



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; Website: www.mnrindia.org

LIST OF THE STAFF RECEIVED FINANCIAL SUPPORT



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

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LIST OF THE STAFF RECEIVED FINANCIAL SUPPORT

2019-20

YEAR	NAME OF THE PROGRAM ATTENDED BY THE FACULTY	NUMBER OF PARTICIPANTS
2019-20	NPTEL	DR. PRANITHA.V DR. VIJETHA DR. SUREKHA V
2019-20	INHALATIONAL NITROUS OXIDE SEDATION AND BLS AT ARMY DENTAL COLLEGE & HOSPITAL	DR.P.SRI HARSHA DR.SANTOSH DR.SRUJANA DR.N.VIJAY KUMAR DR.RATHOD PRAKASH DR.DEEPIKA DR.HEMA
2019-20	XXIV NATIONAL CONFERENCE ON PUBLIC HEALTH DENTISTRY	DR.ARPITHA.K DR.M.SUSHMA REDDY DR.Y.VIJAY KUMAR
2019-20	FACULTY DEVELOPMENT PROGRAM ON NANOTECHNOLOGY IN DENTISTRY AT KIMS	DR.K.VIJAY KUMAR DR.SIVA SANTOSH BABU DR.P.SUMAN DR.SURESH KUMAR DR.E.ANUSHA DR.SHANTHI PRIYA

2019-20	INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICES AT ST.JOSEPH	DR.NASEEMOON SHAIK DR.MADHAV NAIK DR.SREE CHARAN REDDY DR.ALEKHYA DR.PRASHANTH
2019-20	USE OF 3D PRINTING IN ORAL SURGERY & DENTISTRY CONDUCTED IN CMR TECHNICAL CAMPUS, MEDCHAL	DR.ADITYA MOHAN DR.RASHMI DR.SANGAMESHWAR DR.S.RAJENDER GOUD DR.PRASHANTH DR.RAJEETHA

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.



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Financial Support Request Letter

1. Name of the Staff Member : Dr. pranitha v.
2. Designation : professor & HOD
3. Department : Department of pedodontic & preventive dentistry.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
NPTTEL course on Research methodology
5. Date and Duration of the Program : 5/8/2019 - 7/8/2019
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2000/-
 - ii. Travelling Allowances : 1000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

pranitha v.
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

Sanctioned/Not Sanctioned

Accountant:

For MNR Educational Trust

Date:

[Signature]
Accountant 16/8



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. vijetha .B
2. Designation : Professor
3. Department : Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP CertificateDetails:
NPTL
5. Date and Duration of the Program : 5.08.2019 - 7.08.2019
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : 3000/-
 - i. Registration Charges : _____
 - 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

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Sanctioned/Not Sanctioned

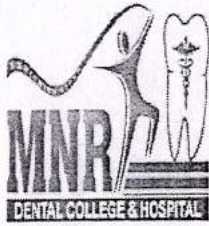
Account Department

Accountant:

For MNR Educational Trust

Date:

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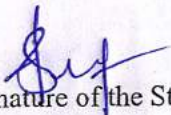
E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

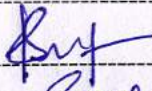
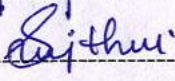
Financial

Support Request Letter

1. Name of the Staff Member : DR. SUREKHA - V
2. Designation : Professor
3. Department : Oral Pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
NPTEL
5. Date and Duration of the Program : 5/8/19 - 7/8/19
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : 3000 /-
 - 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: 

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Support Request Letter

1. Name of the Staff Member : Dr. Madhav Naik
2. Designation : St. Dentist
3. Department : ORTHODONTIC
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Interprofessional education & collaborative practices.
5. Date and Duration of the Program : 18/10/2019 - 19/10/2019.
6. Associating Professional body/Agency: St. Joseph dental college
7. Financial support particulars(Rs) :
 - i. Registration Charges : 2500/-
 - ii. Travelling Allowances : 1000/-
 - iii. Membership Fee : 1500/-
 - iv. Others(if any) : _____

Date: _____

Signature of the Staff Member

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

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Financial

Support Request Letter

1. Name of the Staff Member : Dr.venu Babu
2. Designation : Lecturer
3. Department : Conservative Dentistry.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty Development programme on Inter Disciplinary Academics
5. Date and Duration of the Program : 18-10-2019 to 19-10-2019
6. Associating Professional body/Agency: At St. Joseph college.
7. Financial support particulars(Rs) : 2000/-
 - i. Registration Charges : _____
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Venubabu.
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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of MNR Educational Trust

Date:

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Financial Support Request Letter

1. Name of the Staff Member : Dr. Shalini
2. Designation : Senior Lecturer
3. Department : Oral and Maxillofacial surgeon.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty Development programme on Inter Disciplinary academics
5. Date and Duration of the Program : 18/10/2019 - 19/10/2019
6. Associating Professional body/Agency: St. Joseph Dental college
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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Accountant

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Sampath Kumar
2. Designation : Senior Lecturer
3. Department : Oraland Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP CertificateDetails:
Faculty Development programme on Inter
Disciplinary Academics.
5. Date and Duration of the Program : 18-10-2019 to 19-10-2019
6. Associating Professional body/Agency: St-Joseph's college
7. Financial support particulars(Rs) :
 - i. Registration Charges : 2000/-
 - 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]

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Accountant: **For MNR Educational Trust**

Date: _____

[Signature]
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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:
Faculty air. program on Interdisciplinary
academtics
5. Date and Duration of the Program : 18-10-19 - 19-10-19
6. Associating Professional body/Agency: at St. Joseph
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : _____
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____


Signature of the Staff Member

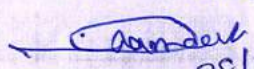
1. Recommendations of the HOD: Jaya
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

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Accountant: **For MNR Educational Trust**

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Financial

Support Request Letter

1. Name of the Staff Member : T. SREE CHARAN REDDY
2. Designation : Sr. Lecturer
3. Department : ORAL MEDICINE AND RADIOLOGY
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
INTER PROFESSIONAL EDUCATION & COLLABORATIVE PRACTICES
AT St. JOSEPH
5. Date and Duration of the Program : 18.10.19 - 19.10.19
6. Associating Professional body/Agency: St. Joseph
7. Financial support particulars(Rs) : 2500
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 1500/-
 - 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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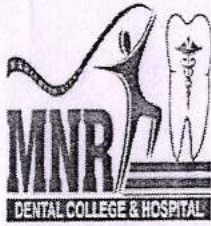
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Accountant: **For MNR Educational Trust**

Date:

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Akhya
2. Designation : Sr. lecturer
3. Department : OMR
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Interprofessional education & collaborative practices
5. Date and Duration of the Program : 12/10/19 - 19/10/19
6. Associating Professional body/Agency: at St-Joseph
7. Financial support particulars(Rs) : 2500
 - i. Registration Charges : 1000
 - ii. Travelling Allowances : 1500
 - 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 Nagar, Narsaraopet Road,

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Account Department

Accountant:

For MNR Educational Trust

Date:

[Signature]
Accountant 28/10



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Financial

Support Request Letter

1. Name of the Staff Member :----- Dr. Prashanth P
2. Designation :----- Sr. Lecturer
3. Department :----- Oral medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
----- Inter professional education and
----- collaboration practices
5. Date and Duration of the Program :----- 18.10.19 - 19.10.19
6. Associating Professional body/Agency:----- St. Joseph's College
7. Financial support particulars(Rs) :----- 2500/-
 - i. Registration Charges :----- 500/-
 - ii. Travelling Allowances :----- 2000/-
 - iii. Membership Fee :-----
 - iv. Others(if any) :-----

Date: _____

Prashanth
Signature of the Staff Member

1. Recommendations of the HOD:----- Ashwini
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.

Account Department

Accountant: **For MNR Educational Trust**

Date: _____

[Signature]
Accountant 28/10



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Anpitha K
2. Designation : Reader
3. Department : Community dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
14th national conference on public health dentistry
5. Date and Duration of the Program : 15-11-2019 to 17-11-2019
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: Vijay
2. Recommendations of the IQAC: Raj
3. Recommendations of the Principal: Anpitha

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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29/12



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Sushma Reddy
2. Designation : Sr. Lectures.
3. Department : Community dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 14th National conference on public health dentistry.
5. Date and Duration of the Program : 15/11/2019 - 17/11/2019.
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: [Signature]

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY, 502294, T.S.

Account Department

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Accountant:

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Y Vijay Kumar
2. Designation : Professor
3. Department : Community Department
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 14th National Conference on Public Health Dentistry
5. Date and Duration of the Program : 15-11-2019 to 17-11-2019
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: Vijay
2. Recommendations of the IQAC: Suj
3. Recommendations of the Principal: Withu

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY DISTRICT 502294 TS.

Account Department

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27/11



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

Financial

Support Request Letter

1. Name of the Staff Member : Dr Sri Harsha . P
2. Designation : Sr Lecturer
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Inhalational nitrous oxide sedation & BLS.
5. Date and Duration of the Program : 30/11/12
6. Associating Professional body/Agency: ARMY Dental college.
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,
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Sanctioned/Not Sanctioned

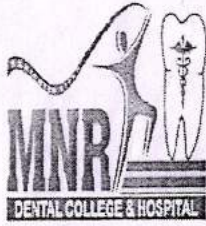
Accountant:

For MNR Educational Trust

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Accountant

7/12



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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. Santhosh
2. Designation : Reader
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Inhalational Nitrous oxide Sedation & BLS
5. Date and Duration of the Program : 30-11-2019
6. Associating Professional body/Agency: At Army dental college & Hospital
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1000 B/-
 - 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.

SANGAREDDY Dist-502294 T.S.

Account Department

Accountant:

For MNR Educational Trust

Date:

[Signature]
Accountant

7/12



MNR DENTAL COLLEGE AND HOSPITAL

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Financial

Support Request Letter

1. Name of the Staff Member : DR. Sujana.ch.
2. Designation : Sr. Lecturer
3. Department : conservative Dentistry.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Inhalation of nitrous oxide sedation & BLS
5. Date and Duration of the Program : 30/11/19
6. Associating Professional body/Agency: ARMY Dental college
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: Sujana
2. Recommendations of the IQAC: Sujana
3. Recommendations of the Principal: Sujana

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist. 502294 T.S.

Account Department

Sanctioned/Not Sanctioned

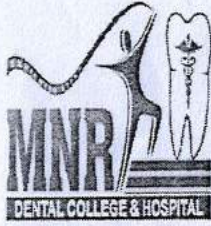
Accountant: _____

For MNR Educational Trust

Date: _____

Canceled
Accountant

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. N. Vijay Kumar
2. Designation : Senior Lecturer
3. Department : Oral and Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Inhalational Nitrous oxide sedation & crisis
5. Date and Duration of the Program : 30/1/19
6. Associating Professional body/Agency: Army Dental College
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,

SANGAREDDY Dist-502294 T.S.

Account Department

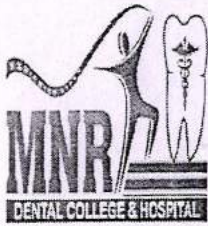
Sanctioned/Not Sanctioned

Accountant:

For MNR Educational Trust

Date:

[Signature]
Accountant



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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:
International Nitrous Oxide Sedation and BLS
5. Date and Duration of the Program : 30/11/19
6. Associating Professional body/Agency: at Army Dental College
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,

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SANGAREDDY DIST. 502294 T.S.
Account Department

Accountant:

For MNR Educational Trust

Date:

[Signature]
Accountant 7/12



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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:
----- Inhalational Nitrous Oxide Sedation
and Bus at Army Dental College & Hospital-----
5. Date and Duration of the Program :----- 30/11/2019 - 30.-----
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:

Deepika
Signature of the Staff Member

1. Recommendations of the HOD:----- Ravi Varun-----
2. Recommendations of the IQAC:----- Surf-----
3. Recommendations of the Principal:----- Sujitha-----

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Account Department

Accountant:

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7/12
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Financial Support Request Letter

1. Name of the Staff Member : Dr. Heema
2. Designation : Professor
3. Department : Oral medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: INHALATION NITROUS OXIDES SEDATION. AND BLS
5. Date and Duration of the Program : 30/11/2019
6. Associating Professional body/Agency: Army dental college & Hospital
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1,000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Heema
Signature of the Staff Member

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

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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SANGAREDDY Dist-502294 TS.

Account Department

Accountant:

For MNR Educational Trust

Date:

Accountant
7/12