



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

(Recognized by MII & 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. 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 : 8/10/17 - 10/10/17
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: _____

Druparani
Signature of the Staff Member

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist. 502294 TS. Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 18/12/17

For MNR Educational Trust

Sommal
Accountant

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Date : 28-12-2017

Paid to Dr. Lupa Rani

Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
	4 th Telangana state Dental Conference	1000/-	

Total Rs. : One Thousand Rupees

Being the _____

Prepared by

Verified by

Sithu
Approved by

BRupakam
Receiver's Signature



MNR DENTAL COLLEGE AND HOSPITAL

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

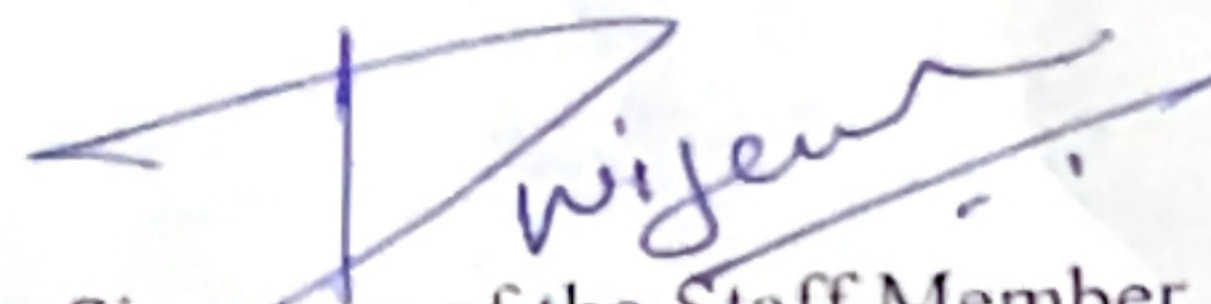
Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

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

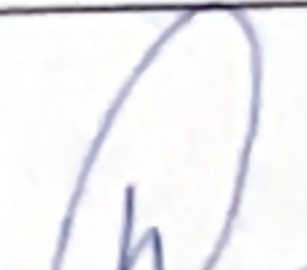
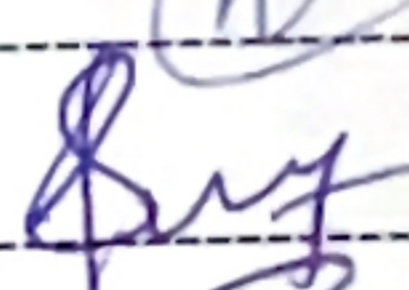

Financial

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 ISDC - 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) : _____


Signature of the Staff Member

Date: _____

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 502294 TS

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 9/12/18


Accountant

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Date : 11-12-2018.

Paid to DR. DWIJENDRA

Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
	5 th TSDC Telangana State Dental Conference	1000/-	


Total Rs. : One Thousand Rupees.

Being the _____

Prepared by _____

Verified by _____

Approved by 

Receiver's Signature 



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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]

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY, Dist. Sangareddy-502294 T.S.

Account Department

Accountant: **For MNR Educational Trust**

Date: _____

[Signature]
Accountant 28/10

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Date : 30-10-2019.

Paid to DR. SREE CHARAN REDDY.

Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
	Interprofessional Education & Collaborative Practices at St. Joseph Dental College, Eluru.	2500/-	

Total Rs. : Two Thousand Five Hundred

Being the _____

Prepared by

Verified by

Approved by

Receiver's Signature



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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 & Pbis
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:

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 7/12

MNR EDUCATIONAL TRUST

CASH PAYMENT VOUCHER

Voucher No.

Date : 20-12-2019

Paid to

Dr. N. VIJAY KUMAR

Sl. No.	ACCOUNT HEAD	AMOUNT	
		RS.	PS.
	Inhalational Nitrous oxide sedation workshop	1000/-	

Total Rs. :

One Thousand Rupees

Being the

Prepared by

Verified by

Sithu
Approved by

Vijay Kumar
Receiver's Signature