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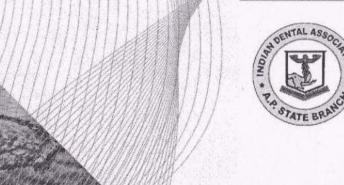
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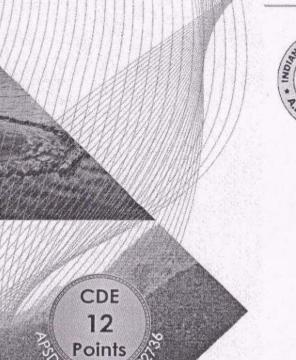
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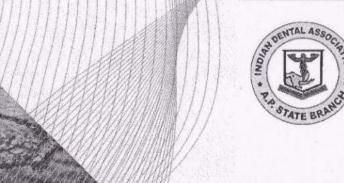
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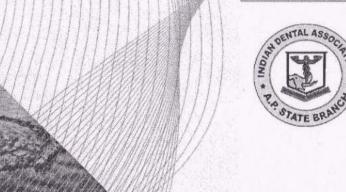
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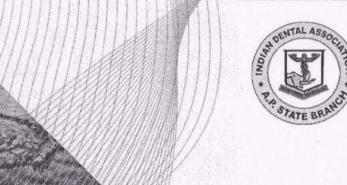
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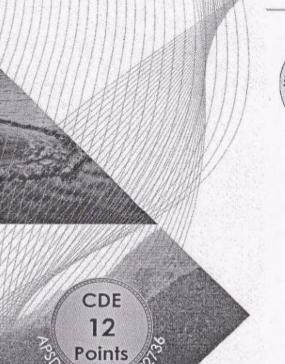
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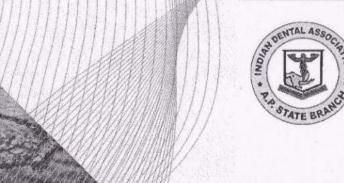
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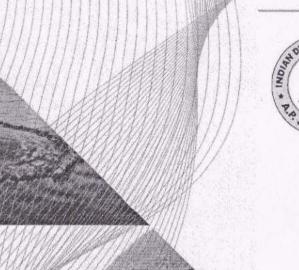
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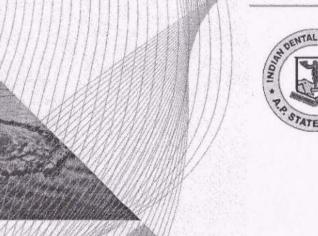
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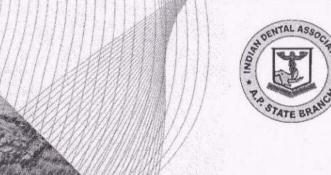
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Indian Society of Periodontology

43rd National Annual Conference

5 - 7 October, 2018 Chandigarh

Certificate of Attendance

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

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Dr. Baljit Singh Organizing Secretary

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





VENUE: Chennai Trade Center, Nandambakkam, Chennai

Date: 11 12

DR. R. S. NEELAKANDAN

Conference Secretary

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October 2018

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DR. PRITHAM N SHETTY Secretary, AOMSI

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DR./M. VEERABAHU Chairman, Scientific Committee

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VENUE: Chennai Trade Center, Nandambakkam, Chennai

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







Date: 111 112

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Dr. Abhay Kolte Hon. Secretary ISP

Dr. Ashish Jain Conference Secretary

Dr. Nymphea Pandit Organizing Chairperson Dr. Baljit Singh

Organizing Secretary



Date:

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Financial Support Request Letter

 Name of the Staff Member 	: Dr. Akhil
2. Designation	: senior Lutura
3. Department	: of public health dentistry
2370	ip Fee/ Workshop /FDP Certificate Details: IDPHD National Confineme
5. Date and Duration of the Program 6. Associating professional body/ Age	: 19/11/19 to 21/11/19,
	:
 7. Financial support particulars (Rs.) i. Registration Charges ii. Travelling Allowances iii. Membership Fee iv. Others (if any) 	: 5000]- : - : -
Date:	Signature of the Staff Member
Recommendations of the HoD: Recommendations of the IQAC:	10/ -1.
3. Recommendations of the Principal:	1
	Sanctioned/ Not Sanctioned
	Account Department
Accountant:	

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

		Date: 12 11/19
	Debit to Dr. Akhil	
Paid to	Dr. Akhil	a sum of Rs. 5000 -
Rupees_	five thousand rupees only	Only
towards _	2388 ZAPHD National confuer	u
by Cheque	1DD/Cash 5000/-	
Paid by	Approved by Accord	ntant Received by



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Financial Support Request Letter

1. 2.	Name of the Staff Member Designation	: Dr. Jacob Prakash : Projemor
3.	Department	of eval pathology
4.		Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	: 19/11/23 to 21/11/23.
6.	Associating professional body/ Ager	ncy: 2APHD
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 5000
	ii. Travelling Allowances	<u>:</u>
	iii. Membership Fee	:
	iv. Others (if any)	·
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Wisnaugh
2.	Recommendations of the IQAC:	Rai
3.	Recommendations of the Principal	1: POIM
		Sanctioned Not Sanctioned
		Account Department

Accountant :

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

			2	Date: 12	111119
	D	ebit to Pr. Jo	uob Prakaih		
<u> </u>	Paid to Dr. Jacob	Prakaih	a sum	of Rs.	5000-
<	Rupees fire thousa	and supees			Only
1	bowards 23rd JAPI	10 National es	infuence.		
	by Cheque / DD / Cash_	5000 -			
					() Karely

Spand by

Approved by

Accountant

Received by



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Financial Support Request Letter

1.	Name	of the Staff Member	: Dr. Narayana KaD Polynor
2.	Design	nation	: Professor
3.	Depart	ment	d conservative and endodontic
4.	Confe	rence/Publication/ Membershi	ip Fee/ Workshop /FDP Certificate Details: 3rd JAPHD WATIONAL Confuence
5. 6.	Date a	and Duration of the Program	: 19/11/19 10 21/11/19 ency: IAPHD
7.		cial support particulars (Rs.)	:
	i.	Registration Charges	: coopf
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
	latar		Signature of the Staff Member
ם	ate:		C. Nicarthy
1	Reco	ommendations of the HoD:	01.1:
2		ommendations of the IQAC:	
3		ommendations of the Princip	
	-		Account Department

Accountant :

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Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date: 1	2/11/19
	Debit to Dr. Nacayana &	200	
Paid to	_	_a sum of Rs_	5000/-
Rupees_	five thousand rupees		Only
towards _	23rd IAPHD National conference		
The state of the state of	122/Cash 5000/-		1
Q.			Ω_{m}
Paid by	Approved by Account	ant Rea	wed by



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Financial Support Request Letter

1.		e of the Staff Member		Javeen Kumas
2.	Desi	gnation	: Protes	sor & HOD
3.	•	artment		lie Health dentistry
4.	Conf	Ference/Publication/Membersh 23×d National IA	ip Fee/ Worksh PHD Canfi	op /FDP Certificate Details:
,			,] .]	18-2/12/18
5.	Date	and Duration of the Program	:30 .ht	18-2112110
6.	Asso	ciating professional body/ Age	ncy:	
7.	Finar	icial support particulars (Rs.)		
	i.	Registration Charges	:50	00 -
	ii.	Travelling Allowances	:	
	iii.	Membership Fee	:	
	iv.	Others (if any)	:	
Da	te:			Signature of the Staff Member
		mmendations of the HoD :		
2.	Reco	mmendations of the IQAC:(yhili	
		mmendations of the Principal		
			40	Sanctioned/ Not Sanctioned
			Account Dep	partment

Accountant :

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

Date: 22 11 18.

Received by

Paid to	Debit to Dr. Na Dr. Mayern Cumar	a sum of Rs. 5100/-
Rupees_	fire thousand omel one	hundred Rupees On
towards_	23rd Nontional IAPHD	Conference
by Cheque	1DD/Cash	



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Financial Support Request Letter

1. 2. 3. 4.	Name of the Staff Member Designation Department Conference/Publication/ Membersh	: Pro vishwa prakash shetty : Pro was & Hoo : Of oral puthology ip Fee/ Workshop /FDP Certificate Details: 22rd JAPHD National conference
	Date and Duration of the Program Associating professional body/ Age Financial support particulars (Rs.) i. Registration Charges ii. Travelling Allowances iii. Membership Fee iv. Others (if any)	: 19/11/19 to 21/11/23 ncy: IAPHD : COOD Signature of the staff Member
2	Recommendations of the HoD:	O live
3.	Recommendations of the Principal	Sanctioned Not Sanctioned Account Department

Accountant:

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	Ph: 0883 - 2484492, Fax: 0883 - 24844	93
		Date: 12/11/19
	Debit to Dr. Vichwaprakach Sh	etty
Pold to _	Dr. Vishwaprakash Shetty a sum	of Rs. 5000 -
Rupees	five thousand ripees	Only
towards	23rd to PHD National confecura	
by Cheque 19	DD/Cash 5000/	h da
· Mar	Con	And by
Pail by	Approved by Accountant	Redelved by



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Financial Support Request Letter

 Name of the Staff Member 	: Dr. Athil
2. Designation	: Enjoy Lecturer
3. Department	of public health dentistry
4. Conference/Publication/ Members	hip Fee/ Workshop /FDP Certificate Details:
5. Date and Duration of the Program	:7/12/18 to 9/12/18
Associating professional body/ Age	ncy: APstate Dental conference
7. Financial support particulars (Rs.)	: 1500/
 Registration Charges 	:
Travelling Allowances	:
iii. Membership Fee	:
iv. Others (if any)	:
Date:	Signature of the Staff Member
1. Recommendations of the HoD:	S. Nisarth
2. Recommendations of the IQAC:	Qui
3. Recommendations of the Principal:	Down
	Sanctioned/ Not Sanctioned

Account Department

Accountant :

KLR's LENORA INSTITUTE OF DENTAL SCIENCES
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Ph: 0883 - 2484492, Fax: 0883 - 2484493

		Date:	1/12/18
	Debit to Dr-Akhil		s. ¹
Paid to _	Dr-Akhil	a sum of Rs.	1500/-
Rupees	fifteen hundred supees		Only
towards	39th AP State Dental C	onfuence	
by Cheque 1	DD/Cash 1500/-		
Paul by	Approved by A	acountant Res	elozd by



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Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Rupasree
2.	Designation	: Ready
3.	Department	: of periodontics
4.	Conference/Publication/ Membersh	ip Fee/Workshop/FDP Certificate Details: th AP State dental Confesence
5. 6. 7.		: 7/12/18 to 9/12/18 ncy: AP state dental conference : 1500/
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	
2.	Recommendations of the IQAC:	800
3.	Recommendations of the Principal	Sanctioned Not Sanctioned
		Account Department

Accountant

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

Debit to De Bupasrae a sum of Rs. Paid to Dr Rupasrae Only Sifteen hundred nipees 39th DP State Dental conference by Cheque / DD / Cash 1500/-



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Financial Support Request Letter

1.	Name of the Staff Member	: pr. pal cingh
2.	Designation	: Prolenor & YO.D.
3.	Department	: Profesor & HOD : of oral marillofactal surgery
4.	Conference/Publication/ Membersh	ip Fee/Workshop/FDP Certificate Details: 39th AP state dental conference
5.	Date and Duration of the Program	: 7/12/18 to 9/12/18
6.	Associating professional body/ Age	: 7/2/18 to 9/12/18 ncy: AP state dental conference
	Financial support particulars (Rs.)	:
	i. Registration Charges	: 1500/
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	Mosant
	Recommendations of the IQAC:	0 1:1
	Recommendations of the Principal:	
		Account Department

Accountant

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

		Date:	1/12/18
	Debit to DY.	Dalsingh	
Paid to _	Dr Dal singh	a sum of Rs.	1500/-
Rupees_	efifteen hundred my	sees	Only
towards	39th Apstate de	ntal confuen u	
by Cheque / !	DD/Cash 1500/-		
Paid by	Approved by	Accountant Re	Dolenst.



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Financial Support Request Letter

Name of the Staff Member	: Pr. Jawb Prakach
	· Rollmor
2. Designation	of oxal pathology
3. Department	The John App Certificate Details:
4. Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
Date and Duration of the Program	: 7/12/18 to 9/12/18
6. Associating professional body/ Age	ncy: Apstate pental confunce
7. Financial support particulars (Rs.)	
 Registration Charges 	: 1500/-
ii. Travelling Allowances	:
iii. Membership Fee	:
iv. Others (if any)	:
Date:	Signature of the Staff Member
	S. Nisouth
1. Recommendations of the HoD:	2.10.
2. Recommendations of the IQAC:	Q liu.
3. Recommendations of the Principal:	Sanctioned Not Sanctioned
	Account Department

Accountant:

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

		Date: 1/2/18
	Debit to Dr Jawb Pr	akaih
Paid to	Dr Trub prakach	a sum of Rs. 1500}
Rupees	fifteen hundred rupees	Only
towards	394 Apstate Dental C	onfuera
by Cheque / I	D/Cash 1500/	Realized by
Paid by	Approved by Accou	untant Received by



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Financial Support Request Letter

 Name of the Staff Member 	: Dr. Y. Harika
2. Designation	: Senior lecturer
3. Department	: of Prosthodontice
 Conference/Publication/ Members 34 h AP State 4. Conference/Publication/ Members 34 h AP State 4. AP State 5. Date and Duration of the Program 6. Associating professional body/ Age 7. Financial support particulars (Rs.) i. Registration Charges ii. Travelling Allowances iii. Membership Fee 	ship Fee/ Workshop /FDP Certificate Details:
Date: 1. Recommendations of the HoD: 2. Recommendations of the IQAC: 3. Recommendations of the Principal:	Signature of the Staff Member Signature of the Staff Member Sanctioned/ Not Sanctioned
A	Account Department

Accountant :

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

Date: 30 11 18

	Debit to Dr. y Hans	Ka	W. E.
Pold to	Dr. y Hanika	a sum of Rs.	1400/-
		drod Rupes	Only
Kupees_	one thousand and four hun	Locanii	
towards	39th Ap Chate dental Con	enenu	
by Cheque	e/DD/Cash 1400/-		

Paid by

Approved by

Accountant

Reactived by



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Financial Support Request Letter

,	N	
J	. Name of the Staff Member	: Dr. B. Lakehman Rao.
2	. Designation	: HOD & Professor.
3	. Department	of Prosthodontics
4	Conference/Publication/ Members	hip Fee/ Workshop /FDP Certificate Details:
5.	Date and Duration of the Program	= 7/12/18 - 9/12/18
6.	Associating professional body/ Age	ency:
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 3000 -
	ii. Travelling Allowances	: •
	iii. Membership Fee	. –
	iv. Others (if any)	
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	
2.	Recommendations of the IQAC:	Juli
3.	Recommendations of the Principal:	
		Sanctioned/ Not Sanctioned
		Account Department
	80	

Accountant :

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

		Date: 1 12 18
2	Debit to Dr. Blatch	The state of the s
Paid to	Dr. Blakthman raw	a sum of Rs. 3000 -
	three thousand Rupees	Only
	39th AP State dental Confe	rence
by Cheque	1DD/Cash 3000/-	
Q	O six	Deschurtos.

Received by



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Financial Support Request Letter

1. Na	me of the Staff Member	: Dr. Nasayana lao
2. De	signation	: Rofenor
3. De	partment	: Of Conservative & Endodontic
		hip Fee/ Workshop /FDP Certificate Details:
5. Date	e and Duration of the Program	: 7/12/18 to 9/12/18
6. Asse	ociating professional body/ Age	ency: Apstate Dental confesence
	ncial support particulars (Rs.)	:
i.	Registration Charges	:1500/-
ii.	Travelling Allowances	:
iii.	Membership Fee	ž
iv.	Others (if any)	<u>;</u>
Date:	9	Signature of the Staff Member
1. Reco	mmendations of the HoD:	S. Nicarth
2. Recor	mmendations of the IQAC:	& Cili
3. Recor	nmendations of the Principal:	Sanctioned/ Not Sanctioned
	9	Account Department

Accountant :

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Ph: 0883 - 2484492, Fax: 0883 - 2484493		
		Date: 1/12/18
	Debit to Dr Navay	fana Rao
Paid to	Dinacayana Roco	a sum of Rs. 1500/-
Rupees	fifteen hundred rupees	Only
towards	39th Apstate Dental cor	yeune
by Cheque / I	D/Cash 1500-	
Pata by	Approved by A	accountant Received by



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Financial Support Request Letter

	1. Name of the Staff Member	: Dr. Naveen kumar
	2. Designation	Projenor & HOD
		- 1 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3. Department	: of public health dentiste
4	4. Conference/Publication/ Members	hip Fee/ Workshop /FDP Certificate Details: 39th AP dental Confuence
5		: 7/12/18 to 9/12/18
6	. Associating professional body/ Age	ency: AP dental conference
7		:
	i. Registration Charges	: 1500/
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
Da	ate:	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Wicarth
2.	Recommendations of the IQAC:	Q. Vili
3.	Recommendations of the Principal:	
		Sanctioned/ Not Sanctioned
		Account Department

Accountant:

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

		Date:	1/12/18
	Debit to	Javeenkumar	
Paid to _	Dr. Naveen kurnar	a sum of Rs.	1500/-
Rupees	-fifteen hundred sup	iees	Only
towards	39th Ap Dental confe	unce	
by Cheque / I			
Paid by	Approved by	(MAC)	Wavery.



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Financial Support Request Letter

 Name of the Staff Member 	: Dr. NIBHA.			
2. Designation	: Brofessor			
3. Department	: of Prosthodontice			
	hip Fee/ Workshop /FDP Certificate Details:			
5. Date and Duration of the Program	: 7/12/18-9/12/18.			
Associating professional body/ Age	ncy:			
7. Financial support particulars (Rs.)	:			
i. Registration Charges	: 1400 -			
ii. Travelling Allowances	:			
iii. Membership Fee	:			
iv. Others (if any)	:			
	Diss			
Date:	Signature of the Staff Member			
1. Recommendations of the HoD:	sich for			
2. Recommendations of the IQAC:	Ola:			
3. Recommendations of the Principal:	got			
	Sanctioned/ Not Sanctioned			
Account Department				

Accountant:

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

Date: 1/12/18

Debit to Dr. Nibha	- 基準	elif I
Pald to Dr. Nibha	_a sum of Rs	1400/-
Rupees one thousand and four hundred	Ruples	Only
towards 39th Ap Hate dental Confere	7 1521 7 228	
by Cheque / DD / Cash 1400/-		

Paid by

Approved by

Accountant

Received by



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Financial Support Request Letter

1. N	Name of the Staff Member	: , Or Punitha
2. D	Pesignation	: Professor
3. D	epartment	: of Pedodontics
4. Co		hip Fee/ Workshop /FDP Certificate Details: State Dental Confunce
5. Da	te and Duration of the Program	: 7/12/18 to 9/12/18
6. Ass	sociating professional body/ Age	ency: Ap state Dental Conference
	ancial support particulars (Rs.)	:
i.	Registration Charges	: 1500/-
ii.	Travelling Allowances	÷
iii.	Membership Fee	;
iv.	Others (if any)	:
Date:		Signature of the Staff Member
1. Reco	mmendations of the HoD:	S- Misarle
2. Recor	mmendations of the IQAC:	a livi
3. Recon	nmendations of the Principal:	Dom
		Sanctioned Not Sanctioned
		Account Department

Accountant:

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

	Ph: 0883 - 2484492, Fax: 0	Date: 1/12/18
	Debit to	itha
Paid to _	Dr. punitha	a sum of Rs. 1500/-
Rupees_	fifteen hundred ripees	Only
towards	39th Ap dental conference	<u> </u>
by Cheque /	DD/Cash 1500/-	
Paid by	Approved by A	Received by



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Financial Support Request Letter

1	1. Name of the Staff Member	: Pr.Ramesh
2	2. Designation	Proking & HOD
3	3. Department	: of Rusdontia
4	4. Conference/Publication/ Members	ship Fee/ Workshop /FDP Certificate Details: 39th AP dental confunce
5.	. Date and Duration of the Program	: 7/12/18 to 9/12/18
6.	. Associating professional body/ Ag	: 7/12/18 to 9/12/18 gency: AP dental conference
7.		D D
	i. Registration Charges	: 1500/_
	ii. Travelling Allowances	·
	iii. Membership Fee	:
	iv. Others (if any)	:
Da	ate:	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Nisuth
2.	Recommendations of the IQAC:	8 liv
3.	Recommendations of the Principal)
		Account Department

Accountant:

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

	Debit to Dr Pan	rech	
Paid to	Dr Rameih	a sum of Rs.	1500/-
0.		c	Only
Rupees	-fifteen hundred super		
towards	39h Ap dental conference		
by Cheque /	DD/Cash 1500/-	A1	



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Financial Support Request Letter

1.	Nam	ne of the Staff Member	: Dr. T Ramesh
2.		ignation	: Senior lecturer
3.	Den	artment	: of Rollholloutic
4.	_	C /D. Hisation / Mombersh	nip Fee/ Workshop /FDP Certificate Details: the AP dental conference
5. 6.	Date Asso	and Duration of the Program	: 7/12/18 to 9/12/18 ency: AP dental conference
7.	Finar	ncial support particulars (Rs.)	: <u>1500</u> [-•
7	i. ii.	Registration Charges Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
D			Signature of the Staff Member
Da	ite:	-	C Wiscoth
1.	Reco	mmendations of the HoD:	
2.	Reco	mmendations of the IQAC:	W.UU
3.		mmendations of the Principal	
			Account Department

Accountant :

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

Date: 1) 2/18 Dr. J. Ramech Debit to a sum of Rs. 1500/-Dr. T. Ramech Paid to Only Afteen hundred supers 39th AP dental Conjunu towards by Cheque / DD / Cash_ 1500 -



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Financial Support Request Letter

1.	Name	of the Staff Member	: Dr. p	Javeen human
2.	Design	nation	: Roguer & Nor	1
3.	Depart	tment	: Of PI	ublic Health Dentismy
4.	Confe	rence/Publication/ Membershi	n Fee/ Worksho	p /FDP Certificate Details: Ntal Confuence:
			-labo	to 9/12/18
5.	Date a	nd Duration of the Program	: 1(12118	μο 111910
6.	Assoc	iating professional body/ Age	ncy: AP	state pental conjuence
7.	Financ	cial support particulars (Rs.)	:	
	i.	Registration Charges	: 1500	-
	ii.	Travelling Allowances	:	
	iii.	Membership Fee	:	
	iv.	Others (if any)	:	
				Javeen Camas
Da	ate:			Signature of the Staff Member
1.	Recor	nmendations of the HoD:		S. Nisoth.
2.	Recor	nmendations of the IQAC:	8, (ili
3.	Recor	mmendations of the Principal	<u></u>	Sanctioned Not Sanctioned
			Account Dep	artment

Accountant:

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

Date: 1/12/18

	Debit to _	Dr. Naveen k	comar	
Paid to _	Dr-Naveen kur	nar	a sum of Rs	1500/-
Rupees_	fifteen hundred	nipees		Only
towards	39m Ap denta	-		
by Cheque !		700/-		
Paid by	Approved by	Account	etant R	acived by



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Financial Support Request Letter

1.	Name	e of the Staff Member	: pr. Rupasree
2.	Desig	gnation	: Ready
3.	Depar	rtment	: of Purodontes
4.		erence/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details: _AP_state_devialconfesence
5. 6.	Date a	and Duration of the Program	: 7/12/18 to 9/12/18 ncy: Ap state devital conference
7.		cial support particulars (Rs.)	: 1500/-
	i.	Registration Charges	:
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
Da	te:		Signature of the Staff Member
1.		mmendations of the HoD:	
2.	Recor	mmendations of the IQAC:	Qui
3.		mmendations of the Principal:	//
			Account Department

Accountant:

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

Date: 1/12/18

Debit to Dr. Cupasree

Paid to Dr. Rupasree

Rupees fiften hundred supees

towards 39th Ap State Dental confuence

by Cheque / DD / Cash 1500 |-



Accountant :

Date:

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Financial Support Request Letter

 Name of the Staff Member 	Dr. Sprishan
2. Designation	: Seniax Lecturer:
3. Department	of Brosthodootice
4. Conference/Publication/ Members	ship Fee/ Workshop /FDP Certificate Details:
5. Date and Duration of the Program	: 7/12/18 - 9/12/18
	ency:
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:	alcheron
2. Recommendations of the IQAC:	
3. Recommendations of the Principal	
	Sanctioned/ Not Sanctioned
	Account Department

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

			Date :_	1 12 18	_
	Debit to	Dr. Pricha		4 - 7	
Pold to	Dr. Sirisha		a sum of Rs_	1500/-	- 4
Rupees on	thousand and	flue hundred	Ruper		_Only
towards 3	gth Ap State de	ntal Confere	nce	ľ	
7	D/Cash 1500/-	,	i i	, , , , , , , , , , , , , , , , , , ,	
Poid by	Approved by	Accountant	e Section	rewed by	- Objection



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Financial Support Request Letter

			h V Comme Me
1.	Name	of the Staff Member	: Dr. Y. Sravarthi
2.	Desig	nation	: Servior Iceturer
3.	Depar	tment	: of Parosthodontics
4.	Confe	rence/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details:
		39th AP Sta	te dental conference.
5.	Date a	and Duration of the Program	: 7/12/18-9/12/18
6.	Assoc	iating professional body/ Ager	ncy:
7.	Financ	cial support particulars (Rs.)	<u>;</u>
	i.	Registration Charges	: 1500 -
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
			Syavande
Da	te:		Signature of the Staff Member
1.	Recon	nmendations of the HoD:	archida Al
2.	Recon	nmendations of the IQAC:	() Liv
3.		mendations of the Principal	
۶.	recon	interiorities of the famous	Sanctioned/ Not Sanctioned
			Account Department

Accountant :

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

Date: 30 11/18

	Debit to	r. y Gravant	63	
Paid to			sum of Rs_ 150	00 - Only
Rupees_	one thousand and fr	u hundred *	Ruper 1	Only
towards _	39th AP State Dent	al Conference	Q	
by Cheque	1DD/Cash 1500/-			0
Paid by	Approved by	Accountant	Redived	l by



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Financial Support Request Letter

		: Dr. Suma B.C.
1.	Name of the Staff Member	: Senior Lecturer
2.	Designation	of Brosthodootics
3.	Department	: Of 1910s fixed Details :
4.	Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
	39th AP State	dental Carterence
5.	Date and Duration of the Program	: +112/18-9/12/18
6.	Associating professional body/ Age	ncy:
	Financial support particulars (Rs.)	•
7.		: 1300 -
	ii. Travelling Allowances	-
	iii. Membership Fee	:
	iv. Others (if any)	:
D	ate:	Signature of the Staff Member
_		Jachifas
1.	Recommendations of the HoD:	
2.	Recommendations of the IQAC:	
3	Recommendations of the Principal	
٥.	Novo	Sanctioned/ Not Sanctioned
		Account Department
		■ ■ ▼ T T Zipproyection ■ Planta
	· ····································	

Accountant:

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

	Date: 1 12 18
Debit to _	Dr. Suna BC
Paid to Dr. Luma BC	a sum of Rs. 1300/-
Rupees one thousand on	d Three hundred Rupees Only
towards 39th Ap Hate de	
by Cheque / DD / Cash 13	00/-
Paid by Approved by	Accountant Received by



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Financial Support Request Letter

1	Name of the Staff Member	: Dr. Vaishnavi
2	Designation	: Keady
3.	Department	: of Oval & Manileofarist muyer
4.	Conference/Publication/ Members	: Of Oral & Manile fauis nuyung
5.	Date and Duration of the Program	: 7/12/18 to 9/12/18
6.	Associating professional body/ Ag	ency: AP state dental conference
7.	Financial support particulars (Rs.)	:
	i. Registration Charges	: 1500/-
	ii. Travelling Allowances	:
	iii. Membership Fee	:
	iv. Others (if any)	:
Da	te:	Signature of the Staff Member
1.	Recommendations of the HoD:	S. Nisarth
2.	Recommendations of the IQAC:	Q. Peli
3.	Recommendations of the Principal	- Dam
		Sanctioned/ Not Sanctioned
		Account Department
	01	

Date:

Accountant:

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

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



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Financial Support Request Letter

: Dr. Ramesh Aminisetty
: Polmor & HOD
: of Periodontics
rship Fee/ Workshop /FDP Certificate Details: 43 rd National Annual conferen
gency: National Annual Conference
) : <u></u>
: 5500/
:
:
ŧ
Damesh.
Signature of the Staff Member
S. Nicarth
Q lie
: Our
Sanctioned/Not Sanctioned Account Department

Accountant :

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

		Date: 29/9/18
	Debit to Dr. Ramesh 7	
Paid to _	Dr. Ramesh Aminsetty	a sum of Rs \$500/-
Rupees_	-five thousand five hundred	only
towards	43rd National Annual con	feunce
by Cheque /	DD/Cash 5500 -	
Paid by	Approved by Account	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

Name of the Stoff Member	: Dr. Rupasree Gundala : Reader			
	Peader			
_	: of finodontics			
Department	i junourus			
Conference/Publication/ Membershi	ip Fee/ Workshop /FDP Certificate Details.			
	43rd National Annual confuence			
	1			
Date and Duration of the Program	: 5/10/18 to 7/10/18			
Associating professional body/ Ager	ncy: National Annual conference			
	:			
. Registration Charges	: 5500/			
i. Travelling Allowances	:			
ii. Membership Fee	:			
v. Others (if any)	:			
	Signature of the Staff Member			
2:				
Recommendations of the HoD:	a. C. Misantle			
Recommendations of the IQAC:				
8. Recommendations of the Principal:				
•	Sanctioned Not Sanctioned			
	Account Department			
	Financial support particulars (Rs.) Registration Charges Travelling Allowances Membership Fee Others (if any) Recommendations of the HoD:			

Accountant :

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

		Date: 29/9/18
	Debit to Dr. Rupairee hu	undala
Paid to _	Dr. Rupasne hundala	a sum of Rs. 5500/-
Rupees	five thouand five hundred	lupees Only
towards	43rd National Annual Confu	ence
by Cheque 1	<u>v</u>	
Paid by	Approved by Accountage	nt Renewed by

Paid by



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Financial Support Request Letter

1.	Name of the Staff Member	: Dr. Akhil			
2.	Designation	: Enix besturer			
3.	Department	el public health dentistry			
4.	Conference/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details : h In PHD National Pu_convention			
5.6.	Date and Duration of the Program Associating professional body/ Age	: 22/6/18 to 23/6/18 ncy: IAPHD			
7.	Financial support particulars (Rs.)	:			
	i. Registration Charges	: 4000 -			
	ii. Travelling Allowances	:			
	iii. Membership Fee	:			
	iv. Others (if any)	:			
		Signature of the Staff Member			
Da	te:	S. Niserth.			
1.	Recommendations of the HoD:	O Peli-			
2.	2. Recommendations of the IQAC:				
3.	. Recommendations of the Principal: Sanctioned Not Sanctioned				
		Account Department			

Date:

Accountant :

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

Date: 15/6/18 Debit to St. Akhil a sum of Rs 4000/-Paid to Dr. Akhil Only Rupees four thousand upees 12th IAPHO National Paconvention towards By Cheque / DD / Cash 4000/-



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Financial Support Request Letter

 Name of the Staff Member 	: Dr. Oc Naidu
2. Designation	: Reader.
3. Department	: of orthodortics
4. Conference/Publication/ Members	hip Fee/ Workshop /FDP Certificate Details:
5. Date and Duration of the Program	: 22 6 1 8 - 23 6 18
Associating professional body/ Age	ency:
Financial support particulars (Rs.)	:
i. Registration Charges	: 5500
ii. Travelling Allowances	:
iii. Membership Fee	;
iv. Others (if any)	:
Date:	Signature of the Staff Member
1. Recommendations of the HoD:	avor
2. Recommendations of the IQAC:	Jll
3. Recommendations of the Principal:	04
	Sanctioned/ Not Sanctioned
A	Account Department

Accountant :

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

Date: 156 18

	Debit to Dr. DC Maidu	# 3 6
Paid to	Dr. De Naidu a sum of Rs.	500/-
Rupees	fire thousand ome free hundred Rupers	Only
	12th IAPHD national PG Convention	
by Cheque	12/DD/Cash	

Paid by

Approved by

Accountant

Received by



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Financial Support Request Letter

ı.	Name	e of the Staff Member	: Dr. Jacob prakash : Rojemov	
2.	Desig	gnation	: Rojemo v	
3.	Depa	rtment	of oral pathology	
4.	Conf	erence/Publication/ Membersh	: of oral pathology ip Fee/ Workshop /FDP Certificate Details: DIAPHD Notional Py convention	
5	Date	and Duration of the Program	: 22/6/18 to 23/6/18	
6.			ncy: DAPHD	
7		icial support particulars (Rs.)		
7.	i.		: 4000/	
	0.50	Registration Charges	: 4000/ -	
	ii.	Travelling Allowances	:	
	iii.	Membership Fee	;	
	iv.	Others (if any)	:	
D	ate:		Signature of the Staff Member	
	atc.	5	- A .A	
1.		mmendations of the HoD:	- 11:110	
2.	Reco	mmendations of the IQAC:	& lll	
3.	. Recommendations of the Principal:			
			Sanctioned Not Sanctioned	
			Account Department	

Date:

Accountant :

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

		Date :_	15/6/18
	Debit to Dr Jawb P		
Paid to _	Dr. Tarob prakach	a sum of Rs	40001-
Rupees	four thousand nipees		Only
towards	12th IAPHO National Ph	Convention	
by Cheque / I	DD/Cash 4000/-		noch
Paid by	Approved by Acao	ntant Re	Cal Pralary



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Financial Support Request Letter

1.	Name	of the Staff Member	: Dr. B. Lakshman Rav.
2.	Design	nation	: Professor & HOD.
3.	Depar	tment	: of Brosthodontics.
4.	Confe	rence/Publication/ Membershi	p Fee/ Workshop /FDP Certificate Details:
			onal PS Convention.
5.	Date a	nd Duration of the Program	: 22/6/18 - 23/6/18.
6.	Associ	ating professional body/ Ager	ncy:
7.	Financ	ial support particulars (Rs.)	:
	i.	Registration Charges	5500]
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
			Catchingo.
Da	ite:		Signature of the Staff Member
1.	Recon	nniendations of the HoD:	Josephantero.
2.		nmendations of the IQAC:	Aliv
3.	Recon	nmendations of the Principal	: ()
ettet i		•	Sanctioned/ Not Sanctioned
			Account Department

Accountant

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

		Date: 15 6 16
	Debit to Dr. B. Lakes	(4) Y (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
Paid to	Dr. B. Lakshman Ras	a sum of Rs. 5500].
Rupees_	Five thousand five hund	red supeel Only
towards _	12th IAPHO National PG	Convention
by Cheque	1DD/Cash 5500 -	
Fold by	Approved by Jacou	intant Received by

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

		Date: 15 6 18
	Debit to Dr. B. Laksh	man Par.
Paid to _	Dr. B. Lakshman Ran	a sum of Rs. 5500).
Rupees_	Five thousand five hundre	od Impace Only
towards _		Convention
by Cheque	1DD/Cash 5500 -	
Faid by	Approved by Account	tant Received by



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Financial Support Request Letter

1.	Name of the Staff Member	: Or: Nanaugua Para
2.	Designation	: Dr. Narayana Rao : Profimor
3.	Department	- Lipitmox .
4.	Conference/Publication/ Membersh	: Of conservative and endodontics hip Fee/Workshop/FDP Certificate Details: IAPHD National Py convention
5. 6.	Date and Duration of the Program Associating professional body/ Age	: 22/6/18 to 23/6/18 ncy: IAPHP
7.	Financial support particulars (Rs.)	
	i. Registration Charges	: 4000/
	ii. Travelling Allowances	: 4000/
	iii. Membership Fee	:
	iv. Others (if any)	:: :
Da	ite:	Signature of the Staff Member
1.	Recommendations of the HoD:	Sillienth
2.	Recommendations of the IQAC:	Q Vill
3.	Recommendations of the Principal:	Sanctioned Not Sanctioned
		Account Department
	A	

Accountant : §

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

	Debit to Dr. Nacayana Ruo	
Paid to _	DI Navayana Rod a sum of Rs.	40001-
Rupees_	four thousand rupees	Onl
towards	12th TAPHA National PG convention	
by Cheque /	DD/Cash 4000f	



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Financial Support Request Letter

1.	Name of the Staff Member	: Dx Naxendhaa	
2.	Designation	Reader: of Brosthadontics.	
3.	Department	: 8) Do Sth ood III. S.	
4.	12th JAPHO nos	ip Fee/ Workshop /FDP Certificate Details:	
		1410 22/19.	
5.	Date and Duration of the Program	: 22 6/18 - 23/6/18.	
6.	Associating professional body/ Age	ncy:	
7.	Financial support particulars (Rs.)	:	
	 Registration Charges 	55601-	
	ii. Travelling Allowances	-	
	iii. Membership Fee	:	
	iv. Others (if any)	:	
		Signature of the Staff Member	
Da	ite:	N. Doo.	
1.	Recommendations of the HoD:	1 Has	
2.	10000		
3.	detions of the Principal:		

Accountant :

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

		Date:_	16/6/48
	Debit to DY 1	larendhra	
Paid to _	Dr. Narendra	a sum of Rs.	
Rupees_		tred Rupee 1	Only
towards	12th IAPHD national	PGI Concention	
by Cheque /	DD/Cash_ 5500 -		
	Cert by	Accountant	reived by



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Financial Support Request Letter

			Account Department
3.	Reco	mmendations of the Principal	Sanctioned Not Sanctioned
2.	Dago	mmendalions of the recommendations	••••••
1.	Reco	mmendations of the Hold	K. Siper
_		mmendations of the HoD:	(Dalmily
Da	ite:		
			Signature of the Staff Member
	iv.	Others (if any)	
	iii.	Membership Fee	
	ii.	Travelling Allowances	
	i.	Registration Charges	:
7.		**	: 4000/-
		cial support particulars (Rs.)	
			ncy: AoMSZ
5.	Date a	and Duration of the Program	: 11 to 13th october 2018
		IST Undio -	apan DMS conjumes.
4.			ip Fee/ Workshop /FDP Certificate Details:
	Depar		the state of the s
	Design		: prof & Hop : oral & Manillo field &
			DI DAC OTYN V
1	Name	of the Staff Member	: Dr. DAL singh. V

Accountant Date:

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

			Date:	10/2013
	Debit to _	Dr. V. Do	el singh	
Paid to	Dr.y. Dals	igh	a sum of Rs.	70001
Rupees	Sene	floored	Rupeeno	My Only
towards	est 2	NDO- JAPAN	CONFERE	NCE -
by Cheque / D!		70001-		
20.1	ast	O_{i}		Some

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Approved by

Accountant

Received by



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Financial Support Request Letter

1.	Name	of the Staff Member	: Dr. T. Mohan
2		nation	
2.			: prosthodentro
3.	Depar	tment	: JONO STROUGHT VID
4.	Confe	rence/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
		46th	ip Fee/ Workshop/FDP Certificate Details: Indian proxilation So viety Confermer
5.	Date a	and Duration of the Program	: 15th to 18th NOV 2019
6.	Assoc	iating professional body/ Age	ncy: ZPS
7.		cial support particulars (Rs.)	;
	i.	Registration Charges	: 5330/-
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	:
			Tule -
Da	ite:		Signature of the Staff Member
_	Dagar	nmendations of the HoD:	ma bulling as
1.			
2.		nmendations of the IQAC:	
3.	Recor	mmendations of the Principal	Sanctioned Not Sanctioned
			Account Department

Accountant :

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

			Date:	10/11/2018
	De	fit to Dr T. 1	Mohan	
Paid to	Dr.T. N	Johan	a sum of Rs	53321-
Rupees F	we thousa	nd three hundre	d and thirty rupe	eés Ont
towards	46 th	Mational Conf.	evence of IPS,	Manglore.
by Cheque /!		5332/-		

Parkby

Approved by

Accountant

Received by



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Financial Support Request Letter

1.	Name of the	Staff Member	: Dr a Rupasu : Reader
2.	Designation		: Reade
3.	Department		: periodontes
4.	Conference/F	Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
5.	Date and Dur	ration of the Program	: 5-70choper2013
6.	Associating p	orofessional body/ Ager	ncy: LSP
7.		port particulars (Rs.)	·
	i. Regis	tration Charges	: 26661-
	ii. Trave	lling Allowances	:
	iii. Memb	ership Fee	:
	iv. Others	s (if any)	:
Da	te:		G. Rupasreer Signature of the Staff Member
1.	Recommenda	ations of the HoD:	G. Rupares
2.	Recommenda	ations of the IQAC:	(son L'
3.	Recommenda	ations of the Principal:	Sanctioned/Not Sanctioned
			Account Department

Accountant :

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

		Date: 29/9/18
	Debit to Do Rypassel	.G
Paid to	Do Rypasoac G	sum of Rs. 2666 (-
Rupees_	Two thousand six hundred and	Story Bix Only
towards _	43rd Mational Conference of	ISP Chandigael
by Cheque	1DD/Cash 2666/-	
011	and and Andrews	Renewed by



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Financial Support Request Letter

			2 0
1.	Name	of the Staff Member	: Dr. A. Ramush
2.	Desig	nation	: pro/ & HOD
3.	Depar	tment	: prof & HoD : periodiontro
4.	Confe	erence/Publication/ Membersh	ip Fee/ Workshop /FDP Certificate Details:
		43	d National Annal Confence
			·
5.	Date a	and Duration of the Program	: 5 to 7 ockher 2018
6.	Associating professional body/ Agency: 2 Sp		
7.	Finan	cial support particulars (Rs.)	:
	i.	Registration Charges	: 2666/-
	ii.	Travelling Allowances	:
	iii.	Membership Fee	:
	iv.	Others (if any)	
			an A.R.S
Da	ite:		Signature of the Staff Member
1	Dago	mmendations of the HoD :	Dr. A. Rand
1.	Reco	mmendations of the HoD	M Solved
2.		mmendations of the IQAC:	
3.	Recommendations of the Principal: Sanctioned Not Sanetioned		
	Account Department		

Accountant :

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

Debit to Por Ramosh A a sum of Rs. 2666/-Paid to Dr. Remosh, A Rupees Two thousand and six hunted and six ty six infraonly towards 43rd Mational Enference of SSP, Chandig Reh by Cheque / DD / Cash_



Date:

LENORA INSTITUTE OF DENTAL SCIENCES

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Financial Support Request Letter

1.	Name of the Staff Member	: Dr.M.sayam : Ready	
2.	Designation	: Ready	
3.	Department	: pedodonhis	
4.	Conference/Publication/ Membersl	nip Fee/ Workshop /FDP Certificate Details:	
		th Aps DC	
5.	Date and Duration of the Program	: 740 9th Dec 2018	
6.	1 and linn		
7.	Financial support particulars (Rs.)	:	
	i. Registration Charges	: 1500/-	
	ii. Travelling Allowances	:	
	iii. Membership Fee	:	
	iv. Others (if any)	;	
		Signature of the Staff Member	
Da	te:	Signature of the Staff Member	
1.	Recommendations of the HoD:	Melle	
2.	Recommendations of the IQAC: U. W.L.		
3.	D		
		Sanctioned Not Sanctioned	
	Account Department		
	Accountant:		

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

		Date: 1/12/2018
	Debit to Dr. M. Sa	tyam
Paid to	Dr. M. Satyam	a sum of Rs. 15001-
Rupees	lithe hadered	hymoly Only
towards	39th ApsD Confu	
by Cheque / I		



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

Financial Support Request Letter

	A	ccount Department
1. 2. 3.	Recommendations of the HoD: Recommendations of the IQAC: Recommendations of the Principal: Sanctioned Not Sanctioned	
Da	Date:	Signature of the Staff Member
 6. 7. 	Associating professional body/ Agency Financial support particulars (Rs.) i. Registration Charges ii. Travelling Allowances iii. Membership Fee	1500 - WPatr
		7+09 Dec 2018
4.	. Conference/Publication/ Membership I	professol pedodonhis Fee/ Workshop/FDP Certificate Details: h-Ap-Statu Divital confirme
3.	. Department :	pedodon hvi
2.	. Designation :	professo
1.	. Name of the Staff Member :	Dr. MInd Babu

Accountant :

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

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