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THEIR E-COPIES OF SANCTION
LETTERS DURING A.Y.2018-19



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NATIONAL CONFERENCE

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Awarded to

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

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Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

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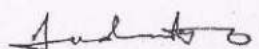
Dr. Nibha

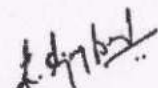
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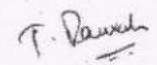
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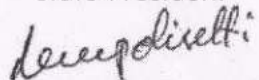
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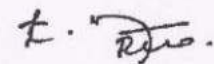
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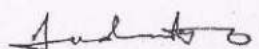
Dr Punitha

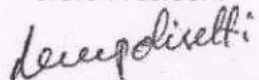
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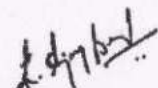
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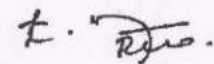
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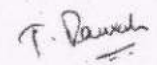
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Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

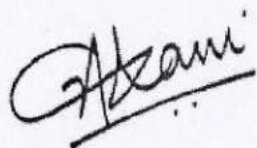
Chandigarh

Certificate of Attendance

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



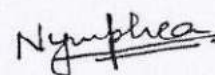
Dr. Nitin Dani
President ISP



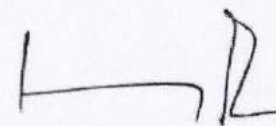
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Dr. Nympha Pandit
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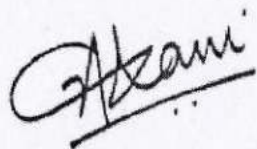
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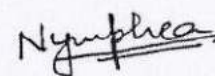
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Department of Public Health Dentistry



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

June 22nd & 23rd

CERTIFICATE OF APPRECIATION



This certificate is awarded to

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Dr. Aruna Devi

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Department of Public Health Dentistry



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

June 22nd & 23rd

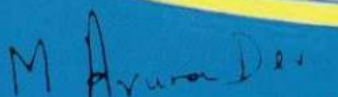
CERTIFICATE OF APPRECIATION

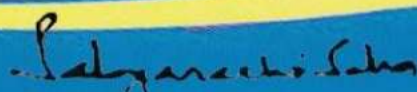


This certificate is awarded to

Vishwa prakash shetty.....for

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


Dr. Aruna Devi
President


Dr. Sabyasachi Saha
Hon. Gen. Secretary


Dr. Naveen Kumar.B
Organizing Chairman


Dr. Narayana Rao.V
Organizing Secretary



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



1st INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

Date: 11 12 13 October 2018

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Certificate of Appreciation

Presented to

DR. DAL SINGH . V

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

We appreciate your contribution to the success of this conference.

DR. PHILIP MATHEW
President, AOMSI

DR. PRITHAM N SHETTY
Secretary, AOMSI

DR. R. S. NEELAKANDAN
Conference Secretary

DR. GUNASEELAN RAJAN
Organising Chairman

DR. S. RAMKUMAR
Organising Secretary

DR. M. VEERABAHU
Chairman, Scientific Committee



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



1st INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Date: 11 12 13 October 2018

Certificate of Attendance

Presented to

DR. DAL SINGH. V



has participated and contributed towards the success of the
43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference
held on 11th to 13th October 2018 at Chennai Trade Center, Chennai.

DR. PHILIP MATHEW
President, AOMSI

DR. PRITHAM N SHETTY
Secretary, AOMSI

DR. R. S. NEELAKANDAN
Conference Secretary

DR. GUNASEELAN RAJAN
Organising Chairman

DR. S. RAMKUMAR
Organising Secretary



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

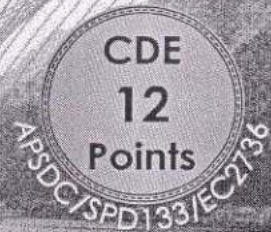
Dr. Minorbabu

had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.



Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

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

S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr. Satyam

had Participated and Contributed towards the success of the

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

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



S040



Sculpt 39th APSDC CONFERENCE - 2018 *Shaping Dentistry*



39th AP State Dental Conference

Certificate of Attendance

Presented to

Dr Punitha

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

39th AP State Dental Conference

held on 7th to 9th December 2018 at

Cherukuri Convention Centre, Rajahmundry.

Dr. B. Sudhakar Raju
State President

Dr. Polisetty Naveen
Hon. Secretary - IDA RJY

Dr. K. Ajay Benarji
Hon. State Secretary

Dr. K. Murali Mohan Rao
Org. Chairman

Dr. Tirnathi Ramesh
President - IDA RJY

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



S040

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

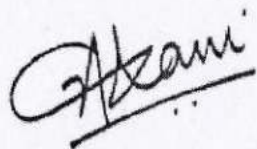
Chandigarh

Certificate of Attendance

presented to

Dr. Ramesh Amirisetty

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



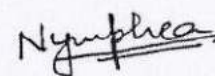
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

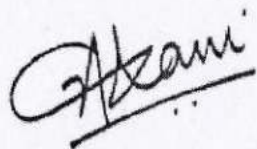
Chandigarh

Certificate of Attendance

presented to

Dr. **Rupasree Gundala**

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



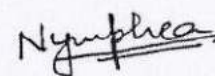
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



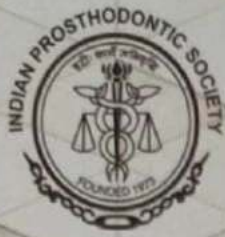
Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary



46TH INDIAN PROSTHODONTIC
SOCIETY CONFERENCE
MANGALORE, KARNATAKA, INDIA

CERTIFICATE OF PARTICIPATION

Presented to

Dr. T. Mohan

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

K. Kashinath
Dr. Kashinath K R
President, IPS

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

Chetan Hegde
Dr. Chethan Hegde
Chairman

Manoj Shetty
Dr. Manoj Shetty
Secretary & Treasurer

Sanath Shetty
Dr. Sanath Shetty
Scientific Chairman



701



REDEFINING PRECISION

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

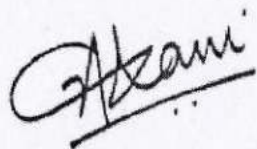
Chandigarh

Certificate of Attendance

presented to

Dr. Ramesh Amirisetty

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



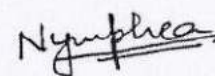
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary

Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018

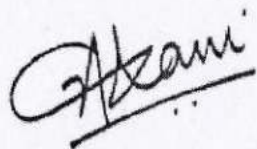
Chandigarh

Certificate of Attendance

presented to

Dr. **Rupasree Gundala**

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



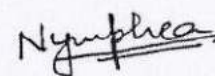
Dr. Nitin Dani
President ISP



Dr. Abhay Kolte
Hon. Secretary ISP



Dr. Ashish Jain
Conference Secretary



Dr. Nympha Pandit
Organizing Chairperson



Dr. Baljit Singh
Organizing Secretary

Financial Support Request Letter

1. Name of the Staff Member : Dr. Akhil
2. Designation : senior lecturer
3. Department : of public health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
23rd IAPHD National Conference
5. Date and Duration of the Program : 19/11/19 to 21/11/19
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date: _____

Akhil
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: Ajit
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 : 12/11/19

Debit to Dr. Akhil

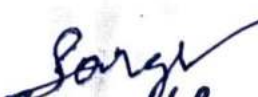
Paid to Dr. Akhil a sum of Rs. 5000/-

Rupees five thousand rupees only Only

towards 23rd IAPHD National conference

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by



LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jacob Prakash
2. Designation : Professor
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
23rd IAPHD National conferences
5. Date and Duration of the Program : 19/11/23 to 21/11/23
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances :
 - iii. Membership Fee :
 - iv. Others (if any) :

Date:

Jacob Prakash
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisrath
2. Recommendations of the IQAC: Q. C. C.
3. Recommendations of the Principal : Q. C. C.

Sanctioned Not Sanctioned

Account Department

Accountant : SP

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/19

Debit to Dr. Jacob Prakash

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

Rupees five thousand rupees Only

towards 23rd IAPHD National conference

by Cheque / DD / Cash 5000/-


Paid by


Approved by


Accountant


Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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Accredited with NAAC "A" Grade

NH-16, Rajanagaram, Rajahmundry, East Godavari (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. Narayana Rao
2. Designation : Professor
3. Department : of conservative and endodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
23rd IAPHD National conference
5. Date and Duration of the Program : 19/11/19 to 21/11/19
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Narayana
Signature of the Staff Member

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

[Signature]
Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 12/11/19

Debit to Dr. Narayana Rao

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

Rupees five thousand rupees Only

towards 23rd IAPHD National conference

by Cheque / DD / Cash 5000/-

By
Paid by

Sarg
Approved by

Re
Accountant

Narayana Rao
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Navneet Kumar
2. Designation : Professor & HOD
3. Department : of Public Health dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
23rd National IAPHO conference
5. Date and Duration of the Program : 30/11/18 - 2/12/18
6. Associating professional body/ Agency:
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 500/-
 - ii. Travelling Allowances : -
 - iii. Membership Fee : -
 - iv. Others (if any) : -

Date:

Signature of the Staff Member

1. Recommendations of the HoD : [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 : 22/11/18.

Debit to Dr. Naaveen Kumar

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

Rupees five thousand and one hundred Rupees Only

towards 23rd National IAPHD Conference

by Cheque / DD / Cash 5100/-

je
Paid by

je
Approved by

je
Accountant

Naaveen
Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vishwaprakash Shetty
2. Designation : Professor & HoD
3. Department : of oral pathology
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
23rd IAPHD National conference
5. Date and Duration of the Program : 19/11/19 to 21/11/23
6. Associating professional body/ Agency: IAPHD
7. Financial support particulars (Rs.) :
i. Registration Charges : 5000/-
ii. Travelling Allowances :
iii. Membership Fee :
iv. Others (if any) :

Date:

Signature of the Staff Member
Vishwaprakash Shetty

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

Sanctioned/Not Sanctioned

Account Department

Accountant :

Date:

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

Date : 12/11/19

Debit to Dr. Vishwaprakash Shetty

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

Rupees five thousand rupees Only

towards 23rd IAPHD National conference

by Cheque / DD / Cash 5000/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

Financial Support Request Letter

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

Date:

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr-Akhil

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

Rupees fifteen hundred rupees Only

towards 39th AP State Dental conference

by Cheque / DD / Cash 1500/-


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

Date:

Signature of the Staff Member

1. Recommendations of the HoD :

2. Recommendations of the IQAC :

3. Recommendations of the Principal :

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Rupasree

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

Rupees fifteen hundred rupees Only

towards 39th AP state Dental conference

by Cheque / DD / Cash 1500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

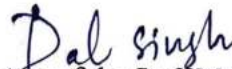
NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

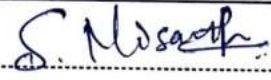
Web: www.lids.ac.in, E-Mail: lidsrajamundry@gmail.com, PH:0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

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

Date:


Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Dal Singh

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

Rupees fifteen hundred rupees Only

towards 39th AP state dental conference

by Cheque / DD / Cash 1500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

Financial Support Request Letter

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

Date: _____

Jacob Prakash
Signature of the Staff Member

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

S. Nisanth
Sanctioned/ Not Sanctioned

Account Department

Accountant : S. Nisanth

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 9/12/18

Debit to Dr Jacob prakash

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

Rupees fifteen hundred rupees Only

towards 39th AP State Dental Conference

by Cheque / DD / Cash 1500/-

Jan
Paid by

Sw
Approved by

Ray
Accountant

Jacob prakash
Received by

Financial Support Request Letter

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

Date: _____

Harika
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 30/11/18

Debit to Dr. y Hanika

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

Rupees one thousand and four hundred Rupees Only

towards 39th Ap state dental Conference

by Cheque / DD / Cash 1400/-

AD
Paid by

SP
Approved by

AS
Accountant

Hande
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

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

Date: _____

Lakshman Rao
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. B Lakshman rao

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

Rupees three thousand Rupees Only

towards 39th AP state dental Conference

by Cheque / DD / Cash 3000/-


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

Date:

S. Narayana
Signature of the Staff Member

1. Recommendations of the HoD : S. Nizanth
2. Recommendations of the IQAC: S. Citi
3. Recommendations of the Principal : Ramyl

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Narayana Rao

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

Rupees fifteen hundred rupees Only

towards 39th AP state Dental conference

by Cheque / DD / Cash 1500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

Financial Support Request Letter

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

Date:

Signature of the Staff Member

1. Recommendations of the HoD : S. Nisha
2. Recommendations of the IQAC: S. Lidi
3. Recommendations of the Principal : S. Lidi

Sanctioned/ Not Sanctioned

Account Department

Accountant :

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Naveen Kumar

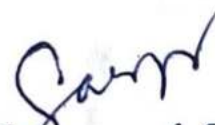
Paid to Dr. Naveen Kumar a sum of Rs. 1500/-

Rupees fifteen hundred rupees Only

towards 39th Ap Dental Confluence

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

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

Date: _____

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Nibha

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

Rupees one thousand and four hundred Rupees Only

towards 39th Ap state dental Conference

by Cheque / DD / Cash 1400/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

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

Date:

Signature of the Staff Member

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

Debit to Dr. Punitha

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

Rupees fifteen hundred rupees Only

towards 39th AP dental conference

by Cheque / DD / Cash 1500/-

by
Paid by

Carry
Approved by

PO
Accountant

Punitha
Received by

Financial Support Request Letter

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

Date: _____

Ramesh
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr Ramesh

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

Rupees fifteen hundred rupees Only

towards 39th AP dental conference

by Cheque / DD / Cash 1500/-

By
Paid by

Sany
Approved by

AB
Accountant

Ramesh
Received by

Financial Support Request Letter

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

Date: _____

Ramesh
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. T. Ramesh

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

Rupees fifteen hundred rupees Only

towards 39th AP dental Conference

by Cheque / DD / Cash 1500/-

for
Paid by

Suresh
Approved by

Rd
Accountant

Ramesh
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. Naveen Kumar
2. Designation : Professor & HOD
3. Department : of Public Health Dentistry
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
39th AP state Dental Conference
5. Date and Duration of the Program : 7/12/18 to 9/12/18
6. Associating professional body/ Agency: Ap state dental conference
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : _____

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Naveen Kumar

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

Rupees fifteen hundred rupees Only

towards 39th AP dental conference

by Cheque / DD / Cash 1500/-


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

Date:

Rupasree
Signature of the Staff Member

1. Recommendations of the HoD : *S. Nisadh*
2. Recommendations of the IQAC: *A. Cui*
3. Recommendations of the Principal : *Comy*

Sanctioned/ Not Sanctioned

Account Department

Accountant : *[Signature]*

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Rupasree

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

Rupees fifteen hundred rupees Only

towards 39th AP state Dental conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by

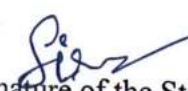

Accountant

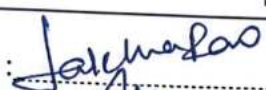

Received by

Financial Support Request Letter

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

Date: _____


Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Prisha

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

Rupees one thousand and five hundred Rupees Only

towards 39th Ap State dental Conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

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

Date: _____

Sravanthi
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 30/11/18

Debit to Dr. Y. Lavanthi

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

Rupees one thousand and five hundred Rupees Only

towards 39th AP State Dental Conference

by Cheque / DD / Cash 1500/-


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

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

Date: _____

Suma
Signature of the Staff Member

1. Recommendations of the HoD : Jayapao
2. Recommendations of the IQAC: Shibi
3. Recommendations of the Principal : Chiranjeevi

Sanctioned/ Not Sanctioned

Account Department

Accountant : AS

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Luma BC

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

Rupees one thousand and three hundred Rupees Only

towards 39th Ap State dental Conference

by Cheque / DD / Cash 1300/-


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

Date:

Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/18

Debit to Dr. Vaishnavi

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

Rupees fifteen hundred rupees Only

towards 39th Ap state Dental Conference

by Cheque / DD / Cash 1500/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

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

Date: _____

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 : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/9/18

Debit to Dr. Ramesh Aminisetty

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

Rupees five thousand five hundred ^{rupees} only Only

towards 43rd National Annual conference

by Cheque / DD / Cash 5500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

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

Date: _____

Rupasree
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

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

Date : 29/9/18

Debit to Dr. Rupasree Gundala

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

Rupees five thousand five hundred rupees Only

towards 43rd National Annual Conference

by Cheque / DD / Cash 5500/-

[Signature]
Paid by

[Signature]
Approved by

[Signature]
Accountant

[Signature]
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

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

Date: _____

Akhil
Signature of the Staff Member

1. Recommendations of the HoD : _____

2. Recommendations of the IQAC: S. Nisenth

3. Recommendations of the Principal : _____

Sanctioned
Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr Akhil

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

Rupees four thousand rupees Only

towards 12th IAPHD National PG convention

by Cheque / DD / Cash 4000/-

Aby
Paid by

Sany
Approved by

Re
Accountant

Akhil
Received by

Financial Support Request Letter

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

Date:

Signature of the Staff Member

1. Recommendations of the HoD: [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 : 15/6/18

Debit to Dr. DC Naidu

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

Rupees five thousand and five hundred Rupees Only

towards 12th IAPHD national PG Convention

by Cheque / DD / Cash 5500/-

Paid by

Approved by

Accountant

Received by

Financial Support Request Letter

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

Date: _____

Jacob Prakash
Signature of the Staff Member

1. Recommendations of the HoD : S. Nisanth
2. Recommendations of the IQAC: S. Lile
3. Recommendations of the Principal : [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 : 15/6/18

Debit to Dr. Taub Prakash

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

Rupees four thousand rupees Only

towards 12th IAPHD National PH Convention

by Cheque / DD / Cash 4000/-

Pay
Paid by

Manager
Approved by

B
Accountant

Taub Prakash
Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

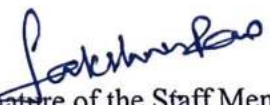
NH-16, Rajanagaram, Rajahmundry, East Godavari (Dt.), AP, India.

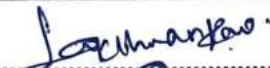
Web: www.lids.ac.in, E-Mail: lidsrajahmundry@gmail.com, PH: 0883-2484492, Fax: 0883 2484493

Financial Support Request Letter

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

Date:


Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : 

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. B. Lakshman Rao

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

Rupees Five thousand five hundred rupees Only

towards 12th IAPHD National PG Convention

by Cheque / DD / Cash 5500/-


Paid by


Approved by


Accountant


Received by

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. B. Lakshman Rao

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

Rupees Five thousand five hundred rupees Only

towards 12th IAPHD National PG Convention

by Cheque / DD / Cash 5500/-


Paid by


Approved by


Accountant


Received by

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

Date:

Narayana
Signature of the Staff Member

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

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 15/6/18

Debit to Dr. Narayana Rao

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

Rupees four thousand rupees Only

towards 12th IAPHD National PG convention

by Cheque / DD / Cash 4000/-


Paid by


Approved by


Accountant


Received by

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

Financial Support Request Letter

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

Date: _____

Narash
Signature of the Staff Member

1. Recommendations of the HoD : Jachin Rao.
2. Recommendations of the IQAC : Heh
3. Recommendations of the Principal : Ch

Sanctioned/ Not Sanctioned

Account Department

Accountant : AS

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 16/6/18

Debit to Dr. Narendra

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

Rupees five thousand five hundred Rupees Only

towards 12th IAPHD national PG Convention

by Cheque / DD / Cash 5500/-


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. DAL Singh V
2. Designation : prof & HOD
3. Department : Oral & Maxillo facial Surgery
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
1st India - Japan OMS conference.
5. Date and Duration of the Program : 11th to 13th october 2018
6. Associating professional body/ Agency: A.O.M.S.P
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 7000/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date: _____

V. Dal Singh
Signature of the Staff Member

1. Recommendations of the HoD : V. Dal Singh
2. Recommendations of the IQAC : K. Sripeni
3. Recommendations of the Principal : _____

Sanctioned / Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 3/10/2018

Debit to Dr. V. Dal Singh

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

Rupees Seven thousand Rupees only Only

towards 1st INDO - JAPAN CONFERENCE -

by Cheque / DD / Cash 7000/-

M
Paid by

Sag
Approved by

Rat
Accountant

Dal Singh
Received by

Financial Support Request Letter

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

Date: _____

Tub
Signature of the Staff Member

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

Sanctioned [Signature] Not Sanctioned

Account Department

Accountant : [Signature]

Date: _____

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 10/11/2018

Debit to Dr. T. Mohan

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

Rupees Five thousand three hundred and thirty rupees Only

towards 46th National Conference of IPS, Mangalore.

by Cheque / DD / Cash 5332/-


Paid by


Approved by


Accountant


Received by

Financial Support Request Letter

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

Date:

G. Rupasree
Signature of the Staff Member

1. Recommendations of the HoD : G. Rupasree
2. Recommendations of the IQAC: K. M. L.
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/9/18

Debit to Dr. Rupasree . G

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

Rupees Two thousand six hundred and Sixty six Only

towards 43rd National Conference of ISP, Chandigarh

by Cheque / DD / Cash 2666/-

Dr. H.
Paid by

Singh
Approved by

Do
Accountant

Rupasree
Received by

Financial Support Request Letter

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

Date:

Dr. A. Ramush
Signature of the Staff Member

1. Recommendations of the HoD : Dr. A. Ramush
2. Recommendations of the IQAC : R. N. Devi
3. Recommendations of the Principal : [Signature]

Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 29/9/18

Debit to Dr Ramesh. A

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

Rupees Two thousand and six hundred and sixty six rupees Only

towards 43rd National Conference of BSP, Chandigarh

by Cheque / DD / Cash 2666/-

Paid by

Approved by

Accountant

Received by

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Sabyam
2. Designation : Reader
3. Department : pedodontics
4. Conference/Publication/ Membership Fee/ Workshop /FDP Certificate Details :
3rd ApsDC
5. Date and Duration of the Program : 7th to 9th Dec 2018
6. Associating professional body/ Agency: ApsDC/SPD
7. Financial support particulars (Rs.) :
 - i. Registration Charges : 1500/-
 - ii. Travelling Allowances : —
 - iii. Membership Fee : —
 - iv. Others (if any) : —

Date:

Dr. M. Sabyam
Signature of the Staff Member

1. Recommendations of the HoD : M. Sabyam
2. Recommendations of the IQAC: K. V. S. S. S.
3. Recommendations of the Principal : [Signature]

[Signature]
Sanctioned/ Not Sanctioned

Account Department

Accountant : [Signature]

Date:

KLR's LENORA INSTITUTE OF DENTAL SCIENCES

NH-16, RAJANAGARAM, Rajamahendravaram - 533294.

Ph : 0883 - 2484492, Fax : 0883 - 2484493

Date : 1/12/2018

Debit to Dr. M. Satyam

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

Rupees fifty hundred rupees only Only

towards 39th APSID Conference

by ~~Cheque/DD~~ Cash _____

Paid by

Approved by

Accountant

Received by

LENORA INSTITUTE OF DENTAL SCIENCES

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

Accredited with NAAC "A" Grade

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

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

Financial Support Request Letter

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

Date: _____

[Signature]
Signature of the Staff Member

1. Recommendations of the HoD : _____
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 : 1/12/2018

Debit to Dr. Minol Babu

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

Rupees Fifteen hundred Rupees only Only

towards 39th APSA conference

by Cheque/DD/Cash _____


Paid by


Approved by


Accountant


Received by