

## 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: 8500956668. Fax: (08455) 230533/230555/230699

E-mail: [mnrdc@mnrindia.org](mailto:mnrdc@mnrindia.org); Website: [www.mnrindia.org](http://www.mnrindia.org)

## LIST OF THE STAFF RECEIVED FINANCIAL SUPPORT



## MNR DENTAL COLLEGE AND HOSPITAL

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

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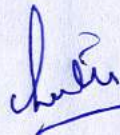
2020-21

YEAR	NAME OF THE PROGRAM ATTENDED BY THE FACULTY	NUMBER OF PARTICIPANTS
2020-21	FACULTY DEVELOPMENT PROGRAM ON ADVANCES IN INLAYS AND ONLAYS AT KIMS	DR.TEJASVI.D DR.MUZAMMIL DR.SAMPATH KUMAR DR.MOGHANI DR.MOHAMMADI FATHIMA DR.NAGARJUNA
2020-21	DIGITALISATION OF THE ORTHODONTIC OFFICE:BEYOND THERMOFORMED ALIGNERS	DR.JAYA PRAKASH REDDY DR.SUJAN DR.SARA GEORGE DR.VISHNU PRIYA DR.SATYA PRAKASH
2020-21	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
2020-21	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
2020-21	DIAGNOSTIC CHALLENGES IN ORAL LESIONS AT ANIDS	DR.TEJASVI DR.SAMPATH KUMAR DR.BAR SHAIK SHERAZ DR.RATHOD PRAKASH
2020-21	FACULTY DEVELOPMENT PROGRAM ON INTER DISCIPLINARY ACADEMICS AT St.JOSEPH DENTAL COLLEGE	DR.VENU BABU DR.SHALINI DR.SAMPATH KUMAR DR.VISHNU PRIYA
2020-21	MASTERING DIGITAL DENTISTRY WORKSHOP AT KIMS	DR.NAGARJUNA DR.SATYA PRAKASH REDDY DR.LEEMA DR.RAJENDER GOUD DR.SABIHA .P
2020-21	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

PRINCIPAL



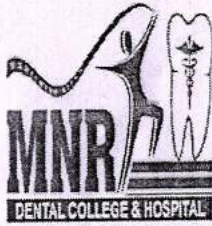
Coordinator  
I.Q.A.C.

MNR Dental College & Hospital



PRINCIPAL

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



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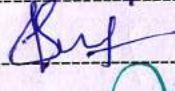
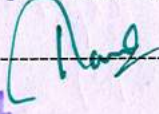
## Financial

### Support Request Letter

1. Name of the Staff Member : Dr. Siva Santhosh babu
2. Designation : Sr. Lecturer
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:  
Faculty development programme on nano technology  
in Dentistry
5. Date and Duration of the Program : 9-12-20 to 11-12-20
6. Associating Professional body/Agency: At KIMS
7. Financial support particulars(Rs) :
  - i. Registration Charges : 1000 Rs
  - 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: 

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**MNR Nagar, Narsapur Road,**

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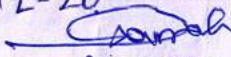
**SANGAREDDY Dist-502294 T.S.**

**Account Department**

Accountant:

**For MNR Educational Trust**

Date: 18-12-20

  
**Accountant**



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## Financial

### Support Request Letter

1. Name of the Staff Member : Dr. K. Vijay Kumar
2. Designation : Reader
3. Department : Public Health Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty in development program on Nano Technology in Dentistry at KIMS
5. Date and Duration of the Program : 9-12-2020 to 11-12-2020
6. Associating Professional body/Agency: At KIMS.
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-502294 TS**

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**Account Department**

Accountant:

**For MNR Educational Trust**

Date: 18-12-20

Sarah  
**Accountant**



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## 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: Faculty development programme of Nano technology in Dentistry
5. Date and Duration of the Program : 9-12-2020 to 11-12-2020
6. Associating Professional body/Agency: At KIMS
7. Financial support particulars(Rs) :
  - i. Registration Charges : 1000/-
  - 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,**

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**SANGAREDDY PIN 502294 TS.**  
**Account Department**

Accountant:

Date: 18-12-20 For MNR Educational Trust

[Signature]  
Accountant



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Shuresh Kumar
2. Designation : sr. lecturer
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:  
Faculty development program on nanotechnology  
in dentistry.
5. Date and Duration of the Program : 9-12-2020 - 11-12-2020
6. Associating Professional body/Agency: Atkins
7. Financial support particulars(Rs) :
  - i. Registration Charges : 1000/-Rs
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others( if any) : \_\_\_\_\_

Date:

Signature of the Staff Member

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

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SANGAREDDY-502294, T.S.

Account Department

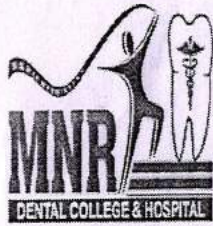
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Accountant:

For MNR Educational Trust

Date: 18-12-20

[Signature]  
Accountant



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## Financial

### Support Request Letter

1. Name of the Staff Member : Dr. ANUSHA.E
2. Designation : Senior lecturer
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FACULTY DEVELOPMENT PROGRAM ON NANO TECHNOLOGY IN DENTISTRY
5. Date and Duration of the Program : 9.12.20 - 11.12.20
6. Associating Professional body/Agency: KIMS
7. Financial support particulars(Rs) :
  - i. Registration Charges : 1000/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others( if any) : \_\_\_\_\_

Date: \_\_\_\_\_

Anu  
Signature of the Staff Member

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

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**MNR Dental College & Hospital**

**MNR Nagar, Narsapur Road,**

**SANGAREDDY Dist-502294 T.S.**

**Account Department**

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Accountant:

Date: 18-12-20

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## 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:-----  
Faculty development programme on  
Hand technology in dentistry at KIMS
5. Date and Duration of the Program :----- 9-12-2020 - 11-12-2020
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:----- [Signature]
2. Recommendations of the IQAC:----- [Signature]
3. Recommendations of the Principal:----- [Signature]

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**MNR Dental College & Hospital** Sanctioned/Not Sanctioned

**MNR Nagar, Narsapur Road,**

**SANGAREDDY-502294**

**Account Department**

**Accountant:**

**Date:** 18-12-20 **For MNR Educational Trust**

[Signature]  
**Accountant**



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## Financial

### Support Request Letter

1. Name of the Staff Member :----- Dr. Naseemunn Shaik
2. Designation :----- Senior lecturer
3. Department :----- Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:  
----- Inter Professional education & collaboration  
----- practices-----
5. Date and Duration of the Program :-----
6. Associating Professional body/Agency:----- St. Joseph
7. Financial support particulars(Rs) :----- 2500
  - i. Registration Charges :----- 500
  - ii. Travelling Allowances :----- 2000
  - 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 Sanctioned/Not Sanctioned

MNR Nagar, Narsapur Road,  
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Account Department

Accountant:

Date:

For MNR Educational Trust

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Accountant



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Ravindra SV
2. Designation : Principal & HOD
3. Department : OMR
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NIRE Awareness workshop
5. Date and Duration of the Program : 18/01/2021
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

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.

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## Account Department

Accountant:

For MNR Educational Trust

Date: 25/01/2021

Accountant



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## 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:-----  
NIRF Awareness workshop.
5. Date and Duration of the Program :----- 18/1/2021
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:----- [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: 25/01/2021  
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## 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: NIRF award work Workshop
5. Date and Duration of the Program : 18/1/21
6. Associating Professional body/Agency: \_\_\_\_\_
7. Financial support particulars (Rs) : 1000/-
  - i. Registration Charges : 1000/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others (if any) : \_\_\_\_\_

Date: \_\_\_\_\_

B. Rupa Rani  
Signature of the Staff Member

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

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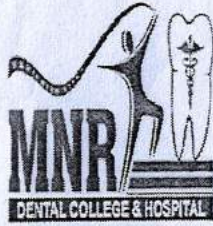
**Account Department**

Accountant:

**For MNR Educational Trust**

Date: 25/01/2021

[Signature]  
**Accountant**



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## Financial

### Support Request Letter

1. Name of the Staff Member : Dr. Sri Harsha
2. Designation : Sr. Lecturer
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NIRF - Awards
5. Date and Duration of the Program : 18/1/21
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: \_\_\_\_\_

P. Sahab  
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:

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Date: 25/01/2021

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## Financial

### Support Request Letter

1. Name of the Staff Member : Dr. P. Sunam
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP CertificateDetails:  
NARF Awareness workshop
5. Date and Duration of the Program : 18-01-2021
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:

Sunam  
Signature of the Staff Member

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

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MNR Dental College & Hospital

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Account Department

Sanctioned/Not Sanctioned

Accountant:

For MNR Educational Trust

Date: 25/01/2021

[Signature]  
Accountant



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Shanthi priya
2. Designation : Reader
3. Department : prostodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NIRE [Awareness workshop]
5. Date and Duration of the Program : 18-1-2021
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 502294 T.S.

Sanctioned/Not Sanctioned

Account Department

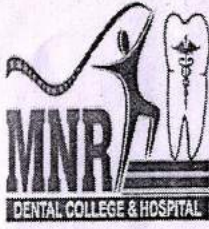
Accountant:

For MNR Educational Trust

Date: 25/01/2021 [Signature]

Accountant





# MNR DENTAL COLLEGE AND HOSPITAL

“NAAC ACCREDITED”

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

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

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## Financial

### Support Request Letter

1. Name of the Staff Member : Dr. Sangamushwan .
2. Designation : Reader
3. Department : Oral pathology,
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:  
NIRE Awareness Workshop
5. Date and Duration of the Program : 18/1/21
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:----- [Signature]
2. Recommendations of the IQAC:----- [Signature]
3. Recommendations of the Principal:----- [Signature]

**PRINCIPAL**

**MNR Dental College & Hospita:**

**MNR Nagar, Narsapur Road,**

**SANGAREDDY Dist-502294 T.S.**

**Account Department**

Sanctioned/Not Sanctioned

Accountant:

**For MNR Educational Trust**

Date: 25/01/2021

[Signature]  
**Accountant**



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. UDAY
2. Designation : Sr. Lectures
3. Department : Conver table
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NIRFT Awareness workshop
5. Date and Duration of the Program : 18/1/21
6. Associating Professional body/Agency: \_\_\_\_\_
7. Financial support particulars(Rs) : \_\_\_\_\_
  - i. Registration Charges : 21000/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others( if any) : \_\_\_\_\_

Date: \_\_\_\_\_

Uday  
Signature of the Staff Member

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

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Accountant:

For MNR Educational Trust

Date: 25/01/2021

[Signature]  
Accountant



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Rajender goud
2. Designation : Cr- lecturer
3. Department : conservative
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: NIRF - Awareness workshop
5. Date and Duration of the Program : 18/1/21
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:

Rajender  
Signature of the Staff Member

1. Recommendations of the HOD: Nijetha
2. Recommendations of the IQAC: Gurj
3. Recommendations of the Principal: And

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MNR Dental College & Hospital

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Account Department

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Accountant:

For MNR Educational Trust

Date: 25/01/2021

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Praveen Kumar Reddy
2. Designation : Reader
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: paradigm shift in dental education
5. Date and Duration of the Program : 11/2/21 - 12/2/21
6. Associating Professional body/Agency: at St. Joseph dental college
7. Financial support particulars(Rs) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others( if any) : \_\_\_\_\_

Date: \_\_\_\_\_

Praveen  
Signature of the Staff Member

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

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Account Department

Accountant:

For MNR Educational Trust

Date: 19/2/21

Samal  
Accountant



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Heera. Gopalayya
2. Designation : Professor.
3. Department : Oral medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: PARADIGN SHIFT IN DENTAL EDUCATION.
5. Date and Duration of the Program : 11-2-21 to 12-2-21
6. Associating Professional body/Agency: St. Joseph dental college.
7. Financial support particulars(Rs) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others( if any) : \_\_\_\_\_

Date:

Heera  
Signature of the Staff Member

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

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Accountant:

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Himma Bindhu
2. Designation : Senior Lecturer
3. Department : Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: paradigm shift in dental education
5. Date and Duration of the Program : 11-2-21 to 12-2-21
6. Associating Professional body/Agency: St. Joseph Dental college
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 Hms

1. Recommendations of the HOD: Mjitha
2. Recommendations of the IQAC: Sury
3. Recommendations of the Principal: Anil

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MNR Dental College & Hospital

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Account Department

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For MNR Educational Trust

Date: 19/2/21

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Lavanya G.
2. Designation : Senior Lecturer
3. Department : Oral pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:  
paradigm shift in dental education
5. Date and Duration of the Program : 11-2-21 to 12-2-21.
6. Associating Professional body/Agency: St. Joseph Dental College
7. Financial support particulars(Rs) :
  - i. Registration Charges : 1500/-
  - ii. Travelling Allowances : \_\_\_\_\_
  - iii. Membership Fee : \_\_\_\_\_
  - iv. Others( if any) : \_\_\_\_\_

Date:

Lavanya  
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

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Account Department

Accountant:

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Date: 19/2/21

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Shuresh . R
2. Designation : Lecturer
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Paradigm shift in dental education
5. Date and Duration of the Program : 11-2-21 to 12-2-21
6. Associating Professional body/Agency: St. Joseph Dental College
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

*Shuresh . R*

1. Recommendations of the HOD: *Panivani*
2. Recommendations of the IQAC: *Amey*
3. Recommendations of the Principal: *Praveen*

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road Sanctioned/Not Sanctioned

SANGAREDDY Dist-502294 T.S.

Account Department

Accountant:

For MNR Educational Trust

Date: 19/2/21

*Cranch*  
Accountant





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## 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: Faculty Development Program on Advances in Inlays and Onlays at KIMS
5. Date and Duration of the Program : 4/3/21 to 6/3/21
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:

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  
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SANGAREDDY Dist-502294 T.S.

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## Account Department

Accountant:

For MNR Educational Trust

Date: 13/3/21 [Signature]

Accountant



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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Muzammil.
2. Designation : Lecturer
3. Department : Oral pathology and Microbiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty development Programme on in days on days at
5. Date and Duration of the Program : 4/3/21 to 6/3/21
6. Associating Professional body/Agency: At KIMS
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  
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SANGAREDDY Dist-502294 T.S.

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Account Department

Accountant:

For MNR Educational Trust

Date: 13/3/21

Accountant



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## 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: Faculty Development Program on Advances in inlays and onlays at KIMS
5. Date and Duration of the Program : 4/3/21 to 8/3/21
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: [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

Sanctioned/Not Sanctioned

## Account Department

Accountant: For MNR Educational Trust

Date: 13/3/21 [Signature]  
Accountant



# MNR DENTAL COLLEGE AND HOSPITAL

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Moghani
2. Designation : Senior Lecturer
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty development Programme on Inlays and onlays
5. Date and Duration of the Program : 4/3/21 to 6/3/21
6. Associating Professional body/Agency: At KIMS
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

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SANGAREDDY Dist-502294 T.S.

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Accountant:

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## Financial Support Request Letter

1. Name of the Staff Member : Dr. Mohammadi fathima
2. Designation : Senior lecturer
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty development program on advances in inlay and onlay
5. Date and Duration of the Program : 4/3/21 - 6/3/21
6. Associating Professional body/Agency: at time
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-502294 T.S.

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## Account Department

Accountant:

For MNR Educational Trust

Date: 13/3/21

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## Financial

### Support Request Letter

1. Name of the Staff Member :----- Dr. Nagajuna. G
2. Designation :----- Reader
3. Department :----- Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:  
Faculty development program on advances  
in inlays and onlays at KIMS.
5. Date and Duration of the Program :----- 4/3/21 to 6/3/21
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]*  
Signature of the Staff Member

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

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

Sanctioned/Not Sanctioned

### Account Department

Accountant:

**For MNR Educational Trust**

Date: 13/3/21

*[Signature]*  
Accountant