



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

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LIST OF THE STAFF RECEIVED FINANCIAL SUPPORT

2017-18

YEAR	NAME OF THE PROGRAM ATTENDED BY THE FACULTY	NUMBER OF PARTICIPANTS
2017-18	FAMDENT AT HYDERABAD	DR.ASHWINI KUMAR DR.KARTHIK DR.IMRANA TASNEEM DR.MANOJ KUMAR DR.P.SUMAN DR.AYESHA SAMEERA DR.SRUJANA DR.KRANTHI KIRAN REDDY
2017-18	TRANSFORM - THE INPATIENT & WARD MANAGEMENT SKILLS COURSE BY IFACE	DR.KHADAR VALI SHAIL DR.B.ANITHA DR.PRANITHA.V DR.M.UDAY KUMAR
2017-18	4TH TSDC TELANGANA STATE DENTAL CONFERENCE	DR.SUJATHA GOPAL DR.B.RUPA RANI DR.SURYA KUMARI DR.SHIVARAM DR.PRAVEEN DR.M.D.PRASANNA DR.G.HARSHA DR.B.VIJAY KUMAR DR.RAVI VARMA PRASAD DR.JAYAPRAKASH
2017-18	RENOVATION OF THE INNOVATION	DR.K.RAMESH DR.ADITYA MOHAN DR.N.VIJAY DR.BAR SHAIK SHERAZ

2017-18	FACULTY DEVELOPMENT PROGRAM ON ADVANCES IN LASER DENTISTRY AT ST.JOSEPH DENTAL COLLEGE	DR.RAGHAVENDRA DR.PUJITHA DR.RADHIKA DR.Y.VIJAY KUMAR DR.K.ARPITHA
2017-18	WORKSHOP ON DIGITAL IMAGING AND 3D PRINTING	DR.SURYA KUMARI DR.PRASHANTH DR.SUJAN KUMAR DR.IMRANA TASNEEM
2017-18	WEBINAR ON 3D SURGICAL SPLINT PRINTING	DR.ADITYA MOHAN DR.SHIVARAM DR.NAGA VEERA PRADEEP DR.VYSHNAVI
2017-18	TMJ ARTHROCENTESIS AND CONDYLAR HYPERPLASIA	DR.RAMESH.K DR.G.HARSHA DR.B.VIJAY DR.ASHWINI KUMAR DR.SATYA PRAKASH DR.RADHIKA DR.M.D.PRASANNA


 IQAC COORDINATOR
 Coordinator
 I.Q.A.C.
 MNR Dental College & Hospital


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



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Financial

Support Request Letter

1. Name of the Staff Member : DR. RAGHAVENDRA S
2. Designation : READER
3. Department : ORTHODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
ADVANCES IN LASER DENTISTRY
5. Date and Duration of the Program : 8.8.17 - 9.08.17
6. Associating Professional body/Agency: St. Joseph Dental College
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 2000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HOD: Jayas
2. Recommendations of the IQAC: Rath
3. Recommendations of the Principal: Swathy

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MNR Nagar, Narsapur Road

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Account Department

Accountant: _____

Date: 16.8.17

For MNR Educational Trust

Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Poojitha
2. Designation : Reader
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Faculty development of Laxa
5. Date and Duration of the Program : 8-8-2017 to 9-8-2017
6. Associating Professional body/Agency: St. Joseph Dental college
7. Financial support particulars(Rs) : 3000/-
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 2000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member Poojitha

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

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Accountant:

Date: 16-8-17

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Ralika
2. Designation : Reader
3. Department : Oral medicine & Radiology.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
: Development of Laser
5. Date and Duration of the Program : 8-8-2017 to 9-8-2017
6. Associating Professional body/Agency: St. Joseph Dental College
7. Financial support particulars(Rs) : 3000/-
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 2000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Ralika
Signature of the Staff Member

1. Recommendations of the HOD: Ashwini
2. Recommendations of the IQAC: Rah
3. Recommendations of the Principal: Sujitha

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Y Vijay Kumar
2. Designation : Professor
3. Department : Community Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: faculty development programme on advances in lasers
5. Date and Duration of the Program : 8-8-2017 to 9-8-2017
6. Associating Professional body/Agency: Saint Joseph Dental College
7. Financial support particulars(Rs) : 3000/-
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 2000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member

1. Recommendations of the HOD: Vijay
2. Recommendations of the IQAC: Rath
3. Recommendations of the Principal: Saritha

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Aspitha K.
2. Designation : Reader.
3. Department : community Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty Development programme on advanced oral in laces
5. Date and Duration of the Program : 8-8-2012 to 9-8-2012
6. Associating Professional body/Agency: St. Sai Joseph dental college
7. Financial support particulars(Rs) : 3000/-
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 2000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Signature of the Staff Member

1. Recommendations of the HOD: *Vijay*
2. Recommendations of the IQAC: *Rahul*
3. Recommendations of the Principal: *Sithu*

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Date: 16-8-12

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Support Request Letter

1. Name of the Staff Member : Dr Surya Kumari
2. Designation : Professor
3. Department : Conservative & Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
workshop on dental imaging & 3D printing
5. Date and Duration of the Program : 10/8/2017 11/8/17
6. Associating Professional body/Agency: Mumbai
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]

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Support Request Letter

1. Name of the Staff Member : Dr. Prashanth. P.
2. Designation : Sr. Lecturer
3. Department : Pedodontics.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Workshop on digital imaging and 3D printing.
5. Date and Duration of the Program : 10/8/2017 - 11/8/2017
6. Associating Professional body/Agency: Mumbai
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]

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MNR Dental College & Hospital

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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:
Workshop on Digital Imaging and 3D Printing
5. Date and Duration of the Program : 10-08-2017 '11/8/2017
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: Jaya
2. Recommendations of the IQAC: Rathu
3. Recommendations of the Principal: Sithu

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Support Request Letter

1. Name of the Staff Member : Dr. Imran Tasleem
2. Designation : sr. Lecturer
3. Department : conservative
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
workshop on Digital imaging and 3D printing.
5. Date and Duration of the Program : 10/8/17 to 11/8/17
6. Associating Professional body/Agency: Mumbai
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

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

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Support Request Letter

1. Name of the Staff Member :----- Dr. Ashwini Kumar.
2. Designation :----- Professor and HOD
3. Department :----- Oral medicine & Radiology.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:-----
Famdent National Conference
5. Date and Duration of the Program :----- 9/9/2017
6. Associating Professional body/Agency:----- Hyderabad
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:----- Ashwini
2. Recommendations of the IQAC:----- Rath
3. Recommendations of the Principal:----- Prithvi

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Accountant:

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Support Request Letter

1. Name of the Staff Member : Dr. Karthik Roy
2. Designation : Sr. Lecturer
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FAMDENT National conference
5. Date and Duration of the Program : 14/17
6. Associating Professional body/Agency: Hyderabad
7. Financial support particulars(Rs) :
 - i. Registration Charges : RS 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Karthik
Signature of the Staff Member

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

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Account Department

Accountant:

Date: 16/9/17

For MNR Educational Trust

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Support Request Letter

1. Name of the Staff Member : Imrana Yasleem
2. Designation : Sr. Lecturer
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FAMDENT - National conference
5. Date and Duration of the Program : 9/9/2017
6. Associating Professional body/Agency: Hyderabad
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: _____
3. Recommendations of the Principal: [Signature]

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY DISTRICT 502294 TS.

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Accountant:

Date: 16/9/17

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Manoj Kumar Y.
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FAMDENT national Conference
5. Date and Duration of the Program : 9-9-2017
6. Associating Professional body/Agency: Hyderabad
7. Financial support particulars (Rs) :
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Manoj
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. P. Sunam.
2. Designation : Senior Lecturer.
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FAMDENT - National Conference
5. Date and Duration of the Program : 9/9/2017
6. Associating Professional body/Agency: Hyderabad
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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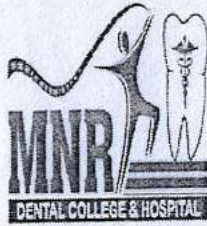
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Accountant:

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Support Request Letter

1. Name of the Staff Member : Ayesha Samra
2. Designation : Senior lecturer
3. Department : Oral pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FAMDENT - National Conference
5. Date and Duration of the Program : 9/9/2017
6. Associating Professional body/Agency: Hyderabad
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Ayesha Samra
Signature of the Staff Member

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

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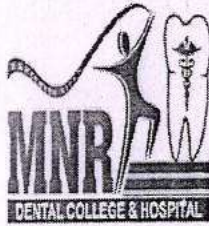
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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Barisbaik sharma .
2. Designation : Sr. Lecturer
3. Department : Oral & Maxillofacial surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
FAMDENT National conference.
5. Date and Duration of the Program : 09-09-2017
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: _____

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

Nagar, Fasalwadi Road

SANGAREDDY, TELANGANA - 502294 T.S.

Sanctioned/Not Sanctioned

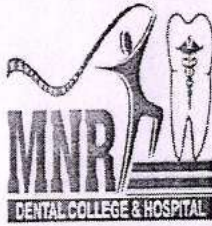
Account Department

Accountant:

For MNR Educational Trust

Date: 16/9/17

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

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

Financial

Support Request Letter

1. Name of the Staff Member :----- N. Vijay Kumar-----
2. Designation :----- sr. Lecturer-----
3. Department :----- oral & Maxillofacial surgery-----
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
----- FAMIDENT National conference-----
5. Date and Duration of the Program :----- 09-09-2017-----
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

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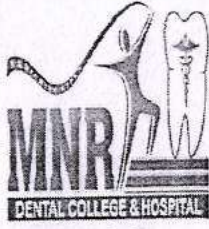
Account Department

Accountant:

For MNR Educational Trust

Date: 16/9/17

Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. K. Ramesh.
2. Designation : Reader.
3. Department : Oral and maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FAMDENT At Hyderabad
5. Date and Duration of the Program : 9/9/2017
6. Associating Professional body/Agency: Hyderabad
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

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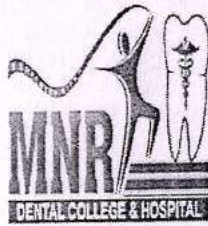
SANGAREDDY Dist-502294 T.S.
Account Department

Accountant:

For MNR Educational Trust

Date: 16/9/17

[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Sujana
2. Designation : Senior lecturer
3. Department : Conservative dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
FAM DENT - National Conference
5. Date and Duration of the Program : 9/9/2017
6. Associating Professional body/Agency: Hyderabad.
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Sujana
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.

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Account Department

Accountant: **For MNR Educational Trust**

Date: 16/9/17 [Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Kranti Kurn Reddy
2. Designation : Reader
3. Department : Oral Pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FAMDENT - National Conference
5. Date and Duration of the Program : 9/9/2017
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: Praveen
2. Recommendations of the IQAC: Rallu
3. Recommendations of the Principal: Geetha

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MNR Dental College & Hospital

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Account Department

Accountant:

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Date:

16/9/17

Accountant

Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Sujatha gopal
2. Designation : Professor and HOD
3. Department : Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP CertificateDetails: 4th Telangana state dental conference
5. Date and Duration of the Program : 8-12-17 10-12-17
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: Sujatha
2. Recommendations of the IQAC: Rath
3. Recommendations of the Principal: Sujatha

PRINCIPAL

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

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Account Department

Accountant:

Date: 18/12/17

For MNR Educational Trust

[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rupa Rani
2. Designation : Reader
3. Department : Periodontics.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 4th Telangana state dental conference
5. Date and Duration of the Program : 8/12/17 - 10/12/17
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : 1000/-
 - i. Registration Charges : _____
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Bhuparani
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
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Account Department

Accountant:

Date: 18/12/17

For MNR Educational Trust

Ramiah
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : V. B. P. B. S. K. K. K.
2. Designation : Professor
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/EOP Certificate Details: 4th Telangana State Dental Conference
5. Date and Duration of the Program : 8/12/17 to 10/12/17
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: _____

V. B. P. B. S. K. K. K.
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

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Accountant:

Date: 18/12/17

For MNR Educational Trust

Sujitha
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Shivaram
2. Designation : Reader
3. Department : Conservative dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
7th Telangana state conference
5. Date and Duration of the Program : 8/12/17 to 10/12/17
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: _____

Shivaram
Signature of the Staff Member

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

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MNR Dental College & Hospital

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Accountant:

Date: 18/12/17

For MNR Educational Trust

Amal
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Praveen
2. Designation : Professor and HOD
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 4th Telangana state dental conference
5. Date and Duration of the Program : 8/12/17 to 10/12/17
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: _____

Praveen
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:

Date: 18/12/17

For MNR Educational Trust

[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. MD. Prasana
2. Designation : Professor And HOD
3. Department : Oral Pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 4th Telangana state Dental conference
5. Date and Duration of the Program : 8/12/17 10/12/17
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: Prasana
2. Recommendations of the IQAC: Rallu
3. Recommendations of the Principal: Sujitha

PRINCIPAL

MNR Dental College & Hospital

Nagar, Narsapur Road

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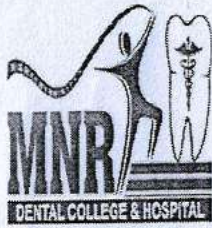
Account Department

Accountant:

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Harsha
2. Designation : Professor & HOD.
3. Department : Oral and Maxillofacial Surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
4th Telangana State dental conference.
5. Date and Duration of the Program : 8/12/17 - 10/12/17
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: _____

Dr. Paul
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: 18/12/17

[Signature]
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Financial

Support Request Letter

1. Name of the Staff Member : B. Vijay Kumar
2. Designation : Professor
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 4th Telangana dental conference
5. Date and Duration of the Program : 8/12/17 to 10/12/17
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: _____

Vijay Kumar
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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Accountant:

Date: 18/12/17

For MNR Educational Trust

[Signature]
Accountant



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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: 4th TSDC - Telangana State Dental Conference.
5. Date and Duration of the Program : 8/12/2017 - 10/12/2017.
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: _____

Ravi Varma
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

R Nagar, Narsapur Road,

SANGAREDDY Dist - 502294 T.S.

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Account Department

Accountant:

Date: 18/12/17

For MNR Educational Trust

Saritha
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. T. Jayaprakash Reddy
2. Designation : Professor & HOD
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
: 4th Telangana dental conference
5. Date and Duration of the Program : 18/12/17 to 10/12/17
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: _____

Jay
Signature of the Staff Member

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

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MNR Dental College & Hospital

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Accountant:

For MNR Educational Trust

Date: 18/12/17

[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Kadavali Shaik
2. Designation : Sr. Lecturer
3. Department : Oral maxillo facial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Transform the in-patient and ward management skills course by IFAE
5. Date and Duration of the Program : 5/1/18 to 6/1/18
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: _____

Shaik
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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Account Department

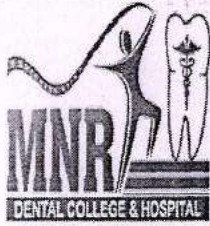
Accountant:

Date: 13/1/18

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Aditya Maham
2. Designation : Reader
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Webinar on 3D surgical splints
5. Date and Duration of the Program : 5/01/2018
6. Associating Professional body/Agency: GSL Dental College & Maluinduramam
7. Financial support particulars(Rs) :
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Aditya

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

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Shivaram .
2. Designation : Reader
3. Department : conservative dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Webinar on 3D surgical splint printing .
5. Date and Duration of the Program : 5/1/18
6. Associating Professional body/Agency: GSL dental college and hospital, Rajamahendra -varam
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,

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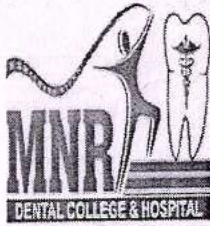
Account Department

Accountant:

For MNR Educational Trust

Date: 12/1/18

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Nagavena Pradeep
2. Designation : St. Lecturer
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Webinar on 3D surgical splint printing
5. Date and Duration of the Program : 5/1/18
6. Associating Professional body/Agency: GSL Dental college & Hospital Rajamahendravaram
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]

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Accountant:

Date: 12/1/18

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[Signature]
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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Vaishnavi
2. Designation : Sr. Lecturer
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Webinar on 3D Surgical and splinting
5. Date and Duration of the Program : S-01-2018
6. Associating Professional body/Agency: GSL Dental College Mahindravaram
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Vaishnavi

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
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Accountant:

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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: Transform the Inpatient and Ward Management Skills course by IQACE.
5. Date and Duration of the Program : 5-1-2018 to 6-1-2018
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

B. Anitha

Date: _____

Signature of the Staff Member

1. Recommendations of the HOD: *Ravi Varun*
2. Recommendations of the IQAC: *Rath*
3. Recommendations of the Principal: *Sujitha*

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Financial Support Request Letter

1. Name of the Staff Member : Dr. Pranitha V.
2. Designation : professor
3. Department : pedodontic & preventive dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Transform the Inpatient & ward management skills course by IFACE
5. Date and Duration of the Program : 5.01.2018 - 6.01.2018
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: _____

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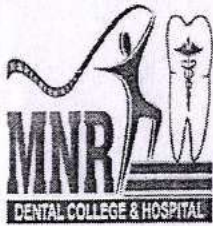
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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Uday Kumar
2. Designation : Senior Lecturer
3. Department : Conservative
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Transform the Inpatient and ward Management skills course by IFACE
5. Date and Duration of the Program : 5/1/2018 to 6/1/2018
6. Associating Professional body/Agency:-----
7. Financial support particulars(Rs) :-----
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances :-----
 - iii. Membership Fee :-----
 - iv. Others(if any) :-----

Uday Kumar

Date: _____

Signature of the Staff Member

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

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MNR Dental College & Hospital
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Account Department

Accountant:

Date: 12/1/18 For MNR Educational Trust

Sathu
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member :----- Dr. K. Ramesh-----
2. Designation :----- Professor-----
3. Department :----- ORAFS-----
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
----- TMJ arthrocentesis & condylar-----
----- hyperplasia-----
5. Date and Duration of the Program :----- 12/2/18-----
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]-----

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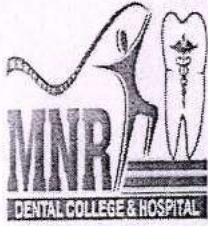
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Financial

Support Request Letter

1. Name of the Staff Member : Dr. G. Harsha.
2. Designation : Professor & HOD
3. Department : Oral & Maxillo-facial Surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: TMJ Arthrocentesis & condylar Hypertasia
5. Date and Duration of the Program : 12-02-18.
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

G. Harsha.
Signature of the Staff Member

Date: _____

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

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Financial Support Request Letter

1. Name of the Staff Member : Dr. VIJAYLA E
2. Designation : Sr. Lecturer
3. Department : Dept of OMFs and Preventive dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
TMJ ARTHROCENTESIS AND CONDYLAY HYPERPLASIA
5. Date and Duration of the Program : 12/2/2018
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: _____

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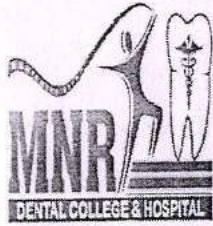
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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Ashwini Kumar
2. Designation : Professor
3. Department : Oral Medicine and Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
: TMJ Arthrocentesis and Condylar
: Hyperplasia
5. Date and Duration of the Program : 12/2/18
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: Ashwini
2. Recommendations of the IQAC: Ravi
3. Recommendations of the Principal: Prithvi

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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:
TMJ Arthrocentesis and Condylar hyperplasia
5. Date and Duration of the Program : 12.02.2018
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

Satya

1. Recommendations of the HOD: Ashwini
2. Recommendations of the IQAC: Rath
3. Recommendations of the Principal: Sujitha
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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Radhika
2. Designation : Reader
3. Department : Oral Medicine
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: TMJ Orthocentesis And Condylar Hyperplasia
5. Date and Duration of the Program : 12-02-2018
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: _____

Radhika
Signature of the Staff Member

1. Recommendations of the HOD: Ashwini
2. Recommendations of the IQAC: Ravi
3. Recommendations of the Principal: Sujitha

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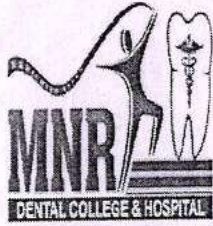
Account Department

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. MD Prasanna.
2. Designation : Professor and HOD
3. Department : Oral Pathology and Microbiology.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
TMJ ARTHROCENTESIS AND CONDYLAR HYPERPLASIA
5. Date and Duration of the Program : 12/2/18
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: _____

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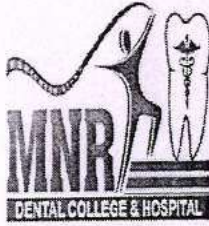
SANGAREDDY Dist-502294 TS. Sanctioned/Not Sanctioned

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Aditya Moha
2. Designation : Reader
3. Department : OMD
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Renovation & Innovation
5. Date and Duration of the Program : 18/4/2018
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 5000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Aditya Moha
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

Accountant:

Date: 25/4/18

For MNR Educational Trust

[Signature]
Accountant