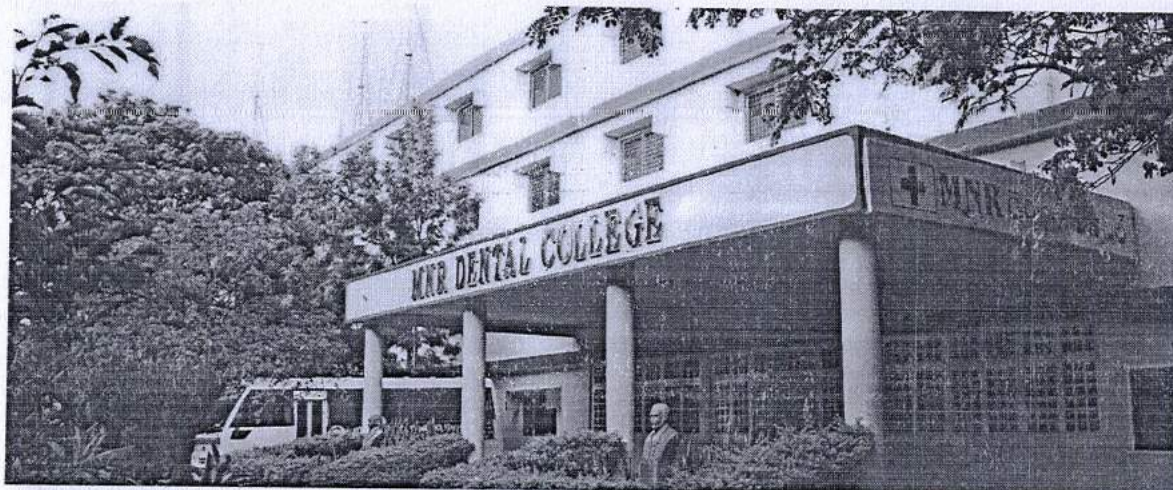




MNR DENTAL COLLEGE AND HOSPITAL

“NAAC ACCREDITED”

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy - 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrdc@mnrindia.org; Website: www.mnrindia.org

LIST OF THE STAFF RECEIVED FINANCIAL SUPPORT



MNR DENTAL COLLEGE AND HOSPITAL

“NAAC ACCREDITED”

(Recognized by MH &FW, Govt.of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455)230533/230555/230699

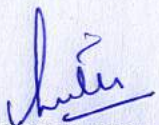
E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

LIST OF THE STAFF RECEIVED FINANCIAL SUPPORT

2021-22

YEAR	NAME OF THE PROGRAM ATTENDED BY THE FACULTY	NUMBER OF PARTICIPANTS
2021-22	ISPPD-TEACHER TRAINING PROGRAM	DR.SUNITHA JD DR.VENNELA EALY DR.PRANITHA DR.SRAVANTHI DR.NAGARJUNA DR.NASEEMOON SHAIK
2021-22	DIGITALISATION OF THE ORTHODONTIC OFFICE:BEYOND THERMOFORMED ALIGNERS	DR.JAYA PRAKASH REDDY DR.SUJAN DR.SARA GEORGE DR.VISHNU PRIYA DR.SATYA PRAKASH
2021-22	7th TELANGANA STATE DENTAL CONFERENCE	DR.RAVINDRA S V DR.SUNITHA J D DR.ADITYA MOHAN DR.MEGHA DR.BALAKASI REDDY DR.B.ANITHA DR.RAVI VARMA PRASAD DR.RATHOD PRAKASH DR.P.SUMAN DR.SRI HARSHA DR.SHANTHI PRIYA
2021-22	APADENTO-4TH INTERNATIONAL CONFERENCE ON DENTISTRY AND ORAL HEALTH	DR.RAVINDRA S V DR.SUNITHA J D DR.B.RUPA RANI DR.B.ANITHA DR.SREENIVASULU DR.DEEPIKA DR.B.LAVANYA

		DR.P.SUMAN DR.SRI HARSHA DR.NASEEMOON SHAIK DR.SHAIK MOBEEN DR.MEGHA DR.PAVAN DR.SHREYA
2021-22	DIAGNOSTIC CHALLENGES IN ORAL LESIONS AT ANIDS	DR.TEJASVI DR.SAMPATH KUMAR DR.BAR SHAIK SHERAZ DR.RATHOD PRAKASH
2021-22	FACULTY DEVELOPMENT PROGRAM ON INTER DISCIPLINARY ACADEMICS AT St.JOSEPH DENTAL COLLEGE	DR.VENU BABU DR.SHALINI DR.SAMPATH KUMAR DR.VISHNU PRIYA
2021-22	MASTERING DIGITAL DENTISTRY WORKSHOP AT KIMS	DR.NAGARJUNA DR.SATYA PRAKASH REDDY DR.LEEMA DR.RAJENDER GOUD DR.SABIHA .P
2021-22	NAAC ACCREDITATION IN LINES WITH NEW EDUCATION	DR.RAVINDRA S V DR.SUNITHA J D DR.B.RUPA RANI DR.SRI HARSHA DR.SUMAN DR.SHANTHI PRIYA DR.BAR SHAIK SHEARZ DR.ADITYA MOHAN DR.SHRAVANTHI DR.SHAIK MOBEEN


IQAC COORDINATOR
Coordinator
I.Q.A.C.

MNR Dental College & Hospital


PRINCIPAL

PRINCIPAL

MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sunita J.D
2. Designation : Prof & HOD
3. Department : Oral Pathology & Microbiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: ISPPD Teacher training program.
5. Date and Duration of the Program : 9/10/21 to 10/10/21
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : Rs 500/- only
 - 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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY DIST-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 16/10/21

Chand
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Pranisha V.
2. Designation : professor & HOD
3. Department : Department of pedodontics & preventive dentistry.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: ISPPD teacher training programme
5. Date and Duration of the Program : 9/10/2021 - 10/10/2021
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: _____

Pranisha V.
Signature of the Staff Member

1. Recommendations of the HOD: Pranisha V.
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

PRINCIPAL

MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 16/10/21

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : DR. SRAVANTHI
2. Designation : SR. LECTURER
3. Department : PEDODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Teachers training programme
5. Date and Duration of the Program : 9-10-21 to 10-10-21
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: Pranitha V
2. Recommendations of the IQAC: Charan
3. Recommendations of the Principal: Principal

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 16/10/21

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Nagarjuna G
2. Designation : Reader
3. Department : Department of Pedodontics & Preventive Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: ISPPD Teacher Training Programme
5. Date and Duration of the Program : 09-10-2021 to 10-10-2021
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 Alarjuna

1. Recommendations of the HOD: Paramitha V
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 16/10/21

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Naseem moon Shaik
2. Designation : Senior Lecturer
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
ISPPD - Teachers training Program
5. Date and Duration of the Program : 9.10.21 - 10.10.21
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: Banitha V
2. Recommendations of the IQAC: Shrin
3. Recommendations of the Principal: Principal

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 16/10/21

Accountant
Accountant



Financial

MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Support Request Letter

1. Name of the Staff Member : Dr. Ravindra S.V
2. Designation : Professor and HOD
3. Department : Oral medicine and Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC accreditation in lines with new education
5. Date and Duration of the Program : 29/12/21
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - 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]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY DIST-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 5/1/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Sumitha J.D
2. Designation : Professor and HOD
3. Department : Oral Pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC Accreditation in lines with new education
5. Date and Duration of the Program : 29-12-2021
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member chile

1. Recommendations of the HOD: chile
2. Recommendations of the IQAC: chile
3. Recommendations of the Principal: Principal

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 TS.

Sanctioned/Not Sanctioned

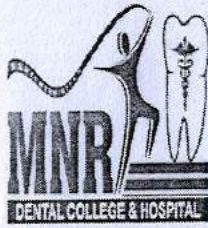
Account Department

Accountant:

For MNR Educational Trust

Date: 5/1/22

Accountant
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rupa Rani
2. Designation : Professor
3. Department : PERIODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC accreditation in line with new education
5. Date and Duration of the Program : 29/12/21
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HOD: Rupa Rani
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

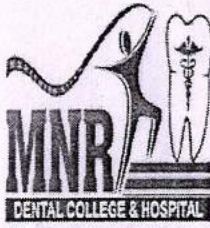
Account Department

Accountant:

Date: 5/1/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. P. Sriharsha
2. Designation : Sr. Lecturer.
3. Department : prosthodontia.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC Accreditation in line with new education.
5. Date and Duration of the Program : 29/12/21
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2,000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member P. Sriharsha

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

MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 5/1/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. P. Suman.
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC Accreditation in lines with new education
5. Date and Duration of the Program : 29-12-2021.
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Suman.
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

Account Department

Sanctioned/Not Sanctioned

Accountant:

For MNR Educational Trust

Date: 5/1/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. VENNELA. E
2. Designation : Sr. Lecturer
3. Department : Dept of Pedodontics and preventive Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: ISPPD Teacher Training Programme
5. Date and Duration of the Program : 9-10-2021 to 10-10-2021
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: _____

Vennela
Signature of the Staff Member

1. Recommendations of the HOD: Pranitha V
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist: 502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 16/10/21

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. shanthipriya
2. Designation : Reader
3. Department : prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC Accreditation in lines with new education
5. Date and Duration of the Program : 29-12-2021
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - 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]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 5/1/22

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Barzhaik Shehaz
2. Designation : Senior Lecturer
3. Department : Oral and Maxillofacial Surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC Accreditation in lines with New Education
5. Date and Duration of the Program : 29-12-2021.
6. Associating Professional body/Agency: _____
7. Financial support particulars (Rs) : 2000/-
 - i. Registration Charges : _____
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Bhavya
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 5/1/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrrindia.org, Website: www.mnrrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Adiga Mohan.
2. Designation : Professor
3. Department : Oral & Maxillofacial Surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC Accredited in line with New Education
5. Date and Duration of the Program : 29/12/2021.
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - 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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 5/1/22

For MNR Educational Trust

Accountant
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrdc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : DR. SRAVANTHI
2. Designation : SR. LECTURER
3. Department : PEDODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
NAAC ACCREDITATION IN LINES AND
NEW EDUCATION
5. Date and Duration of the Program : 29-12-21
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000
 - 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: _____

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist. 502 294

Account Department

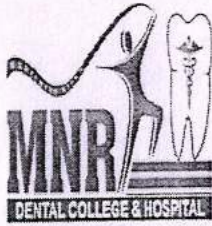
Sanctioned/Not Sanctioned

Accountant:

Date: 5/1/22

For MNR Educational Trust

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Shaik Mobeen.
2. Designation : Sr. Lecturer
3. Department : Dept of Oral Medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NAAC accreditation in line to new education
5. Date and Duration of the Program : 29/12/21
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member [Signature]

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

Account Department

Sanctioned/Not Sanctioned

Accountant:

Date: 5/1/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Tejasvi D.
2. Designation : Lecturer
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Diagnostic challenges in oral lesions at ANIPS
5. Date and Duration of the Program : 11/1/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : _____
 - ii. Travelling Allowances : Rs 3000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Tejasvi
Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Sangareddy Road
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 18/1/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sampath Kumar
2. Designation : Lecturer
3. Department : Oral & Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Diagnostic challenges in oral lesions at ANS IDS.
5. Date and Duration of the Program : 11/1/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : Rs 3000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Sampath
Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Fasalwadi Road,
SANGAREDDY DIST-502294 TS.

Sanctioned/Not Sanctioned

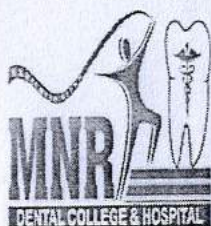
Account Department

Accountant:

For MNR Educational Trust

Date: 18/1/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Bhanu Shankar Sharma
2. Designation : Lecturer
3. Department : Oral and Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Diagnostic challenges in oral lesions
at ANIDS
5. Date and Duration of the Program : 11-01-2022
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: _____

Bhanu
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY DIST-502294 T.S.

Sanctioned/Not Sanctioned

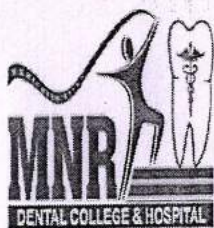
Account Department

Accountant:

For MNR Educational Trust

Date: 18/1/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rathod Prakash
2. Designation : Senior Lecturer
3. Department : Oral Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Diagnostic Challenges in Oral lesions
5. Date and Duration of the Program : 11-1-22 3
6. Associating Professional body/Agency: at ANIDS
7. Financial support particulars(Rs) :
 - i. Registration Charges : _____
 - ii. Travelling Allowances : 3000/-
 - 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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Fasalwadi, Sangareddy- 502 294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 18/1/22

For MNR Educational Trust

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrde@mnrintia.org; Website: www.mnrintia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Jayaprakash Reddy
2. Designation : Professor & HOD
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Digitalisation of orthodontics office beyond the reformed aligners
5. Date and Duration of the Program : 10/03/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) :
 - i. Registration Charges : RS 1000/-
 - 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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 TS

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sujan Kumar
2. Designation : Professor
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Digitalisation of Orthodontic Office : Beyond thermofomed aligners
5. Date and Duration of the Program : 10-03-2022
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 1000
 - 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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist. Sangareddy T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. SARA GEORGE
2. Designation : Sr. LECTURER
3. Department : ORTHODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
DIGITALIZATION OF ORTHODONTICS
5. Date and Duration of the Program : 10-3-22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road
SANGAREDDY Dist-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Vishnu priya
2. Designation : Sr. Lecturer
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Digitalization of Orthodontics
5. Date and Duration of the Program : 10-3-22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HOD: Jaya
2. Recommendations of the IQAC: Inte
3. Recommendations of the Principal: Principal

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

Accountant
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Satyaprakash
2. Designation : Reader
3. Department : Oral Medicine and Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Digitalisation of Orthodontic office : beyond
thermoformed aligners.
5. Date and Duration of the Program : 10.03.22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : Rs. 1000
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member

Satya

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY DIST-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ravindra SV
2. Designation : Principal & HOD
3. Department : DMR
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th Telangana State Dental Conference
5. Date and Duration of the Program : 11/03/2022 to 13/03/2022
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]
Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY-502 294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sunitha. J.D
2. Designation : Prof & HOD.
3. Department : Oral Pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
7th Telangana State Dental conference.
5. Date and Duration of the Program : 11/3/2022 to 13/3/2022
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 15,001 - only
 - 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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

Accountant
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Aditya Mohan
2. Designation : Professor
3. Department : Oral maxillofacial surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th telangana state dental conference
5. Date and Duration of the Program : 11/3/22 - 13/3/22
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: _____

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

“NAAC ACCREDITED”

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Megha
2. Designation : Reader
3. Department : Oral Pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th Telangana state dental conference
5. Date and Duration of the Program : 11/3/22 to 13/3/22
6. Associating Professional body/Agency: RSI
7. Financial support particulars(Rs) :
 - i. Registration Charges : RS 1500/-
 - 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]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Bala Kasi Reddy
2. Designation : Reader
3. Department : conservative dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 4th Telangana state dental conference
5. Date and Duration of the Program : 11-3-22 to 13-3-22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2-1500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Dr. Bala Kasi
Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road
SANGAREDDY Dist-502294 TS

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Anitha
2. Designation : Professor
3. Department : Department of Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th Telangana State Dental Conference
5. Date and Duration of the Program : 11-3-2022 to 13-3-2022
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: _____

B. Anitha
Signature of the Staff Member

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

[Signature]
PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

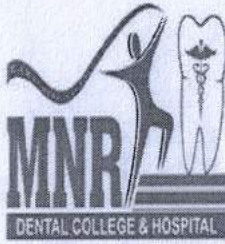
Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Lavi Varma Prasad
2. Designation : Professor & HOD.
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th Telangana State Dental Conference
5. Date and Duration of the Program : 11/03/2022 - 13/03/2022
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: [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Fasalwadi Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rathod Prakash
2. Designation : sr. lecturer
3. Department : OMFS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th Telangana state Conference
5. Date and Duration of the Program : 11/3/22 to 13/3/22
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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294

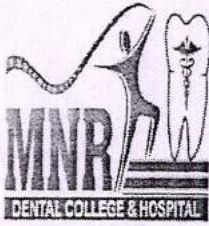
Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrdc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. P. Suman
2. Designation : Leader
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th Telangana State Dental Conference
5. Date and Duration of the Program : 11-03-2022 to 13-03-2022
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: _____

Suman
Signature of the Staff Member

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

[Signature]
PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur
SANGAREDDY Dist-502294 T.S

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. P. Sriharsha.
2. Designation : Sr. Lecturer.
3. Department : Prosthodontic.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th Telangana state dental conference.
5. Date and Duration of the Program : 11/3/22 - 13/3/22
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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road
SANGAREDDY Dist- 502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shanthi priya
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 7th Telangana State Dental Conference
5. Date and Duration of the Program : 11-3-2022 — 13-3-2022
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 [Signature]

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ravindra S V
2. Designation : Principal & HOD
3. Department : Dental
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Conference APADENT 10th International Conference
5. Date and Duration of the Program : 10/03/2022 to 11/03/2022
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2,000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

[Signature]
Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Fasalwadi, Sangareddy, Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sunitha, J-D
2. Designation : Prof & HOD
3. Department : Oral Pathology & Microbiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APADEN 2nd International conference
5. Date and Duration of the Program : 10/3/2022 to 11/3/2022
6. Associating Professional body/Agency: _____
7. Financial support particulars (Rs) : _____
 - i. Registration Charges : 9000/-
 - 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: _____

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist- 502294 T.S.

Sanctioned/Not Sanctioned

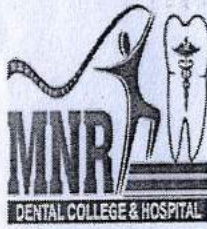
Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rupa Rani
2. Designation : Professor
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADEN - 4th International
5. Date and Duration of the Program : 10/3/22 - 11/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 8000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Suparant
Signature of the Staff Member

1. Recommendations of the HOD: Gani Vani
2. Recommendations of the IQAC: Chitra
3. Recommendations of the Principal: Net

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

Account Department

Sanctioned/Not Sanctioned

Accountant:

Date: 19/3/22

For MNR Educational Trust

Accountant
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

“NAAC ACCREDITED”

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Anitha
2. Designation : Professor
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTO 4th International Conference on Dentistry and Oral Health
5. Date and Duration of the Program : 10-3-2022 to 11-3-2022
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

B. Anitha
Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502204 T.G.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrdc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Srinivasulu. G
2. Designation : Sr. Lecturer
3. Department : Periodontics.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADEN TO - 4th International Conference on dentistry & oral health
5. Date and Duration of the Program : 10/3/22 to 11/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member Suf

1. Recommendations of the HOD: Ravi Varma
2. Recommendations of the IQAC: Chitra
3. Recommendations of the Principal: Principal

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist- 502299

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

Accountant
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Deepika
2. Designation : Reader
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADEN TO - 2nd international conference on dentistry & oral health
5. Date and Duration of the Program : 10/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member Deepika

1. Recommendations of the HOD: Ganivanni
2. Recommendations of the IQAC: Chit
3. Recommendations of the Principal: Principal

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

Accountant
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrcindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : DV. Lavanya B
2. Designation : St. Lecturer
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Apadent 4th International conference on dentistry on oral health
5. Date and Duration of the Program : 10-3-22 - 11-3-22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - 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]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

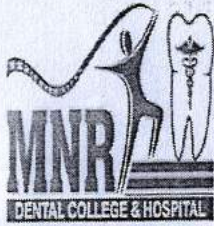
Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. P. Imman.
2. Designation : Reader
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: ATTEND TO - 4th International Conference on dentistry and oral health
5. Date and Duration of the Program : 10/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - 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]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist- 502294 T.S.

Sanctioned/Not Sanctioned

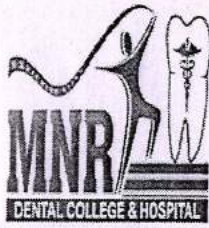
Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. P. Sriharsha.
2. Designation : Sr. Lecturer.
3. Department : Prosthodontics.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Apadento - 4th international conference
5. Date and Duration of the Program : 2000/- 10/3/22 - 11/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars (Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Signature of the Staff Member P. Sriharsha

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narasaraopet Road,

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Naseemoun Shaik
2. Designation : Senior Lecturer
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENT - 4th International Conference on Dentistry & Oral Health
5. Date and Duration of the Program : 10.3.22 - 11.03.22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

S. Naseemoun Shaik
Signature of the Staff Member

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

Principal
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

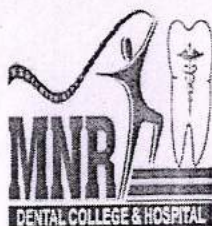
Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrintia.org; Website: www.mnrintia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Shaik Mobeen
2. Designation : Sr. Lecturer
3. Department : Oral Medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: MARAPEN - 4th International Conference
5. Date and Duration of the Program : 10/3/22 - 11/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - 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: _____

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Megha
2. Designation : Reader
3. Department : oral pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTO - 4th international conference on dentistry and oral health
5. Date and Duration of the Program : 10/3/22 to 11/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : Rs 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

[Signature]
Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

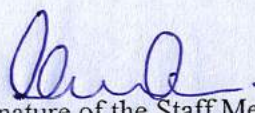
E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

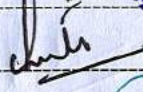
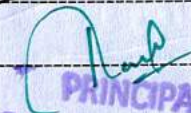
Financial

Support Request Letter

1. Name of the Staff Member : Dr. PAWAN KAMALAPURKER
2. Designation : PROFESSOR & HEAD
3. Department : PROSTHODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENT 4th INTERNATIONAL CONFERENCE ON DENTISTRY & ORAL HEALTH
5. Date and Duration of the Program : 10/3/22 - 11/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : 2000/-
 - i. Registration Charges : _____
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____


Signature of the Staff Member

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

PRINCIPAL
MNR Dental College & Hospital

MNR Nagar, Narsapur Road,
SANGAREDDY, TELANGANA - 502 294 T.S.

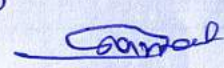
Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/23

For MNR Educational Trust


Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Shreya Golvenkar
2. Designation : Professor.
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENT- 4th International Conference on dentistry and Oral Health.
5. Date and Duration of the Program : 10/3/22 to 11/3/22.
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - 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: _____

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist: 502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22

For MNR Educational Trust

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Nagarjuna G
2. Designation : Reader
3. Department : Pedodontics & Preventive Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Masteering Digital Dentistry Workshop
at KIMS
5. Date and Duration of the Program : 25-03-2022 to 26-03-2022
6. Associating Professional body/Agency: KIMS
7. Financial support particulars(Rs) :
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Nagarjuna G.
Signature of the Staff Member

1. Recommendations of the HOD: *Pranitha V*
2. Recommendations of the IQAC: *Chitra*
3. Recommendations of the Principal: *Chitra*

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 11/4/22

For MNR Educational Trust

Chitra
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

“NAAC ACCREDITED”

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrdc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Satya Prakash
2. Designation : Reader
3. Department : Oral Medicine and Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Mastering Digital Dentistry Workshop at KIMS
5. Date and Duration of the Program : 25.03.2022 - 26.03.2022
6. Associating Professional body/Agency: KIMS
7. Financial support particulars(Rs) :
 - i. Registration Charges : 2000
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Satya
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 11/4/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Keerthi
2. Designation : Sr. Lecturer
3. Department : Oral Medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Mastering digital dentistry workshop at KIMS
5. Date and Duration of the Program : 25-03-2022 to 26-03-2022
6. Associating Professional body/Agency: KIMS
7. Financial support particulars(Rs) :
 - i. Registration Charges : RS 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member Keerthi

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

PRINCIPAL

MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 1/4/22

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH & FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rajender Goud - S
2. Designation : Lecturer
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Mastwing digital dentistry Workshop
5. Date and Duration of the Program : 25/3/2022 - 26/3/2022
6. Associating Professional body/Agency: At KIMS
7. Financial support particulars(Rs) :
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Rajender
Signature of the Staff Member

1. Recommendations of the HOD: Nijetha
2. Recommendations of the IQAC: Chitra
3. Recommendations of the Principal: Prudhvi

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 11/4/22

Canal
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MH &FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

E-mail: mnrhc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sabiba P.
2. Designation : Reader
3. Department : Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Mastering digital dentistry
5. Date and Duration of the Program : 25/03/2022 - 26/03/2022
6. Associating Professional body/Agency: At KIMS
7. Financial support particulars(Rs) :
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Geey
Signature of the Staff Member

1. Recommendations of the HOD: Nijitha
2. Recommendations of the IQAC: Chitra
3. Recommendations of the Principal: Neel

PRINCIPAL

MNR Dental College & Hospital
MNR Nagar, Narsapur Road
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 11/4/22

Amal
Accountant