

MNR DENTAL COLLEGE AND HOSPITAL

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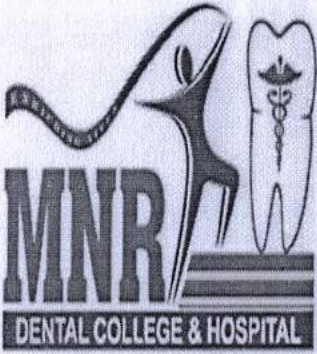
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MNR Nagar, Fasalwadi, Sangareddy- 502 294, Telangana State, India

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



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LIST OF THE STAFF RECEIVED FINANCIAL SUPPORT

2018-19

YEAR	NAME OF THE PROGRAM ATTENDED BY THE FACULTY	NUMBER OF PARTICIPANTS
2018-19	4th Annual AOMSI at KIMS,Secunderabad	DR.G.HARSHA DR.ADITYA MOHAN DR.RAMESH.K DR.B.VIJAY DR.N.VIJAY
2018-19	Famdent at Hyderabad	DR.VIJETHA DR.PAVAN KUMAR DR.P.SUMAN DR.PRAVEEN KUMAR DR.SUREKHA DR.KRANTHI KIRAN DR.K.VIJAY KUMAR
2018-19	5th TSDC Telangana state Dental Conference	DR.PRIDHVI DR.SRI HARSHA DR.NAGA VEERA PRADEEP DR.SANGAMESHWAR DR.RATHOD PRAKASH DR.B.RUPA RANI DR.RAVI VARMA DR.SRIDHAR REDDY DR.PRANITHA.V DR.DWIJENDRA

2018-19	Faculty Development Program on Medico Legal cases at KIMS	DR.SREENIVASULU DR.MOHAMMADI BEGUM DR.UMAR FAROOQ DR.NASEEMOON SHAIK DR.ALEKHYA DR.SUSHMA REDDY
2018-19	Faculty development program on sleep disorders and its oral Implications at St. Joseph Dental college	DR.ANITHA DR.MAHALAKSHMI DR.VIJAY KUMAR.Y DR.K.ARPITHA
2018-19	WORKSHOP ON HARD AND SOFT TISSUE MANAGEMENT	DR.G.HARSHA DR.B.VIJAY BHASKAR REDDY DR.RAMESH DR.ADITYA MOHAN DR.SREENIVASULU
2018-19	USE OF 3D PRINTING IN ORAL SURGERY & DENTISTRY	DR.ADITYA MOHAN DR.RAMESH.K DR.RAJEETHA DR.N.VIJAY KUMAR DR.E.ANITHA DR.SURESH


 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.S.



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Financial Support Request Letter

1. Name of the Staff Member : Dr. Srinivasulu.
2. Designation : Sr. Lecturer.
3. Department : PERIODONTICS.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty development program on Medicolegal cases at KIMS
5. Date and Duration of the Program : 9/6/2018 to 11/6/2018.
6. Associating Professional body/Agency: KIMS.
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: Ravi Varma
2. Recommendations of the IQAC: Suz
3. Recommendations of the Principal: Sijthun

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY DIST-502294 T.S. Sanctioned/Not Sanctioned

Account Department

Accountant: For MNR Educational Trust

Date: 18/6/18
Sarav
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member :----- Dr. Mohammadi Begum.
2. Designation :----- Reader
3. Department :----- Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
----- Faculty development Programme on
----- Medicolegal cases at KIMS.
5. Date and Duration of the Program :----- 9-06-2018 - 11-06-2018
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:

MD. Begum.
Signature of the Staff Member

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

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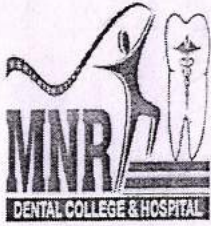
SANGAREDDY Dist-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant: For MNR Educational Trust

Date: 18/6/18
[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : DR. UMAR FAROOQ
2. Designation : SR. LECTURER
3. Department : ORTHODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Faculty Development Program on medico legal cases at KIMS
5. Date and Duration of the Program : 9.06.18 - 11.06.18
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: _____

UMAR
Signature of the Staff Member

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

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road

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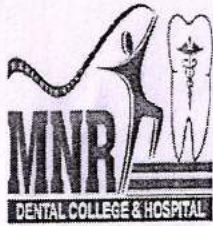
Account Department

Accountant:

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Date: 18/6/18

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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Naseemoun Shaik
2. Designation : Senior Lecturer
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Faculty Development Program on Medical
Legal cases at KIMS
5. Date and Duration of the Program : 9.06.18 - 11.06.18
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: _____

S. Naseemoun Shaik
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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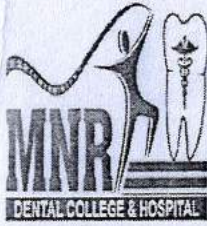
Account Department

Accountant:

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Date: 18/6/18

[Signature]
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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Alekhya
2. Designation : Senior Lecturer
3. Department : Oral Medicine
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty development programme on medico legal cases at KIMS
5. Date and Duration of the Program : 9/6/2018 to 11/6/2018
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: _____

Alekhya
Signature of the Staff Member

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

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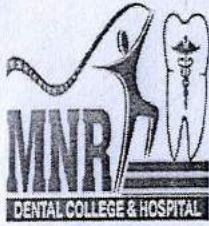
Accountant:

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Date: 18/6/18

[Signature]

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Support Request Letter

1. Name of the Staff Member : Dr. sushma reddy.
2. Designation : sr. lecture
3. Department : community dentistry.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty development program on medical legal cases
5. Date and Duration of the Program : 9/6/2018 - 11/6/2018.
6. Associating Professional body/Agency: At KIMS
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : _____
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Sushma reddy

Date: _____

Signature of the Staff Member

1. Recommendations of the HOD: *Jigay*
2. Recommendations of the IQAC: *Sury*
3. Recommendations of the Principal: *Prithvi*

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MNR Dental College & Hospital

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Date: 18/6/18

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Financial

Support Request Letter

1. Name of the Staff Member :----- Dr. G. Hansha
2. Designation :----- Profenoy and HOD.
3. Department :----- Oral Surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:-----
4th Annual AOMSI Conference
5. Date and Duration of the Program :----- 14/7/18 - 15/7/18.
6. Associating Professional body/Agency:----- KIMS
7. Financial support particulars(Rs) :-----
 - i. Registration Charges :----- 500/-
 - ii. Travelling Allowances :-----
 - iii. Membership Fee :-----
 - iv. Others(if any) :-----

Hansha.

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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Date: 23/7/18

[Signature]
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Financial Support Request Letter

1. Name of the Staff Member : Dr. Ady. Johar,
2. Designation : Assoc. Professor
3. Department : ORL
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 6th Annual conferey, AOMSI T.S.C.
5. Date and Duration of the Program : 14/7/2018. - 15/7/2018.
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Signature of the Staff Member

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

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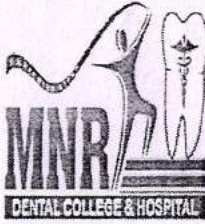
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Financial

Support Request Letter

1. Name of the Staff Member : Dr. k. Ramesh.
2. Designation : Professor.
3. Department : OMFS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 2th annual AAOCI
5. Date and Duration of the Program : 14/2/18 - 15/2/18
6. Associating Professional body/Agency: ait kims
7. Financial support particulars(Rs) :
 - i. Registration Charges : 500/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Signature of the Staff Member

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

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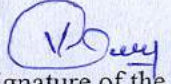
E-mail: mnrdc@mnrindia.org; Website: www.mnrindia.org


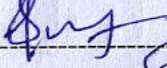
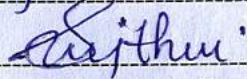
Financial

Support Request Letter

1. Name of the Staff Member :----- B. Vijay
2. Designation :----- Professor
3. Department :----- Oral & Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:-----
4th Annual AMOSI conference
5. Date and Duration of the Program :-----
6. Associating Professional body/Agency:----- KIMS
7. Financial support particulars(Rs) :----- 14/07/2018 - 15/07/2018
 - i. Registration Charges :----- 500/-
 - ii. Travelling Allowances :-----
 - iii. Membership Fee :-----
 - iv. Others(if any) :-----

Date: _____


Signature of the Staff Member

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

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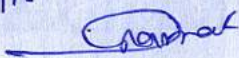
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Accountant:

Date: 23/7/18

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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 and Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
----- 4th Annual AOMSI conference -----
5. Date and Duration of the Program :-----
6. Associating Professional body/Agency:----- KIMS
7. Financial support particulars(Rs) :----- 14/07/2018 - 15/07/2018 -----
 - i. Registration Charges :----- 500/- -----
 - ii. Travelling Allowances :-----
 - iii. Membership Fee :-----
 - iv. Others(if any) :-----

Date:

Vijay
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,

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Account Department

Accountant:

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Date: 23/7/18

[Signature]
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Financial Support Request Letter

1. Name of the Staff Member : Dr. Ayesha Sameera
2. Designation : Sr. Lecturer
3. Department : Oral path & Microbiology.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Use of 3D printing in oral surgery and dentistry
5. Date and Duration of the Program : 18/8/2018
6. Associating Professional body/Agency: CMP Technical campus
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

Ayesha

1. Recommendations of the HOD: *Prasanna*
2. Recommendations of the IQAC: *Bun*
3. Recommendations of the Principal: *Sujitha*

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MNR Dental College & Hospital,

MNR Nagar, Narsapur Road,

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Account Department

Accountant:

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Date: 25/8/18

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Aditya Mohan
2. Designation : Reader
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Use of 3D printing in oral surgery and dentistry
5. Date and Duration of the Program : 15/8/2018
6. Associating Professional body/Agency: CMR technical Campus
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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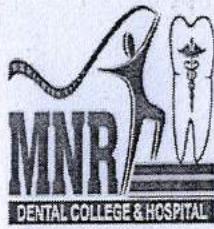
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Accountant:

For MNR Educational Trust

Date: 23/8/18

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. K. Ramesh.
2. Designation : Reader
3. Department : Oral & maxillofacial Surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Use of 3D printing in Oral Surgery and dentistry
5. Date and Duration of the Program : 15/8/2018.
6. Associating Professional body/Agency: CMR technical campus.
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Ramesh.
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

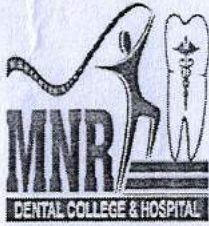
SANGAREDDY DIST-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant: **For MNR Educational Trust**

Date: 23/8/18 [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. Rajeeb A
2. Designation : Sr. Lecturer
3. Department : Conservative
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
UR of 30 printing in oral Surgery & Pathology
5. Date and Duration of the Program : 18/8/2018
6. Associating Professional body/Agency: AMR technical campus
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Rajeeb A
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

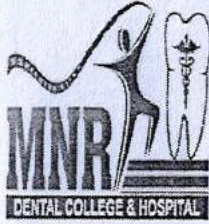
Account Department

Accountant:

Date: 23/8/18

For MNR Educational Trust

Cranak
Accountant



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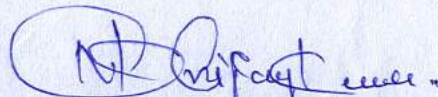
E-mail: mnrdc@mnrindia.org; Website: www.mnrindia.org


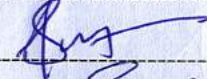

Financial

Support Request Letter

1. Name of the Staff Member :----- N. Vijay Kumar -----
2. Designation :----- Sr. Lecturer -----
3. Department :----- Oral & Maxillo-facial surgery -----
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:-----
Use of 3D printing in oral surgery & Dentistry -----
5. Date and Duration of the Program :----- 18-08-2018 -----
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:-----  -----

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294.

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Account Department

Accountant:

Date: 23/8/18

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. B. Anitha
2. Designation : Reader
3. Department : Periodontics.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Use of 3D printing in oral surgery and dentistry.
5. Date and Duration of the Program : 18/08/2018
6. Associating Professional body/Agency: CMR Technical Sciences
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

Anitha

1. Recommendations of the HOD: *Praveen*
2. Recommendations of the IQAC: *Drj*
3. Recommendations of the Principal: *Anitha*

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MNR Dental College & Hospital

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SANGAREDDY D - 502294 T.S.

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Account Department

Accountant: **For MNR Educational Trust**

Date: 23/8/18 *Samuel*
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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Financial Support Request Letter

1. Name of the Staff Member : Dr. Shresh
2. Designation : Sr. Lecturer
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Use of 3D printing in oral surgery and dentistry
5. Date and Duration of the Program : 18/8/2018
6. Associating Professional body/Agency: AT CMR technical campus
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:

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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Account Department

Accountant:

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Date: 23/8/18

Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Aditya Kumar
2. Designation : Asst Professor.
3. Department : Oral & Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Use of 3D printer in oral surgery & dentistry.
5. Date and Duration of the Program : 18/8/2018.
6. Associating Professional body/Agency: CHL Technical Campus Meher.
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: _____

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road

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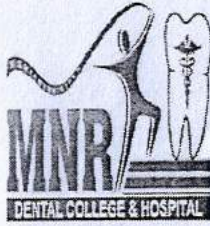
Account Department

Accountant:

For MNR Educational Trust

Date: 23/8/18

Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rashmi Shirakumar
2. Designation : Sr. Lecturer
3. Department : Oral Medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Use of 3D printing in oral surgery and dentistry
5. Date and Duration of the Program : 18/08/2018
6. Associating Professional body/Agency: CMR Technical campus
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: [Signature]
3. Recommendations of the Principal: [Signature]

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Sangameshwar.
2. Designation : Reader
3. Department : Oral pathology.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Use of 3D printing in oral surgery and
5. Date and Duration of the Program : 18/8/18
6. Associating Professional body/Agency: CMR technical campus, Medchal
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: [Signature]
3. Recommendations of the Principal: [Signature]

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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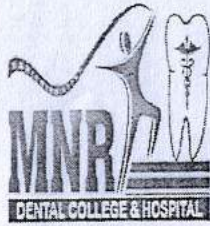
Account Department

Accountant:

For MNR Educational Trust

Date: 23/8/18

[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rajendra Goud
2. Designation : Senior lecturer
3. Department : Conservative Dentistry.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Use of 3D printing in oral surgery and Dentistry
5. Date and Duration of the Program : 18/08/2018
6. Associating Professional body/Agency: CMR Technical campus.
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Rajendra Goud

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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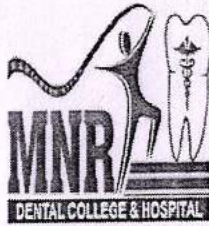
Account Department

Accountant:

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Date: 23/8/18

[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr Prashanth
2. Designation : Reader
3. Department : Oral Medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Use of 3D-Printing in Oral Maxillofacial Surgery
5. Date and Duration of the Program : 18-08-18
6. Associating Professional body/Agency: CMR Technical Campus
7. Financial support particulars(Rs) : 1000/-
 - i. Registration Charges : _____
 - ii. Travelling Allowances : _____
 - 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]

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MNR Dental College & Hospital
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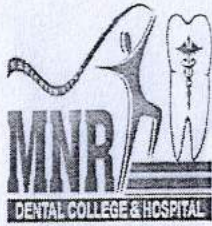
Account Department

Accountant:

Date: 23/8/18

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[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member :----- Dr. Rajitha.
2. Designation :----- Senior Lecturer
3. Department :----- conservative dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:-----
USE of 3D printing in oral surgery
and dentistry
5. Date and Duration of the Program :----- 18/08/2018
6. Associating Professional body/Agency:----- CMP Technical campus
7. Financial support particulars(Rs) :-----
 - i. Registration Charges :----- 1000/-
 - ii. Travelling Allowances :-----
 - iii. Membership Fee :-----
 - iv. Others(if any) :-----

Date:

Rajitha
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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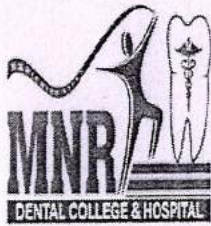
Account Department

Accountant:

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Date: 23/8/18

[Signature]
Accountant



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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Prudhvi Krishna
2. Designation : Professor
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Telangana state Dental conference
5. Date and Duration of the Program : 30-11-18 to 2-12-18
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 2-1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Prudhvi
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-508105 Sanctioned/Not Sanctioned

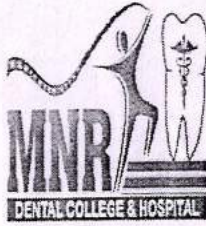
Account Department

Accountant:

For MNR Educational Trust

Date: 9/12/18

[Signature]
Accountant



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

Financial

Support Request Letter

1. Name of the Staff Member :----- Dr. P. Sriharsha.
2. Designation :----- Sr. Lecturer
3. Department :----- prosthodontia
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:-----
5th Telangana state dental conference.
5. Date and Duration of the Program :----- 30/11/18 - 2/12/18
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. Sriharsha
Signature of the Staff Member

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

MNR Dental College & Hospital
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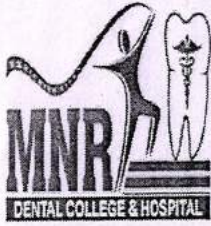
Account Department

Accountant:

For MNR Educational Trust

Date: 9/12/18

[Signature]
Accountant



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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Naga veera pradeepkumar Reddy.
2. Designation : Senior Lecturer.
3. Department : Prosthodontics.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Telangana state Dental Conference.
5. Date and Duration of the Program : 30-11-18 to 2-12-18
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: _____

Pradeep
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, Marsapur Road,

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Account Department

Accountant: **For MNR Educational Trust**

Date: 9/12/18
[Signature]
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. Sangameshwar
2. Designation : Reader
3. Department : Oral pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th TSDC
5. Date and Duration of the Program : 30/11/18 to 2/12/18
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: Roush
2. Recommendations of the IQAC: By
3. Recommendations of the Principal: ajithu

MNR Dental College & Hospital

MNR Nagar, Narasapur Road,

SANGAREDDY Dist-502294 TS

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Account Department

Accountant:

For MNR Educational Trust

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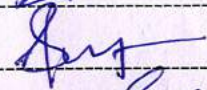
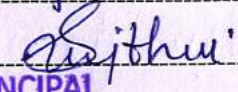
Financial

Support Request Letter

1. Name of the Staff Member : Dr. Ratheod Prakash
2. Designation : sr. lecturer
3. Department : OMFS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Telangana State Dental Conference
5. Date and Duration of the Program : 30/11/18 - 2/12/18
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: 

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Accountant:

Date: 9/12/18

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rupa Rani
2. Designation : Assoc. Professor
3. Department : Periodontology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Telangana state dental confnem
5. Date and Duration of the Program : 30/11/18 - 2/12/18
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: Rani Vanni
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]
PRINCIPAL

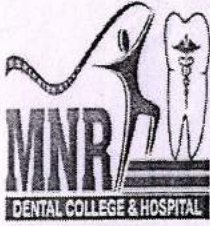
MNR Dental College & Hospital
MNR Nagar, Marsapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant: **For MNR Educational Trust**

Date: 9/12/18 [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

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Ravi Varma
2. Designation : Professor of HOD
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
5th TSDC
Telangana state Dental Conference
5. Date and Duration of the Program : 30/11/2018 to 2/12/2018
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: Ravi Varma
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

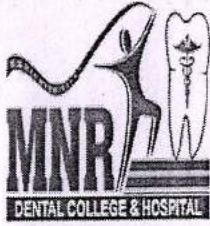
Account Department

Accountant:

For MNR Educational Trust

Date: 9/12/18

[Signature]
Accountant



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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Sidhar reddy. E
2. Designation : Sr. Lecturer
3. Department : Oral pathology & Microbiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
5th Telangana dental conference
5. Date and Duration of the Program : 30/11/18 - 2/12/18
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 Dr

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, Marsapur Road,
SANGAREDDY Dist-502294

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 9/12/18

[Signature]
Accountant



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

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:
5th TSDC Telangana state dental conference
5. Date and Duration of the Program : 30/11/2018 - 2/12/2018
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:

Pranitha V.
Signature of the Staff Member

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

Pranitha V.
PRINCIPAL

MNR Dental College & Hospital

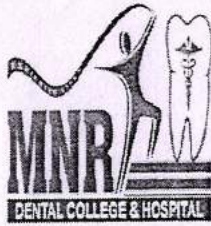
MNR Nagar, Marsapur Road,

SANGAREDDY Dist-502294 TS. Sanctioned/Not Sanctioned

Account Department

Accountant: For MNR Educational Trust

Date: 9/12/18
[Signature]
Accountant



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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. DWIJENDRA K.S
2. Designation : Prof. & HOD
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
5th TSDC - Telangana State Dental Conference
5. Date and Duration of the Program : 30.11.18 - 2.12.18
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 TS.

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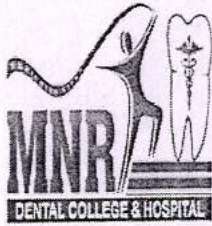
Account Department

Accountant:

For MNR Educational Trust

Date: 9/12/18


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. Anitha Kumari
2. Designation : Sr. Lectures
3. Department : Pediatrics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty development program on sleep disorders & oral hypnic
5. Date and Duration of the Program : 31/12/19 - 4/1/2019
6. Associating Professional body/Agency: St. Joseph college & others.
7. Financial support particulars(Rs) : 3000/-
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 2000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Anitha
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY DIST-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 11/1/19

Anitha
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. Mahalaxmi
2. Designation : Sr. Lecturer
3. Department : Oral Medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty development programming on sleep disorders & its oral complications
5. Date and Duration of the Program : 03-01-2019 - 04-01-2019
6. Associating Professional body/Agency: St. Joseph dental college Ellus
7. Financial support particulars(Rs) : 3000/-
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 2000/-
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Mahalaxmi
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-502294, TS.

Sanctioned/Not Sanctioned

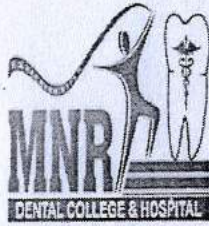
Account Department

Accountant:

For MNR Educational Trust

Date: 11/1/19

[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. Y. Vijay Kumar
2. Designation : Reader
3. Department : Public Health Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Greenfly Development programme on deep disorders and its oral implication
5. Date and Duration of the Program : 3/1/2019 to 4/1/2019
6. Associating Professional body/Agency: St. Joseph's college
7. Financial support particulars (Rs) : 3000/-
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : 2000/-
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Y. Vijay Kumar
Signature of the Staff Member

1. Recommendations of the HOD: *Vijay*
2. Recommendations of the IQAC: *Suj*
3. Recommendations of the Principal: *Prithvi*

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Marsapur Road,

SANGAREDDY - 502 294, TS

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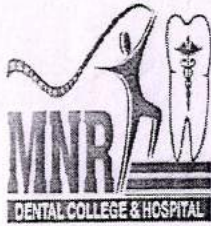
Account Department

Accountant:

For MNR Educational Trust

Date: 11/1/19

Accountant
Accountant



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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Arpitha
2. Designation : Reader
3. Department : Public Health & Community
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Faculty developmental program on sleep disorder & its oral implication
5. Date and Duration of the Program : 3/11/2019 - 4/11/2019,
6. Associating Professional body/Agency: M. Sankar Dental College & Hospital.
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: [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

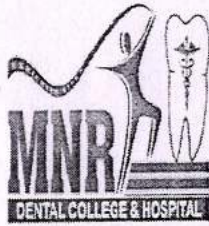
Account Department

Accountant:

For MNR Educational Trust

Date: 11/11/19

[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 : G. Harsha.
2. Designation : Professor & HOD
3. Department : Oral & Maxillofacial Surgery.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Workshop on Hard & Soft Tissue Management
5. Date and Duration of the Program : 11-02-2019.
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: _____

G. Harsha.

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

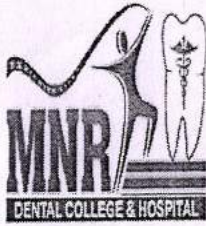
Account Department

Accountant:

For MNR Educational Trust

Date: 18/2/19

[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. Vijay Bhasker Reddy
2. Designation : Professor
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Workshop on hand and soft tissue management
5. Date and Duration of the Program : 11/2/19.
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

Vijay Bhasker

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: 18/2/19

[Signature]

Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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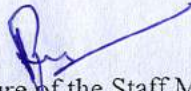
E-mail: mnrdc@mnrindia.org; Website: www.mnrindia.org

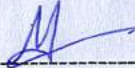
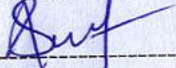
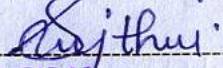
Financial

Support Request Letter

1. Name of the Staff Member : Dr. K. Ramesh
2. Designation : Asso. Professor
3. Department : DRAFS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Workshop on hard & soft tissue management
5. Date and Duration of the Program : 11/2/19
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 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 18/2/19



Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Aditya Reddy
2. Designation : Assoc Prof.
3. Department : Oral & Maxillofacial Surg
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Workshop on Hand & Soft Tissue Management.
5. Date and Duration of the Program : 11/2/2019
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: [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY DISTRICT - 502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 18/2/19

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. Srinivasulu
2. Designation : Sr. Lecturer
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Workshop on Hard & Soft tissue management
5. Date and Duration of the Program : 11/2/2019
6. Associating Professional body/Agency: ARM Dental College & Hospital
7. Financial support particulars(Rs) : RS 1000/-
 - i. Registration Charges : _____
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date:

Signature of the Staff Member

1. Recommendations of the HOD: Ravi Varu
2. Recommendations of the IQAC: Sury
3. Recommendations of the Principal: Sithu

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

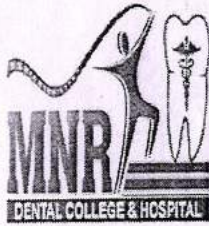
SANGAREDDY Dist-502294

Sanctioned/Not Sanctioned

Account Department

Accountant: For MNR Educational Trust

Date: 18/2/19
[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. Vijetha B
2. Designation : Professor
3. Department : Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
FAMDENT NATIONAL CONFERENCE
5. Date and Duration of the Program : 16.02.19 - 17.02.19
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.

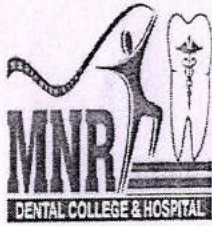
Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 25/2/19 For MNR Educational Trust

[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. Pavan Kumar . K .
2. Designation :----- Professor.
3. Department :----- Conservative Dentistry .
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
----- Famdent National Conference -----
5. Date and Duration of the Program :----- 16/2/2019 - 17/2/2019 .
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:----- [Signature] -----
2. Recommendations of the IQAC:----- [Signature] -----
3. Recommendations of the Principal:----- [Signature] -----

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

Sanctioned/Not Sanctioned

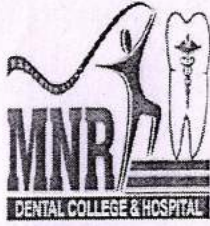
Account Department

Accountant:

Date: 25/2/19

For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

“NAAC ACCREDITED”

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

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

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

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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. P. Suman
2. Designation : Reader.
3. Department : Prosthodontics.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
FAMIDENT National Conference
5. Date and Duration of the Program : 01-09-2019 to 02-2019
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 1000/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Suman

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: 25/2/19

[Signature]
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Financial

Support Request Letter

1. Name of the Staff Member :----- Praveen Kumar
2. Designation :----- Professor & HOD
3. Department :----- Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDR Certificate Details:-----
FAMIDENT National conference.
5. Date and Duration of the Program :----- 16-02-2019 - 17-02-2019.
6. Associating Professional body/Agency:-----
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]

PRINCIPAL

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

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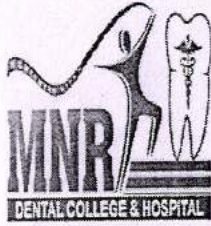
Account Department

Accountant:

For MNR Educational Trust

Date: 25/2/19

[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member : Dr. Surekha
2. Designation : PROFFESOR
3. Department : Oral pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Fam dental conference
5. Date and Duration of the Program : 16-02-2019 - 17-02-2019
6. Associating Professional body/Agency: Hyderabad
7. Financial support particulars(Rs) :
 - i. Registration Charges : 1000RS/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Surekha
Signature of the Staff Member

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

Saithu
PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

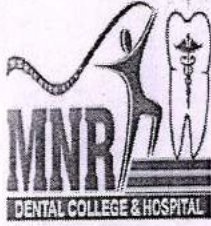
SANGAREDDY Dist-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant: **For MNR Educational Trust**

Date: 25/2/19
Accountant
Accountant



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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Kranthi Kiran
2. Designation : Professor
3. Department : Oral pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
Fam dental national conference
5. Date and Duration of the Program : 16-02-2019 - 17-02-2019
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 1000Rs/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

Kranthi Kiran
Signature of the Staff Member

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

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MNR Dental College & Hospital

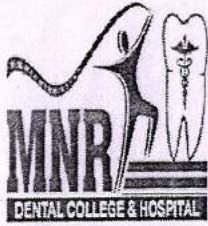
MNR Nagar, Narsapur Road,

SANGAREDDY DIST-502294 TS. Sanctioned/Not Sanctioned

Account Department

Accountant: **For MNR Educational Trust**

Date: 25/2/19
[Signature]
Accountant



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Financial

Support Request Letter

1. Name of the Staff Member :----- K. Vijay Kumar
2. Designation :----- Sr. Lecturer
3. Department :----- Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:-----
FAMDENT National Conference
5. Date and Duration of the Program :----- 16-02-2019 - 17-02-2019.
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: _____

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-502 294 TS.

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Account Department

Accountant: **For MNR Educational Trust**

Date: 25/2/19
[Signature]
Accountant