



# **MNR DENTAL COLLEGE AND HOSPITAL**

**“NAAC ACCREDITED”**

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

**MNR Nagar, Narsapur Road, Fasalwadi, Sangareddy 502294**

**E-COPIES OF TRAINING CERTIFICATES OF  
FULL TIME TEACHERS IN THE A.Y 2021-22**



# Certificate of Completion

This is to acknowledge that

Dr. / Mr. / Ms. **Dr. SUJATHA GOPAL. S**

Has successfully fulfilled the necessary requirements for the  
Completion of Training on **Effective Use of MS-Excel** at  
MNR DENTAL COLLEGE on 07-05-2022

**DR. RAVINDRA SV**  
PRINCIPAL & HEAD  
DEPT. OF ORAL MEDICINE &  
RADIOLOGY

**DR. SUNITHA JD**  
IQAC COORDINATOR  
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DEPT OF ORAL PATHOLOGY

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# Certificate of Completion

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms. **Dr. PAWAN KUMAR**

Has successfully fulfilled the necessary requirements for the  
Completion of Training on **Effective Use of MS-Excel** at  
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Has successfully fulfilled the necessary requirements for the  
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This is to acknowledge that

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Dr. / Mr. / Ms. **DR. SUNITHA J.D**

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms. **DR. GANESH KULAKARNI**

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MNR DENTAL COLLEGE on 07-05-2022

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# *Certificate of Completion*

This is to acknowledge that

**Dr. / Mr. / Ms. Dr. MEGHA KADANI**

Has successfully fulfilled the necessary requirements for the  
Completion of Training on **Effective Use of MS EXCEL** at  
MNR DENTAL COLLEGE on 07-05-2022

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms. **Dr. ANURADHA**

Has successfully fulfilled the necessary requirements for the  
Completion of Training on **Effective Use of MS EXCEL** at  
MNR DENTAL COLLEGE on 07-05-2022

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

**DR. RAVINDRA SV**  
**PRINCIPAL & HEAD**  
**DEPT. OF ORAL MEDICINE &  
RADIOLOGY**

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

**DR. SUNITHA JD**  
**IQAC COORDINATOR**  
**PROF & HOD**  
**DEPT OF ORAL PATHOLOGY**

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

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# *Certificate of Completion*

This is to acknowledge that

**Dr. / Mr. / Ms. Dr. T.K.SHYAMILEE**

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Completion of Training on **Effective Use of MS EXCEL** at  
MNR DENTAL COLLEGE on 07-05-2022.

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms. **Dr. LAVANYA**

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms. **Dr. RAMESH.K**

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MNR DENTAL COLLEGE on 07-05-2022

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms. **Dr. ADITYA MOHAN**

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Completion of Training on **Effective Use of MS EXCEL** at  
MNR DENTAL COLLEGE on 07-05-2022

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# *Certificate of Completion*

This is to acknowledge that

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This is to acknowledge that

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Dr. / Mr. / Ms . **DR. K.V.SUJAN KUMAR**

Has successfully fulfilled the necessary requirements for the  
Completion of Training on **Effective Use of MS EXCEL** at  
MNR DENTAL COLLEGE on 07-05-2022

**DR. RAVINDRA SV**

**PRINCIPAL & HEAD**

**DEPT. OF ORAL MEDICINE &  
RADIOLOGY**

**DR. SUNITHA JD**

**IQAC COORDINATOR**

**PROF & HOD**

**DEPT OF ORAL PATHOLOGY**

**MANIKANDAN**

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms . **DR.M.D UMAR FAROOQ**

Has successfully fulfilled the necessary requirements for the  
Completion of Training on **Effective Use of MS EXCEL** at  
MNR DENTAL COLLEGE on 07-05-2022

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**DEPT OF ORAL PATHOLOGY**

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms . **DR. SARA GEORGE**

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Completion of Training on **Effective Use of MS EXCEL** at  
MNR DENTAL COLLEGE on 07-05-2022

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# *Certificate of Completion*

This is to acknowledge that

Dr. / Mr. / Ms . **DR. VISHNU PRIYA**

Has successfully fulfilled the necessary requirements for the  
Completion of Training on **Effective Use of MS EXCEL** at  
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**DR. RAVINDRA SV**

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# *Certificate of Completion*

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Has successfully fulfilled the necessary requirements for the  
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MNR DENTAL COLLEGE on 07-05-2022

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*has successfully participated and completed the training  
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**Dr.Shreya Colvenkar**

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**Dr. Shanti Priya**

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PROF & HOD

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This is to certify that

**Dr.Siva Santhosh Babu**

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This is to certify that

**Dr.Naga Veera Pradeep Kumar Reddy**

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This is to certify that

**Dr.K.Vijay Kumar**

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**Dr.P.Sri Harsha**

*has successfully participated and completed the training  
programme on*

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

**DR. RAVINDRA SV**

**PRINCIPAL & HEAD**

**DEPT. OF ORAL MEDICINE &  
RADIOLOGY**

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

**DR. SUNITHA JD**

**IQAC COORDINATOR**

**PROF & HOD**

**DEPT OF ORAL PATHOLOGY**

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

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METAPOINTER**

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**Dr.K.Pavan Kumar**

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**PRINCIPAL & HEAD**

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RADIOLOGY**

**DR. SUNITHA JD**

**IQAC COORDINATOR**

**PROF & HOD**

**DEPT OF ORAL PATHOLOGY**

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IQAC COORDINATOR

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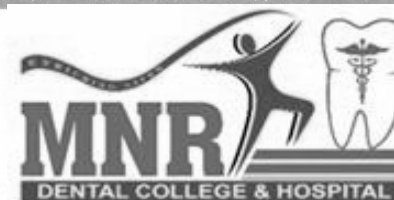
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RADIOLOGY**

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**DR. SUNITHA JD**

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**Dr.T.K Shyamilee**

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

**DR. RAVINDRA SV**

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

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

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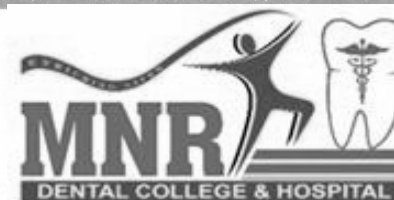
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