD National Conference.

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by

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

Financial Support Request Letter

1. Name of the Staff Member : Dr B Naveen Kumar
2. Designation : Head of the Department
3. Department : Public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
25th IAPHD National conference
5. Date and Duration of the Program : 19/11/2021 to 21/11/2021
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

[Signature]
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/21

Debit to Dr. B. Naveen Kumar

Paid to Dr. B. Naveen Kumar a sum of Rs. 5000/-

Rupees five Thousand Rupees Only

towards 25th IAPHD National Conference.

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by

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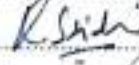
Web: www.lids.ac.in E-Mail: lidsrajahmundry@gmail.com PH: 0883-2484492 Fax: 0883 2484493

Financial Support Request Letter

1. Name of the Staff Member : Dr. R. Purnitha Vathy
2. Designation : H.O.D
3. Department : Of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
42nd National ISPPD Virtual Conference
5. Date and Duration of the Program : 25/11/2021 to 27/11/2021
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1450/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

R. Purnitha Vathy
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 : 19/11/21

Debit to Dr. R. Punithavaathy

Paid to Dr. R. Punithavaathy a sum of Rs. 1450/-

Rupees One thousand four hundred and fifty rupees Only

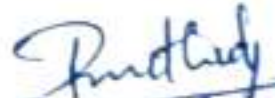
towards 42nd National ISPPD Virtual Conference.

by Cheque / DD / Cash 1450/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

(Recognised by GOI/ Dental Council of India & Affiliated to Dr. NTR UHS-BZA)
Accredited with NAAC "A" Grade

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

Web: www.lids.ac.in E-Mail: lidsrajamundry@gmail.com PII: 0883-2404492 Fax: 0883 2404493

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Satyam
2. Designation : Professor
3. Department : Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
4th National ISPPD Virtual Conference
5. Date and Duration of the Program : 25/11/2021 to 27/11/2021
6. Associating professional body/ Agency : ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1450/-
 - 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 : 19/11/21

Debit to Dr. M. Satyam.

Paid to Dr. M. Satyam a sum of Rs. 1450/-

Rupees One thousand four hundred and fifty rupees Only
towards 42nd National ISPPD Virtual Conference.

by Cheque / DD / Cash 1450/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. P. Mythilee
2. Designation : Senior Lecturer
3. Department : Of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
42nd National ISPPD Virtual Conference
5. Date and Duration of the Program : 25/11/2021 to 27/11/2021
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1450/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

Mythilee
Signature of the Staff Member

1. Recommendations of the HoD : _____
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 19/11/21

Debit to Dr. R. Mythirae

Paid to Dr. R. Mythirae a sum of Rs. 1450/-

Rupees One thousand four hundred and fifty rupees Only

towards 42nd National ISPPD Virtual Conference.

by Cheque / DD / Cash 1450/-


Paid by


Approved by


Accountant


Received 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 : Dr. R. Punithavathy
2. Designation : H.O.D
3. Department : of Pedodontia
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th ISPPD National PG Convention
5. Date and Duration of the Program : 7/4/2022 to 9/4/2022
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6500/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

R. Punithavathy
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/4/22

Debit to Dr R. Punithavathy

Paid to Dr. R. Punithavathy a sum of Rs. 6500/-

Rupees Six thousand five hundred rupees. Only

towards 18th ISPPD National PG Convention.

by Cheque / DD / Cash 6500/-


Paid by


Approved by


Accountant


Received 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 : Dr. R. Mythriac
2. Designation : Senior Lecturer
3. Department : Of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th ISPPD National PG convention
5. Date and Duration of the Program : 7/4/2022 to 9/4/2022
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6500/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Mythriac
Signature of the Staff Member

1. Recommendations of the HoD : *[Signature]*
2. Recommendations of the IQAC: *R. W.*
3. Recommendations of the Principal : *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/4/22

Debit to Dr. R. Mythirae

Paid to Dr. R. Mythirae a sum of Rs. 6500/-

Rupees Six thousand five hundred rupee. Only

towards 18th ISPPD National PG convention.

by Cheque / DD / Cash 6500/-

Paid by

Approved by

Accountant

Received by

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. L. Meghana
2. Designation : Senior Lecturer
3. Department : of Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
18th ISPPD National PG Convention
5. Date and Duration of the Program : 7/4/2022 to 9/4/2022
6. Associating professional body/ Agency: ISPPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6500/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

L. Meghana
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 11/4/21

Debit to Dr. L. Meghana.

Paid to Dr. L. Meghana. a sum of Rs. 6500/-

Rupees Six thousand five Hundred rupees. Only

towards 18th ISPPD National PG Convention.

by Cheque / DD / Cash 6500/-


Paid by


Approved by


Accountant


Received 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 : Dr. B. Lakshmana Rao
2. Designation : Head of the Department
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1st December - 5th December 2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. B. Lakshmana Rao

Paid to Dr. B. Lakshmana Rao a sum of Rs. 3500/-

Rupees Three Thousand and five hundred Rupees. Only

towards 99th IPS National Virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant

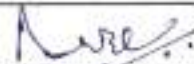
Lakshmana Rao
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr G. Srinitha
2. Designation : Reader
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 19th December - 5th December 2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - 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 : _____

Debit to Dr. G. Sivisha

Paid to Dr. G. Sivisha a sum of Rs. 3500/-

Rupees Three thousand and five hundred rupees Only

towards 49th IPS National virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


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LENORA INSTITUTE OF DENTAL SCIENCES

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Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Sudheer
2. Designation : Professor
3. Department : of prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Sudheer
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. K. Sudheer

Paid to Dr. K. Sudheer a sum of Rs. 3500/-

Rupees Three thousand and five hundred Rupees Only

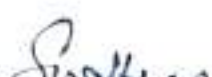
towards 49th IRS National Virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. T.S.V. Satyanarayana
2. Designation : Professor
3. Department : Of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Satyanarayana
Signature of the Staff Member

1. Recommendations of the HoD: *[Signature]*
2. Recommendations of the IQAC: *[Signature]*
3. Recommendations of the Principal: *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant: *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. T.S.V. Satya Narayana

Paid to Dr. T.S.V. Satya Narayana a sum of Rs. 3500/-

Rupees Three thousand and five hundred. Rupees. Only

towards 49th IPS National Virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


Received 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 : Dr. T. Ramesh
2. Designation : Reader
3. Department : of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

T. Ramesh
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 23/11/21

Debit to Dr. T. Ramesh

Paid to Dr. T. Ramesh a sum of Rs. 3500/-

Rupees Three Thousand and five hundred Rupees. Only

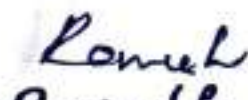
towards 49th IPS National Virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


Received by

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

Financial Support Request Letter

1. Name of the Staff Member : Y. Harika
2. Designation : Senior Lecturer
3. Department : Of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
49th IPS National Virtual Conference 2021
5. Date and Duration of the Program : 1/12/2021 to 5/12/2021
6. Associating professional body/ Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 3500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 24/11/21

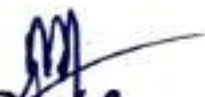
Debit to Y. Harika

Paid to Y. Harika a sum of Rs. 3500/-

Rupees Three thousand and five hundred. Only

towards 49th IPS National Virtual Conference 2021

by Cheque / DD / Cash 3500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Satyam
2. Designation : Reader
3. Department : Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
Peda Disha 2021
5. Date and Duration of the Program : 25th - 27th Nov 2021
6. Associating professional body/Agency: ISP-PD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2,500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Satyam
Signature of the Staff Member

1. Recommendations of the HoD: Ramkumar
2. Recommendations of the IQAC: K. Sridhar
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/11/21

Debit to Dr. Satyam.M

Paid to Dr. Satyam.M a sum of Rs. 2500/-

Rupees Two thousand five hundred rupees Only

towards PEDDUTISHA-21

by Cheque / DD / Cash Rs. 2500/-

Varalaksh
Paid by

Approved by

Singh
Accountant

Singh
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Mytrai .B
2. Designation : Senior Lecturer
3. Department : Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
Pedo Disha 2021
5. Date and Duration of the Program : 25th - 27th Nov 2021
6. Associating professional body/Agency: ISP-PD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2,500/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

mytrai
Signature of the Staff Member

1. Recommendations of the HoD: P. Sridhar
2. Recommendations of the IQAC: K. Sridhar
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/11/21

Debit to Dr. Mytraigee. R.

Paid to Dr. Mytraigee. R. a sum of Rs. 2500/-

Rupees Two thousand five hundred rupees Only

towards PENDISHA-21

by Cheque / DD / Cash Rs. 2500/-

Varalakshmi
Paid by

Approved by

Suj
Assistant

Mytra
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ch. Murali Krishna
2. Designation : Professor & Head
3. Department : Conservative & Endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
Illuminating the Dark
5. Date and Duration of the Program : 19th - 21st Nov 2021
6. Associating professional body/Agency: IS-EDA
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Murali Krishna
Signature of the Staff Member

1. Recommendations of the HoD: *Murali Krishna*
2. Recommendations of the IQAC: *K. Sridhar*
3. Recommendations of the Principal: *[Signature]*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/2021

Debit to Dr. Ch. Murali Krishna

Paid to Dr. Ch. Murali Krishna a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards Illuminating the dark

by Cheque / DD / Cash Rs. 4000/-

Virelakt
Paid by

Approved by

C. S.
Accountant

Murali
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Bhatyanarayana
2. Designation : professor
3. Department : prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
23rd IPS PG Conventions
5. Date and Duration of the Program : 2nd - 4th July 2021
6. Associating professional body/Agency: IPS
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

1. Recommendations of the HoD: B. Lakshmi Rao
2. Recommendations of the IQAC: K. Sridani
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR'S LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/6/2021

Debit to Dr. T. Satyanarayana

Paid to Dr. T. Satyanarayana a sum of Rs. 6000/-

Rupees Six thousand rupees Only

towards 23rd JPS PG Convention

by Cheque / DD / Cash Rs. 6000/-

Validated by [Signature]

Approved by

[Signature]
Accountant

Received by [Signature]

Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Sudheer
2. Designation : Reader
3. Department : prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
49th IPS National conference
5. Date and Duration of the Program : 1st - 5th December 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4,000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Sudheer
Signature of the Staff Member

1. Recommendations of the HoD: B. Lakshman Rao
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/11/2021

Debit to Dr. K. Sudheer

Paid to Dr. K. Sudheer a sum of Rs. 4000/-

Rupees four thousand rupees Only

towards 49th IPS National conference

by Cheque/DD/Cash Rs. 4000/-

Varulaksh
Paid by

Approved by

Surya
Accountant

Sudheer
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. T. Satyanarayana
2. Designation : professor
3. Department : prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
49th I.P.S. National conference
5. Date and Duration of the Program : 1st - 5th December 2021
6. Associating professional body/Agency: I.P.S
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4,000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Satyanarayana
Signature of the Staff Member

1. Recommendations of the HoD: R. Lakshmi Rao
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/11/2021

Debit to Dr. T. Satyanarayana

Paid to Dr. T. Satyanarayana a sum of Rs. 4000/-

Rupees Four Thousand rupees Only

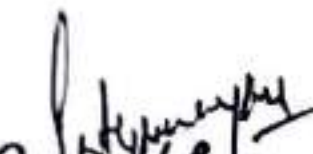
towards 49th IPS National conference

by Cheque / DD / Cash Rs. 4000/-

Varela
Paid by

Approved by


Accountant


Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Nibha Kamari Singh
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
2nd IPS PG Convention
5. Date and Duration of the Program : 2nd - 4th July 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Nibha
Signature of the Staff Member

1. Recommendations of the HoD: B. Laxmi Rao
2. Recommendations of the IQAC: K. Sridhar
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25 / 6 / 2021

Debit to Dr. Nibha Kumari

Paid to Dr. Nibha Kumari a sum of Rs. 6000/-

Rupees Six thousand rupees Only

towards 23rd IPS PG Convention

by Cheque / DD / Cash Rs. 6000/-

Voralak
Paid by

Approved by

Sany
Accountant

Nibha
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Laxman Rao
2. Designation : Professor & Head
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
23rd IPS PG Convention
5. Date and Duration of the Program : 2nd - 4th July 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6,000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

B. Laxman Rao.
Signature of the Staff Member

1. Recommendations of the HoD: B. Laxman Rao.
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 25/6/2021

Debit to Dr. B. Lakshmana Rao

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

Rupees Six thousand rupees Only

towards 23rd IPS PG Convention.

by Cheque / DD / Cash Rs. 6000/-.

Varalakshmi
Paid by

Approved by

Surya
Accountant

Lakshmy Leo
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Harsha
2. Designation : Senior Lecturer
3. Department : oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
19th IAOMP RA convention
5. Date and Duration of the Program : 11th - 12th August 2021
6. Associating professional body/Agency: IAOMP
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 2,250/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Harsha
Signature of the Staff Member

1. Recommendations of the HoD: [Signature]
2. Recommendations of the IQAC: K. Sridhar
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 4/8/2021

Debit to Dr. M. Hascha

Paid to Dr. M. Hascha a sum of Rs. 2250/-

Rupees Two thousand and Two hundred and fifty rupees Only

towards 19th IAOMP PG Convention

by Cheque / DD / Cash Rs. 2250/-

V. Lakshmi
Paid by

Approved by

Santhosh
Accountant

Hascha
Resolved by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. vijaya laxmi
2. Designation : Reader
3. Department : oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
19th IAOMP Pa convention
5. Date and Duration of the Program : 11th - 12th August 2021
6. Associating professional body/Agency: IAOMP
7. Financial support particulars (Rs.) : _____
 - i. Registration Charges : 2,250/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Vijaya Laxmi
Signature of the Staff Member

1. Recommendations of the HoD: [Signature]
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 4/8/2021

Debit to Dr. M. Vijaya lakshmi

Paid to Dr. M. Vijaya lakshmi a sum of Rs. 2250/-

Rupees Two thousand and two hundred and fifty Rupees Only

towards 19th IADMP PG Convention

by Cheque / DD / Cash Rs. 2250/-

Vora Laksh
Paid by

Approved by

Surya
Accountant

MV Lakshmi
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. R. Lakshman Rao
2. Designation : Professor & Head
3. Department : Department of Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
49th IPS National Conference
5. Date and Duration of the Program : 1st - 5th Dec. 2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 4,000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

R. Lakshman Rao
Signature of the Staff Member

1. Recommendations of the HoD: R. Lakshman Rao
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 26/11/20

Debit to Dr. B. Lakshmana Rao

Paid to Dr. B. Lakshmana Rao a sum of Rs. 8000/-

Rupees Eight thousand rupees Only

towards 48th IPS National Conference

by Cheque / DD / Cash Rs. 8000/-

V. Lakshmi
Paid by

Approved by

S. J. S.
Accountant

Lakshman Rao
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Runcetta
2. Designation : Professor
3. Department : Pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
Pedo Disha 2021 conference
5. Date and Duration of the Program : 25th - 27th Nov 2021
6. Associating professional body/Agency: IAPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 2,500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Runcetta
Signature of the Staff Member

1. Recommendations of the HoD: Runcetta
2. Recommendations of the IQAC: K. Sridhar
3. Recommendations of the Principal: [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant: [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 18/11/21

Debit to Dr. Punithavathy

Paid to Dr. Punithavathy a sum of Rs. 2500/-

Rupees Two Thousand Five Hundred rupees Only

towards PEDDISHA-21

by Cheque / DD / Cash Rs. 2500/-

Varalakshmi
Paid by

Approved by

Sunil
Accountant

Pooja
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Nibha Kumari
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details:
23rd IPS Pk Convention
5. Date and Duration of the Program : 30/6/2021 - 2/7/2021
6. Associating professional body/Agency: IPS
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 6,000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Nibha
Signature of the Staff Member

1. Recommendations of the HoD: B. Lakshmi Rao
2. Recommendations of the IQAC: K. Sridevi
3. Recommendations of the Principal: Lakshmi

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 : 25/6/2021

Debit to Dr. Nibha Kumari

Paid to Dr. Nibha Kumari a sum of Rs 6000/-

Rupees Six thousand rupees Only

towards 23rd IPS PG Convention

by Cheque / DD / Cash Rs. 6000/-

Vasalakshi
Paid by

Approved by

Sant
Accountant

Nibha
Received by