



MNR DENTAL COLLEGE AND HOSPITAL

“NAAC ACCREDITED”

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

MNR Nagar, Narsapur Road, Fasalwadi, Sangareddy 502294

**CERTIFIED LIST OF AWARDED
TEACHERS WITH THEIR E-COPIES OF
CERTIFICATES FOR THE ASSESSMENT
PERIOD**

**3.1.2 (Qnm) Average Percentage Of Teachers Awarded
National/International Fellowships/Financial Support For Advanced
Studies/Collaborative Research And Conference Participation During The
Last Five Years**

Year of grant	Name of the teacher awarded National/International fellowship/financial support	Name of the National/International fellowships/financial support for advanced studies/collaborative research or conference participation	Name of the award	Awarding agency
2021-22	Dr. Pawan Kumar	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. B Vijetha	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Balakasi Reddy	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. M. Uday Kumar	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Rajeetha	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. P. Venu babu	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. S. Rajender Goud	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	DR. Linju Vijay	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. P. B. Sabiha	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Koti Raghavendra	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. K. Shanthi Priya	APADENTO-4th International conference on Dentistry and	Financial assistance for	MNR Dental college and

	Oral Health	Conference Participation	Hospital
Dr. Siva Santhosh Babu	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Nagaveera Pradeep Kumar Reddy	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr. K. Vijay Kumar	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr. K. Pavan Kumar	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr. Tejasvi D	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr. Ganesh Kulkarni	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr. Anuradha	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr. T.K.Shyamilee	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Lavanya G	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Ramesh.K	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Aditya Mohan	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Bar Shaik Sheraz	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.MVS Sudhir	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital

Dr.Rathod Prakash	APADENTO-4th International conference on Dentistry and Oral Health	Participation Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.P.Sampath Kumar	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Shalini Sampreethi	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.K.A.Ravi Varma Prasad	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.K.Phani Yasaswini	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Golla Chaitanya	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Jaya Prakash T.R	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.K.V.Sujan Kumar	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.MD.Umar Farooq	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Sara George	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Vishnu Priya	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Dwijendra	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.V.Pranitha	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital

	Dr.Nagarjuna G	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.Praveen Kanth Reddy	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.Sravanthi.J	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.E.Vennela	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.Satya Prakash	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.K.Bhuvaneshwari	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.P.Srilekha	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.Satya Narayana	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.Shravya	APADENTO-4th International conference on Dentistry and Oral Health	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.Sangameshwar	International Digital conference on Cancer	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.Pavan Kumar Kanumuru	Master fellow in Micro Endodontics (MFM) in the branch of Endodontics	Fellowship award	Saveetha Dental College
2020-21	Dr. Aditya Mohan	Grant	Financial assistance for Grant	Shilpa Medicare
	Dr.Ruparani.B	6th Telangana state Dental Cnoference at Hitech city hyderabad	Financial assistance for Conference Participation	MNR Dental college and Hospital
2019-20	Dr. Vijetha	6th Telangana state dental conference 2019, At Hitech city hyderabad	Financial assistance for Conference	MNR Dental college and Hospital

2018-19	Dr.Sangameshwar	XXVIII IAOMP National conference, Kovalam	Participation Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.Ramesh.K	5th Annual conference of AOMSI Telangana state chapter	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Vijetha	Famdent show	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Vijetha	5th Telangana state dental conference 2018, hyderabad	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Vikas Sahu	Grant	Financial assistance for Grant	BIRAC- big Grant
	Dr. N. Vijay Kumar	Grant	Financial assistance for Grant	NIDHI-PRAYAS
	Dr.Ruparani.B	2nd ISP National Perio UG Convention	Financial assistance for Conference Participation	MNR Dental College and Hospital
	Dr. Y. Vijay kumar	Famdent show	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Vijay kumar	5th TSDC , JRC convention centre, Hyderabad	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Arpitha	Famdent show	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Arpitha	5th TSDC , JRC convention centre, Hyderabad	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr. Sangameshwar	5th TSDC , JRC convention centre, Hyderabad	Financial assistance for Conference Participation	MNR Dental college and Hospital
	Dr.M.Sushma reddy	5th TSDC , JRC convention centre, Hyderabad	Financial assistance for Conference Participation	MNR Dental college and Hospital
2017-18	Dr.Ruparani.B	PerioQuest convention	Financial assistance for	MNR Dental college and

		Conference Participation	Hospital
Dr. Ruparani.B	4th Telangana state dental conference	Financial assistance for Conference Participation	MNR Dental college and Hospital
Dr.Aditya Mohan	FIRPA 20th Anniversay conference, FINDLAND	Financial assistance for Conference Participation	MNR Dental college and Hospital



PRINCIPAL

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



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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. B. Ruparani
2. Designation : Reader
3. Department : periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
periodontics Convention
5. Date and Duration of the Program : 8-9th September 2017
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: _____

Bluparani
Signature of the Staff Member

1. Recommendations of the HOD: Ravi Varma
2. Recommendations of the IQAC: Radhika Coordinator IQAC
3. Recommendations of the Principal: Swathi MNR Dental College & Hospital

PRINCIPAL

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

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 16/9/17 For MNR Educational Trust

Swathi
Accountant

16/9/2017



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

Financial

Support Request Letter

1. Name of the Staff Member : Dr. Rathode
2. Designation : Sr. Lecturer
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 4th telangana state dental conference
5. Date and Duration of the Program : 8th - 10th Dec 2017
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: [Signature]
2. Recommendations of the IQAC: Radhika
3. Recommendations of the Principal: [Signature]

Sanctioned/Not Sanctioned _____

Account Department

Accountant:

Date: 18/12/17 For MNR Educational Trust

[Signature]
Accountant



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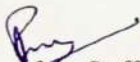
Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ramesh. K
2. Designation : Reader
3. Department : Oral surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
4th Telangana state dental conference
5. Date and Duration of the Program : 8th-10th December 2017
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: H
2. Recommendations of the IQAC: Radhika Coordinator
I.Q.A.C.
3. Recommendations of the Principal: Sithu Principal
MNR Dental College & Hospital

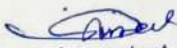
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 TS.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 18/12/17 For MNR Educational Trust


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. Ruparani B
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 : 8th - 10th 2017 December
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: _____

Ruparani
Signature of the Staff Member

1. Recommendations of the HOD: Ravi Varma
2. Recommendations of the IQAC: Radhika Coordinator
I.Q.A.C.
3. Recommendations of the Principal: Saithu MNR Dental College & Hospital

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 TS

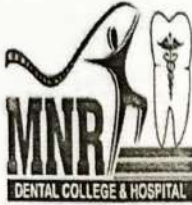
Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 18/12/17 For MNR Educational Trust

Saithu
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. Vijetha
2. Designation : Professor
3. Department : Conservative & Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
: 4th Telangana State dental conference
5. Date and Duration of the Program : 8th - 10th December 2017
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: Radhika Coordinator IQAC
3. Recommendations of the Principal: Sujitha 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

[Signature]
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vijetha B.
2. Designation : Professor
3. Department : conservative & Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Telangana state Dental Conference
5. Date and Duration of the Program : 30-11-2018 to 02-12-2018
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: [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: 19/12/18 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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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. Rupa Rani - B
2. Designation : Reader
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
I.T.S.P. National Perio UG Convention
5. Date and Duration of the Program : 29-9-2018 to 30-9-2018
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: Ravi Varun
2. Recommendations of the IQAC: St. S. S. S. S. Coordinator I.Q.A.C.
3. Recommendations of the Principal: S. S. S. S.

PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
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Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 8/10/18 For MNR Educational Trust

S. S. S. S.
Accountant



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E-mail: mnrde@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 : Community Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: FAM DENT SHOW 2019
5. Date and Duration of the Program : 16-17th Feb 2019
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: _____
[Signature] Coordinator IQAC
MNR Dental College & Hospital
3. Recommendations of the Principal: _____

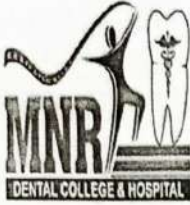
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Account Department

Accountant:

Date: 25/2/19 For MNR Educational Trust

[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. Vijay Kumar
2. Designation : Reader
3. Department : Community Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Telangana State Dental Conference
5. Date and Duration of the Program : 30th Nov to 02nd Dec 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: _____

Sanctioned/Not Sanctioned _____

Account Department

Accountant:

Date: 11/12/18

For MNR Educational Trust

[Signature]
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. Anpitha.
2. Designation : Reader
3. Department : Community dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
FAMDENT 8th Nov 2017
5. Date and Duration of the Program : 16-17th Feb 2019
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:-----
- Coordinator
 I.Q.A.C.
 Dental College & Hospital

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 26/2/19 For MNR Educational Trust

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. Arpitha
2. Designation : Reader
3. Department : Community Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Telangana State Dental Conference
5. Date and Duration of the Program : 30th Nov to 02nd Dec, 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: _____

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 11/12/18 For MNR Educational Trust

Accountant
Accountant



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E-mail: mnrde@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 Telangana State dental Conference
5. Date and Duration of the Program : 30th Nov to 2nd Dec 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: _____

Coordinator
IQAC
MNR Dental College & Hospital
3. Recommendations of the Principal: _____

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 11/12/18 For MNR Educational Trust

Accountant
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

"NAAC ACCREDITED"

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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. M. Sushma Reddy
2. Designation : Senior Lecturer
3. Department : Community Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Telangana State Dental Conference
5. Date and Duration of the Program : 30th Nov to 02nd Dec, 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) : _____

19. Sushma

Date: _____

Signature of the Staff Member

1. Recommendations of the HOD: _____
2. Recommendations of the IQAC: _____
Sushma Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: _____

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 11/12/18 For MNR Educational Trust

Accountant
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. B. Ruparani
2. Designation : Reader
3. Department : Periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
6th Telangana State Dental Conference
5. Date and Duration of the Program : 13-12-2019 to 15-12-2019
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: _____

B. Ruparani
Signature of the Staff Member

1. Recommendations of the HOD: Ravi Varma
2. Recommendations of the IQAC: [Signature] I.Q.A.C.
3. Recommendations of the Principal: [Signature] MNR Dental College & Hospital

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road

SANGAREDDY Dist-502294 T.S.

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Account Department

Accountant:

Date: 23/12/19 For MNR Educational Trust

[Signature]
Accountant



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E-mail: mnrde@mnrintia.org; Website: www.mnrintia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vijetha B
2. Designation : Professor
3. Department : Conservative & Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
6th Telangana State Dental Conference
5. Date and Duration of the Program : 13-12-2019 to 15-12-2019
6. Associating Professional body/Agency:-----
7. Financial support particulars(Rs) :-----
 - i. Registration Charges : 5001-
 - ii. Travelling Allowances :-----
 - iii. Membership Fee :-----
 - iv. Others(if any) :-----

Date: _____

Vijetha
Signature of the Staff Member

1. Recommendations of the HOD: for
K. B. V.
2. Recommendations of the IQAC: S. J.
Coordinator
I.Q.A.C.
3. Recommendations of the Principal: S. J.
Principal
MNR Dental College & Hospital

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

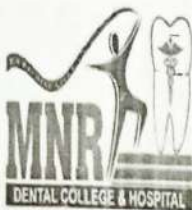
Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 23/12/19 For MNR Educational Trust

Accountant
Accountant



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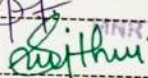
E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

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: XXVIII IAOMP NATIONAL CONFERENCE
5. Date and Duration of the Program : 1-09-2019 to 3-09-2019
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

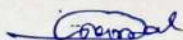
1. Recommendations of the HOD: 
2. Recommendations of the IQAC:  **Coordinator I.Q.A.C.**
3. Recommendations of the Principal:  **MNR Dental College & Hospital**

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 10/9/19 For MNR Educational Trust


Accountant



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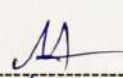
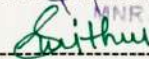
E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ramesh k.
2. Designation : Reader
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 5th Annual conference of AOMST Telangana state chapter conduct
5. Date and Duration of the Program : 5/6/2019 to 6/6/2019
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: _____
 Coordinator
IQAC
3. Recommendations of the Principal: _____
 Principal

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

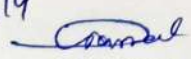
Sanctioned/Not Sanctioned

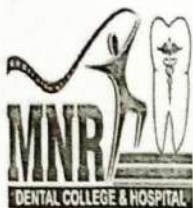
Account Department

Accountant:

For MNR Educational Trust

Date: 12/6/19


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. F.V. SUJAN KUMAR
2. Designation : Reader
3. Department : Department of Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 54th IQAC, Bhubaneswar
5. Date and Duration of the Program : 22nd November 2019
6. Associating Professional body/Agency: _____
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: _____
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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Accountant:

For MNR Educational Trust

Date: 29/11/19

Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jaya Prakash
2. Designation : Professor & HOD
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 54th IOC Bhubaneswar
5. Date and Duration of the Program : 28-11-2019
6. Associating Professional body/Agency: _____
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: _____
2. Recommendations of the IQAC: _____
3. Recommendations of the Principal: _____

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MNR Dental College & Hospital
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Account Department

Accountant:

Date: 29/11/19 For MNR Educational Trust

Coanad
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. madhav Naik
2. Designation : Sr. Lecturer
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 54 m loc, Bhubaneswar
5. Date and Duration of the Program : 22nd Nov 2019
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: _____

Madhav
Signature of the Staff Member

1. Recommendations of the HOD: Jaya
2. Recommendations of the IQAC: S. S. S. Coordinator IQAC
3. Recommendations of the Principal: S. S. S. Principal

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

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Account Department

Accountant:

Date: 29/11/19 For MNR Educational Trust

Ganesh
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jaya Parash
2. Designation : Professor & HOD
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 4th PGI Student Convention - Hyderabad
5. Date and Duration of the Program : February 2020. 20th-23th
6. Associating Professional body/Agency: _____
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: _____
2. Recommendations of the IQAC: _____
3. Recommendations of the Principle: _____

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

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 28/2/20 For MNR Educational Trust

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. K.V. SUJAN KUMAR
2. Designation : Professor
3. Department : Department of orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
24th PG Student convention, Novatel Hyderabad
5. Date and Duration of the Program : February - 2020 (20th - 23th)
6. Associating Professional body/Agency: _____
7. Financial support particulars (Rs) : _____
 - i. Registration Charges : _____
 - 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] Coordinator I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: [Signature]

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

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Account Department

Accountant:

Date: 28/2/20 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. MD umar Farooq
2. Designation : Senior lecturer
3. Department : orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: 54th IOC, Bhubhaneshwar
5. Date and Duration of the Program : 22nd Nov. 2019
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : 500/-
 - i. Registration Charges : _____
 - 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] **Coordinator I.Q.A.C.**
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: 29/11/19 For MNR Educational Trust

[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. Vijetha B
2. Designation : Professor
3. Department : Department of Conservative & Endodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Famdent show - 2019
5. Date and Duration of the Program : 14-15th Sept 2019
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: _____

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

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Account Department

Accountant:

Date: 24/9/19

For MNR Educational Trust

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: International Digital Conference on Dentistry and oral health on Cancer-2021
5. Date and Duration of the Program : 4th - 14th Feb 2021
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 700/-
 - 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, Nagapur Road,
SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 22/2/21 For MNR Educational Trust

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. Lavanya. G
2. Designation : So. Lecturer
3. Department : Oral Pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: International Digital Conference on Dentistry and Oral Health on Career - 2021
5. Date and Duration of the Program : 4-14 Feb 2021
6. Associating Professional body/Agency: _____
7. Financial support particulars(Rs) : _____
 - i. Registration Charges : 700/-
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others(if any) : _____

Date: _____

G. Lavanya
Signature of the Staff Member

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

Coordinator
I.Q.A.C.

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

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Account Department

Accountant:

Date: 20/2/21 For MNR Educational Trust

[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. K. Pawan Kumar
2. Designation : Professor
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTIA - 4th International Conference on Dentistry and oral
5. Date and Duration of the Program : 10/3/22 to 11/3/22
6. Associating Professional body/Agency: _____
7. Financial support particulars (Rs) : _____
 - i. Registration Charges : RS 500
 - ii. Travelling Allowances : _____
 - iii. Membership Fee : _____
 - iv. Others (if any) : _____

Date: _____

Pawan Kumar
Signature of the Staff Member

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

Coordinator
I.Q.A.C.

MNR Dental College & Hospital

PRINCIPAL

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Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[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. Balakasi Reddy
2. Designation : Reader
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTIO - 4th International conference on dentistry and oral health
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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: K. P. Reddy
2. Recommendations of the IQAC: [Signature] Coordinator I.Q.A.C.
3. Recommendations of the Principal: [Signature] MNR Dental College & Hospital

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

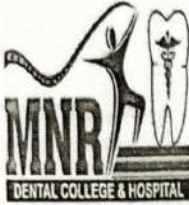
SANGAREDDY Dist-502294 T.S. Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

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

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. M. Uday Kumar
2. Designation : lecturer
3. Department : Conservative dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APADENTO - 4th International Conference on Dentistry
& Oral health
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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: _____

Uday Kumar
Signature of the Staff Member

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

Coordinator

I.Q.A.C.

MNR Dental College & Hospital

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Rajeetha
2. Designation : Lecturer
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
: APADENTO - 4th International Conference on Dentistry
: & Oral health
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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: _____

Rajeetha
Signature of the Staff Member

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

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

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. P. Venu babu
2. Designation : lecturer
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTO - 4th International conference on Dentistry and oral health
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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: _____

Venu babu
Signature of the Staff Member

1. Recommendations of the HOD: K. Ravi
2. Recommendations of the IQAC: [Signature] Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: [Signature] PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY DIST. - 502 294, T.S. Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. S. Rajendra prasad
2. Designation : Lecturer
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APARDENTO - 4th International conference on dentistry and oral health
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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: _____

Rajendra
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:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Linju Vijay
2. Designation : Lecturer
3. Department : Conservative Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTO- 4th International Conference on Dentistry and Oral Health
5. Date and Duration of the Program : 10/3/22 to 11/03/22
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: _____

Linju
Signature of the Staff Member

1. Recommendations of the HOD: K. A. J.
2. Recommendations of the IQAC: IQAC
Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: Principal
PRINCIPAL

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

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

Accountant
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. P. B. Sabina
2. Designation : Reader
3. Department : Conservative dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTIO - 4th International conference on dentistry and oral health
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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]
Signature of the Staff Member

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

Coordinator
I.Q.A.C.

MNR Dental College & Hospital

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 17/3/22 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Koti Raghavendra.
2. Designation : _____
3. Department : conservative Dentistry.
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADEN 20 - 4th International conference on
Dentistry and oral health.
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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: _____

Koti Raghavendra
Signature of the Staff Member

1. Recommendations of the HOD: K. R. S. J.
2. Recommendations of the IQAC: [Signature] Coordinator
I.Q.A.C.
MNR Dental College & Hospital
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: 19/3/22 For MNR Educational Trust

[Signature]
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. K. Shanthi Priya
2. Designation : Reader
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTO - 4th International conference on Dentistry and Oral health
5. Date and Duration of the Program : 10/03/2022 to 11/03/2022
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: _____

Shanthi
Signature of the Staff Member

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

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

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

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. Siva Santhosh Baby
2. Designation : lecturer
3. Department : prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APADENDO - 4th International conference on dentistry
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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: _____

Sivasanth
Signature of the Staff Member

1. Recommendations of the HOD: _____
2. Recommendations of the IQAC: _____
Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: _____
Principal

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.C. Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

Accountant
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : D.K. Vijay Kumar
2. Designation : Senior Prosthetic
3. Department : Prosthetic
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTO-4th International conference on Dentistry and Oral Health
5. Date and Duration of the Program : 10-3-2022 to 11-3-2022
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:

Vijay Kumar
Signature of the Staff Member

1. Recommendations of the HOD: [Signature]
2. Recommendations of the IQAC: [Signature] **Coordinator I.Q.A.C.**
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:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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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. Naga Veera pradeep kumar Reddy
2. Designation : Lecturer
3. Department : prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTO - 4th International conference on Dentistry and oral health
5. Date and Duration of the Program : 10-3-22 to 11-3-22
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: _____

Pradeep Kumar
Signature of the Staff Member

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

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

"SANGAREDDY Dist-502294 T.S. Sanctioned/Not Sanctioned"

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Pawan Kumar
2. Designation : professor and HOD
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTO - 4th International Conference on Dentistry and oral health
5. Date and Duration of the Program : 16/3/22 to 11/3/22
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: _____

Dr. Pawan Kumar
Signature of the Staff Member

1. Recommendations of the HOD: [Signature]
2. Recommendations of the IQAC: [Signature] Coordinator I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: [Signature] PRINCIPAL
MNR Dental College & Hospital

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 T.S.

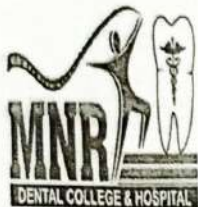
Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
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. Tejasvi D
2. Designation : Lecturer
3. Department : Prosthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APA DENTO - 4th International Conference on Dentistry
5. Date and Duration of the Program : 10-03-22 to 14-03-22
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: _____

Tejasvi
Signature of the Staff Member

1. Recommendations of the HOD: [Signature] Coordinator
2. Recommendations of the IQAC: [Signature] I.Q.A.C.
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:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Ganesh Kulkarni
2. Designation : Reader
3. Department : Oral pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APAPENIO - 4th International conference on Dentistry & Oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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:

Ganesh Kulkarni
Signature of the Staff Member

1. Recommendations of the HOD: [Signature]
2. Recommendations of the IQAC: [Signature] Coordinator
I.Q.A.C.
MNR Dental College & Hospital
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: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



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

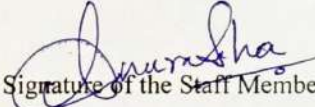
Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

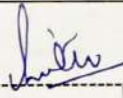
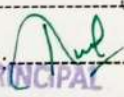
E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Anuradha
2. Designation : Lecturer
3. Department : ORAL PATHOLOGY
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA DENTO - 4th INTERNATIONAL CONFERENCE ON DENTISTRY AND ORAL HEALTH
5. Date and Duration of the Program : 10/3/22 to 11/3/22
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: 
Coordinator
IQAC
MNR Dental College & Hospital
3. Recommendations of the Principal: 
PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 TS

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust


Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : T-K Shamitka
2. Designation : Senior Lecturer
3. Department : Oral Pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APADE NTO - 4th International Conference on Dentistry
and oral health.
5. Date and Duration of the Program : 10-3-22 to 11-3-22
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: _____

Shamitka
Signature of the Staff Member

1. Recommendations of the HOD: [Signature]
2. Recommendations of the IQAC: [Signature] Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: [Signature] PRINCIPAL
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 TS

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY Dist-502294 TS

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 [Signature] **For MNR Educational Trust**

Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Lavanya G
2. Designation : lecturer
3. Department : Oral pathology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APAPENIO - 4th International conference on dentistry
on oral health
5. Date and Duration of the Program : 10/3/22 to 11/3/22
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: _____

Lavanya G
Signature of the Staff Member

1. Recommendations of the HOD: [Signature]
2. Recommendations of the IQAC: [Signature] Coordinator
I.Q.A.C.
MNR Dental College & Hosnita
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: 19/3/22

For MNR Educational Trust

[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: mnrhc@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Ramesh K
2. Designation : Professor
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADENTD - 4th International Conference on Dental and Oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

Ramesh K
Signature of the Staff Member

1. Recommendations of the HOD: [Signature]
2. Recommendations of the IQAC: [Signature] Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: [Signature] PRINCIPAL

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

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Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[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. Aadithya Mishra
2. Designation : Professor
3. Department : oral Maxillofacial Surgeon
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADEMDO - 6th International Conference on dentistry and oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

Aadithya
Signature of the Staff Member

1. Recommendations of the HOD: _____
[Signature]
2. Recommendations of the IQAC: _____
[Signature] Coordinator
I.Q.A.C.
MNR Dental College & Hospital
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:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Barak Shakk Sheraaz
2. Designation : Reader
3. Department : Oral and Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: DPH DENTO - 4th International Conference on Dentistry and oral health
5. Date and Duration of the Program : 10/3/22 to 11/3/22
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: _____

Barak Shakk
Signature of the Staff Member

1. Recommendations of the HOD: _____
2. Recommendations of the IQAC: _____
Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: _____
Principal
MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY DIST-502294 T.S.

Sanctioned/Not Sanctioned

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

C. Rana
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. MVS Sudhin
2. Designation : Reader
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA DENTO - 4th International conference on Dentistry
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: [Signature] **Coordinator**
2. Recommendations of the IQAC: [Signature] **I.Q.A.C.**
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:

For MNR Educational Trust

Date: 19/3/22

[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. Rathod Prakash
2. Designation : Sr. Lecturer
3. Department : Oral Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA Dento- & International conference
of dentistry & oral health
5. Date and Duration of the Program : 10/03/22 to 11/03/22
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: _____

Rathod Prakash
Signature of the Staff Member

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

Coordinator
I.Q.A.C.

MNR Dental College & Hospital

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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

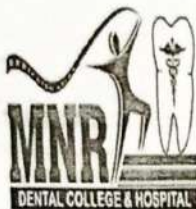
Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

Accountant
Accountant



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E-mail: mnrde@mnrintia.org; Website: www.mnrintia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. P. Sampath Kumar
2. Designation : Lecturer
3. Department : Oral Maxillofacial Surgery
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA - Dentip-4th International Conference on Dentistry
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: [Signature]
2. Recommendations of the IQAC: [Signature]
3. Recommendations of the Principal: [Signature]

Coordinator
I.Q.A.C.

MNR Dental College & Hospital

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MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

SANGAREDDY - 502294 T.S. Sanctioned/Not Sanctioned

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shalini Sampathi
2. Designation : Lecturer
3. Department : OMFS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA DENTO-4th International Conference on Dentistry & Oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

Shalini
Signature of the Staff Member

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

Coordinator
I.Q.A.C.

MNR Dental College & Hosnita

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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

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

Financial Support Request Letter

1. Name of the Staff Member : Ravi Varma Presad
2. Designation : professor & HOD
3. Department : periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APR 2020 - 4th International conference on dentistry
& oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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:

Ravi Varma
Signature of the Staff Member

Coordinator
I.Q.A.C.

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 T.S.

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Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : DR. K. Phani Yashashwini
2. Designation : Lecturer
3. Department : PERIODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APADento 4th international Conference on dentistry & oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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]
Signature of the Staff Member

1. Recommendations of the HOD: [Signature] Coordinator
2. Recommendations of the IQAC: [Signature] I.Q.A.C.
3. Recommendations of the Principal: [Signature] PRINCIPAL

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

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Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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E-mail: mnrde@mnrintia.org; Website: www.mnrintia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. G. Chaitanya
2. Designation : Sr. Lecturer
3. Department : Dept. of periodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA DENTO-4th International Conference on Dentistry & Oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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 Chaitanya

1. Recommendations of the HOD: Ravi Varma Coordinator
2. Recommendations of the IQAC: Chaitanya I.Q.A.C.
3. Recommendations of the Principal: Principal MNR Dental College & Hospital

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

Sanctioned/Not Sanctioned

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

Accountant
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Jaya Prakash T.R
2. Designation : Professor and H.O.D
3. Department : ORTHODONTICS
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APA - DENTO - 4th international conference on dentistry & Oral Health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: [Signature]
2. Recommendations of the IQAC: [Signature] Coordinator I.Q.A.C.
3. Recommendations of the Principal: [Signature] MNR Dental College & Hospital

PRINCIPAL
MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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

Account Department

Accountant:

Date: 19/3/22 For MNR Educational Trust

[Signature]
Accountant



MNR DENTAL COLLEGE AND HOSPITAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. K.V. Sujan Kumar
2. Designation : Professor
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA DENTO - 4th International Conference on Dentistry & Oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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

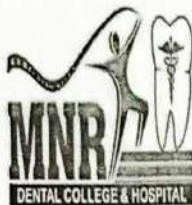
Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

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. MD Umar Farooq
2. Designation : Reader
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA Dento - 4th international Conference on dentistry & Oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

Umar
Signature of the Staff Member

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

Jay
Coordinator

I.Q.A.C.

MNR Dental College & Hospital

Principal
Principal

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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

Account Department

Accountant:

For MNR Educational Trust

Date: 19/3/22

Umar
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sasa George
2. Designation : Senior Lecturer
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA Dento 4th International conference on dentistry
5. Date and Duration of the Program : 10-3-22 to 11-3-22
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 [Signature]

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

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vishnu Priya
2. Designation : Senior lecturer
3. Department : Orthodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA-DENTO 4th international conference on dentistry and oral health.
5. Date and Duration of the Program : 10-03-2022 to 11-03-22
6. Associating Professional body/Agency: 1
7. Financial support particulars(Rs) :
 - i. Registration Charges : 5000
 - 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]

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

PRINCIPAL

MNR Dental College & Hospital

MNR Nagar, Narsapur Road,

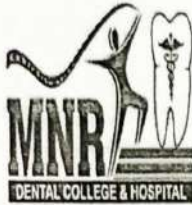
SANGAREDDY Dist-502294 T. Sanctioned/Not Sanctioned

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Accountant:

Date: 19/3/22 For MNR Educational Trust

[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. Dwijendra K.S
2. Designation : prof n HOD
3. Department : pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APPDento 4th international conference on dentistry
on oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: for Pranitha V
2. Recommendations of the IQAC: for Coordinator
IQAC
3. Recommendations of the Principal: for Principal

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

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Accountant:

Date: 19/3/22 For MNR Educational Trust

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. V. Pranitha
2. Designation : Professor
3. Department : pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA pento- 4th international conference
op dentistry & oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

Pranitha V.
Signature of the Staff Member

1. Recommendations of the HOD: for Pranitha V.
2. Recommendations of the IQAC: Coordinator
IQAC
3. Recommendations of the Principal: Principal
MNR Dental College & Hospital

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

Sanctioned/Not Sanctioned

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Accountant:

Date: 19/3/22 For MNR Educational Trust

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. G. Nagarjuna
2. Designation : Reader
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: Apadento - 4th International Conference on dentistry and oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

G. Nagarjuna
Signature of the Staff Member

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

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SANGAREDDY Dist-502294 T.S.

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Accountant:

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Date: 19/3/22

[Signature]
Accountant



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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Praveen Kumar Reddy
2. Designation : Reader P
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA Dento - 4th international conference
OP dentistry & oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: Pranitha V
2. Recommendations of the IQAC: IQAC
3. Recommendations of the Principal: Principal

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sravanthi. J
2. Designation : Senior Lecturer
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA-DEATO-4th International Conference on dentistry and Oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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 J. Sravanthi

1. Recommendations of the HOD: for Pranita. V
2. Recommendations of the IQAC: Pranita. V
Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: Pranita. V
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E-mail: mnrdc@mnrindia.org, Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Vennela E
2. Designation : Sr Lecturer
3. Department : Pedodontics
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
APA-DENTO-4th international conference on dentistry & oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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:

E. Vennela
Signature of the Staff Member

1. Recommendations of the HOD: for Pranitha V
2. Recommendations of the IQAC: [Signature]
Coordinator
I.Q.A.C.
MNR Dental College & Hospital
3. Recommendations of the Principal: [Signature]
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[Signature]
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E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sathya prakash
2. Designation : Professor
3. Department : Oral medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA Dento - 4th International Conference
on dentistry & Oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

Sathya prakash
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: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. K. Bhuvaneshwari
2. Designation : Reader
3. Department : Oral Medicine & Radiology
4. Conference/Publication/Membership Fee/Workshop/FDP CertificateDetails: APA - DENTO-1th international Conference on dentistry & Oral Health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: [Signature]
2. Recommendations of the IQAC: [Signature] Coordinator I.Q.A.C.
3. Recommendations of the Principal: [Signature] PRINCIPAL

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Sreeleka S
2. Designation : SR - Lecturer
3. Department : Department oral medicine
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA Dento - 4th International Conference of dentistry and oral health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

Sreeleka
Signature of the Staff Member

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

Coordinator
I.Q.A.C.

MNR Dental College & Hospital

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Ganesh
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E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

Financial Support Request Letter

1. Name of the Staff Member : Dr. Satyanarayana
2. Designation : Reader
3. Department : Public Health Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details: APA DENTO - 4th international Conference on dentistry & Oral Health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

ASL
Signature of the Staff Member

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

Coordinator
I.Q.A.C.

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

Financial Support Request Letter

1. Name of the Staff Member : Dr. Shravya
2. Designation : Sr. Lecturer
3. Department : Public Health Dentistry
4. Conference/Publication/Membership Fee/Workshop/FDP Certificate Details:
- APA - DENTO - 1th International Conference on dentistry
- Oral Health
5. Date and Duration of the Program : 10-03-22 to 11-03-22
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: _____

Coordinator

IQAC

MNR Dental College & Hospital

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Account Department

Accountant:

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Date: 19/3/22

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Dr. K. Pavan Kumar

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Principal

Chettinad College of Dental & Research
Institute, India



Maharashtra Institute of Dental Sciences and Research
Dental College Latur, India

Dr. Suresh Kamble
Principal

Prof. Dr. Pavindra
Principal & HOD
MNR Dental College and Hospital
India

Prof. Dr. S. Karthiga Kannan
Principal & HOD
Oral Medicine & Radiology
Adhiparashakthi Dental College, India

Dr. Vivek Choukse
Principal
Dri HSRSM Dental College and Hospital
India

Dr. S.S. Jha
President
Innovative Education and Scientific Research
Foundation, India



Dr. Flavio Molina
The Honorable Secretary, APADENTO
Clinical Supervisor DDUH Trinity College
Dublin, Ireland

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SANGAREDDY Dist-502294 T.S.

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10th & 11th March 2022 | Virtual Conference

Dr. B Vijetha

The Organizing Committee Appreciate Dr.....of

MNR Dental college

for Attending

the "4th International Conference on Dentistry and Oral Health" organized by Asia Pacific Association for Dental and Oral Health

(APADENTO) on 10th & 11th March 2022.

Dr. P. Pajesh
Principal

Chettinad College of Dental & Research
Institute, India



Maharashtra Institute of Dental Sciences and Research
Dental College Latur, India

Dr. Suresh Kamble
Principal

Prof. Dr. Pavindra
Principal & HOD
MNR Dental College and Hospital
India

Prof. Dr. S. Karthiga Kannan
Principal & HOD
Oral Medicine & Radiology
Adhiparashakthi Dental College, India

Dr. Vivek Choukse
Principal
Dri HSRSM Dental College and Hospital
India

Dr. S.S. Jha
President
Innovative Education and Scientific Research
Foundation, India



Dr. Flavio Molina
The Honorable Secretary, APADENTO
Clinical Supervisor DDUH Trinity College
Dublin, Ireland

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4th International Conference on Dentistry And Oral Health

10th & 11th March 2022 | Virtual Conference

Dr. Balakasi Reddy

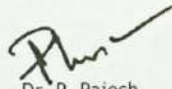
The Organizing Committee Appreciate Dr.....of

MNR Dental college

for Attending

the "4th International Conference on Dentistry and Oral Health" organized by Asia Pacific Association for Dental and Oral Health

(APADENTO) on 10th & 11th March 2022.



Dr. P. Pajesh
Principal

Chettinad College of Dental & Research
Institute, India





Dr. Suresh Kamble
Principal

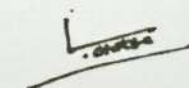
Maharashtra Institute of Dental Sciences and Research
Dental College Latur, India



Prof. Dr. Pavindra
Principal & HOD
MNR Dental College and Hospital
India



Prof. Dr. S. Karthiga Kannan
Principal & HOD
Oral Medicine & Radiology
Adhiparashakthi Dental College, India

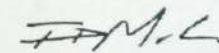


Dr. Vivek Choukse
Principal
Dri HSRSM Dental College and Hospital
India



Dr. S.S. Jha
President
Innovative Education and Scientific Research
Foundation, India





Dr. Flavio Molina
The Honorable Secretary, APADENTO
Clinical Supervisor DDUH Trinity College
Dublin, Ireland



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Dr. M. Uday Kumar

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for Attending

the "4th International Conference on Dentistry and Oral Health" organized by Asia Pacific Association for Dental and Oral Health

(APADENTO) on 10th & 11th March 2022.

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Principal

Chettinad College of Dental & Research
Institute, India



Maharashtra Institute of Dental Sciences and Research
Dental College Latur, India

Dr. Suresh Kamble
Principal

Prof. Dr. Pavindra
Principal & HOD
MNR Dental College and Hospital
India

Prof. Dr. S. Karthiga Kannan
Principal & HOD
Oral Medicine & Radiology
Adhiparashakthi Dental College, India

Dr. Vivek Choukse
Principal
Dri HSRSM Dental College and Hospital
India

Dr. S.S. Jha
President
Innovative Education and Scientific Research
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Dr. Flavio Molina
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Clinical Supervisor DDUH Trinity College
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Dr. Rajeetha

The Organizing Committee Appreciate Dr.....of

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for **Attending**

the "4th International Conference on Dentistry and Oral Health" organized by Asia Pacific Association for Dental and Oral Health

(APADENTO) on 10th & 11th March 2022.

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Principal

Chettinad College of Dental & Research
Institute, India



Dr. Suresh Kamble
Principal

Maharashtra Institute of Dental Sciences and Research
Dental College Latur, India

Prof. Dr. Pavindra
Principal & HOD

MNR Dental College and Hospital
India

Prof. Dr. S. Karthiga Kannan
Principal & HOD

Oral Medicine & Radiology
Adhiparashakthi Dental College, India

Dr. Vivek Choukse
Principal

Dri HSRSM Dental College and Hospital
India

Dr. S.S. Jha
President

Innovative Education and Scientific Research
Foundation, India



Dr. Flavio Molina

The Honorable Secretary, APADENTO
Clinical Supervisor DDUH Trinity College
Dublin, Ireland

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SANGAREDDY Dist-502204 T.S.

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4th International Conference on Dentistry And Oral Health

10th & 11th March 2022 | Virtual Conference

Dr. P. Venu babu

The Organizing Committee Appreciate Dr.....of

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for Attending

the "4th International Conference on Dentistry and Oral Health" organized by Asia Pacific Association for Dental and Oral Health

(APADENTO) on 10th & 11th March 2022.

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Principal

Chettinad College of Dental & Research
Institute, India



Dr. Suresh Kamble
Principal

Maharashtra Institute of Dental Sciences and Research
Dental College Latur, India

Prof. Dr. Pavindra
Principal & HOD

MNR Dental College and Hospital
India

Prof. Dr. S. Karthiga Kannan
Principal & HOD

Oral Medicine & Radiology
Adhiparashakthi Dental College, India

Dr. Vivek Choukse
Principal

Dri HSRSM Dental College and Hospital
India

Dr. S.S. Jha
President

Innovative Education and Scientific Research
Foundation, India



Dr. Flavio Molina

The Honorable Secretary, APADENTO
Clinical Supervisor DDUH Trinity College
Dublin, Ireland

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10th & 11th March 2022 | Virtual Conference

Dr. S. Rajender Goud

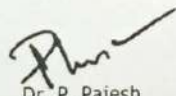
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MNR Dental college

for Attending

the "4th International Conference on Dentistry and Oral Health" organized by Asia Pacific Association for Dental and Oral Health

(APADENTO) on 10th & 11th March 2022.


Dr. P. Pajesh

Principal

Chettinad College of Dental & Research
Institute, India



Maharashtra Institute of Dental Sciences and Research
Dental College Latur, India


Dr. Suresh Kamble

Principal

Maharashtra Institute of Dental Sciences and Research
Dental College Latur, India


Prof. Dr. Pavindra

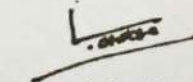
Principal & HOD

MNR Dental College and Hospital
India


Prof. Dr. S. Karthiga Kannan

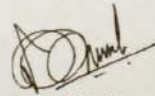
Principal & HOD

Oral Medicine & Radiology
Adhiparashakthi Dental College, India


Dr. Vivek Choukse

Principal

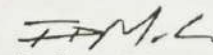
DRI HSRSM Dental College and Hospital
India


Dr. S.S. Jha

President

Innovative Education and Scientific Research
Foundation, India




Dr. Flavio Molina

The Honorable Secretary, APADENTO

Clinical Supervisor DDUH Trinity College
Dublin, Ireland


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10th & 11th March 2022 | Virtual Conference

DR. Linju Vijay

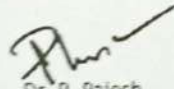
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for Attending

the "4th International Conference on Dentistry and Oral Health" organized by Asia Pacific Association for Dental and Oral Health

(APADENTO) on 10th & 11th March 2022.


Dr. P. Pajesh

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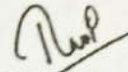
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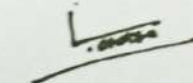
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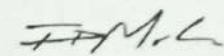
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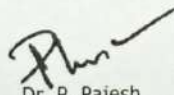
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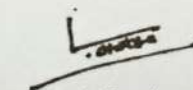
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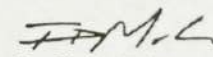


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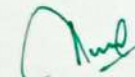
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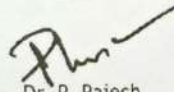
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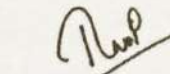

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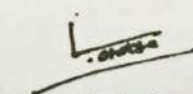

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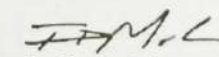

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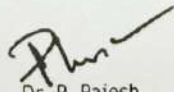
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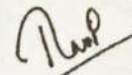
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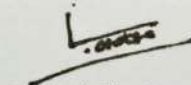
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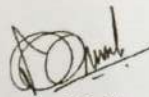
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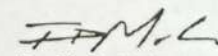
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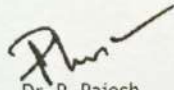
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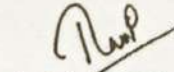
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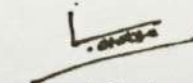
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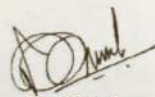
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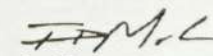


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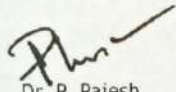
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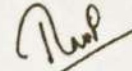


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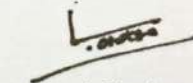
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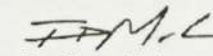
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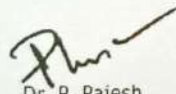
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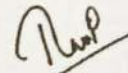
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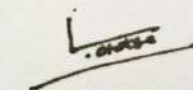
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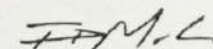
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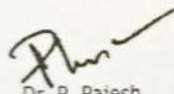
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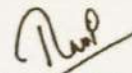
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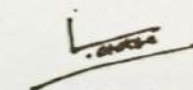
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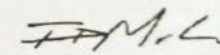


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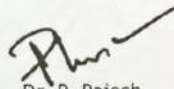
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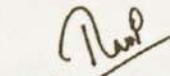
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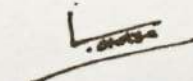
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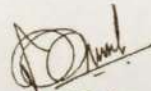
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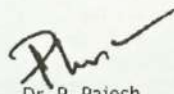
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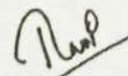
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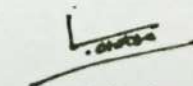
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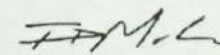
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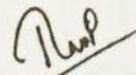
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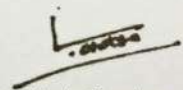
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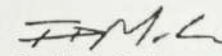
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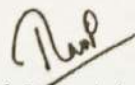
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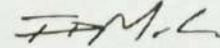


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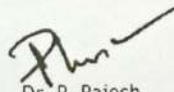
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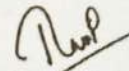

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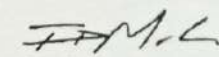

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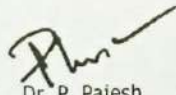
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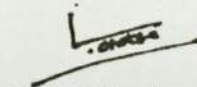
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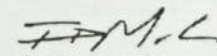
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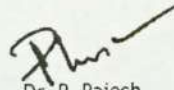
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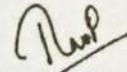
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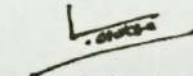
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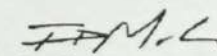
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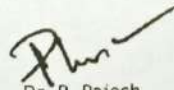
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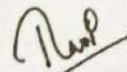
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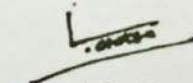
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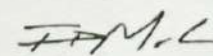


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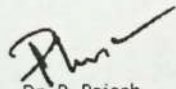
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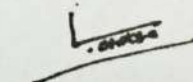
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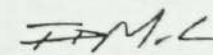
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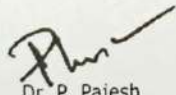
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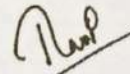


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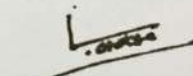
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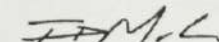
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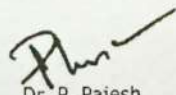
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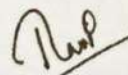
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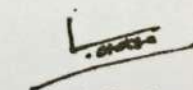
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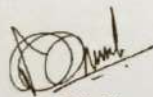
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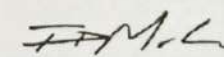
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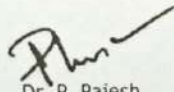
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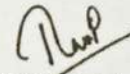


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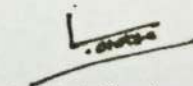
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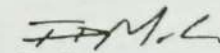
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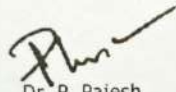
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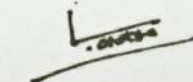
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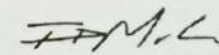
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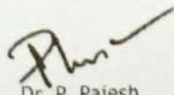
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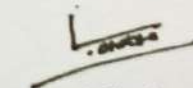
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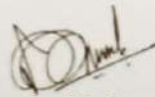
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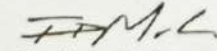
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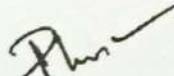
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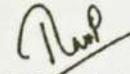
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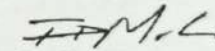


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Organising Secretary

Dr. T. Jayasimha Reddy
Conference Secretary

Dr. Y. S. Reddy
Co Organising Chairman

Dr. K. Aditya Sandeep
Jt Organising Secretary

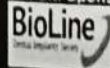
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Principal Sponsor



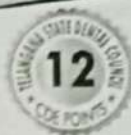
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Indian Dental Association

6th Telangana State Dental Conference



Certificate of Attendance

This is to certify that

Dr. B. Vijetha

has attended

*The 6th IDA Telangana State Dental Conference 2019
Cyber Conventions, Hitech City, Hyderabad
13th - 15th December 2019.*

Dr. S. Jagadeeswara Rao
IDA - TS President

Dr. P. Karunakar
Organising Chairman

Dr. K. V. Thrinath Reddy
Conference Chairman

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Dr. M. Praveen Kumar
IDA- TS HGS

Dr. Ala Srikanth
Organising Secretary

Dr. T. Jayasimha Reddy
Conference Secretary

Dr. Y. S. Reddy
Co Organising Chairman

Dr. K. Aditya Sandeep
Jt Organising Secretary

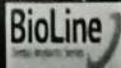


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XXVIII IAOMP NATIONAL CONFERENCE

1st - 3rd NOVEMBER 2019
KOVALAM, THIRUVANANTHAPURAM



CERTIFICATE OF APPRECIATION

Awarded to

Dr. M. Sangameshwar

for contributing as Chairperson in the Scientific Sessions

at the XXVIII National Conference of the Indian Association of Oral & Maxillofacial Pathologists
held at Kovalam, Thiruvananthapuram on 1st to 3rd November, 2019.

Dr. B. Veerendra Kumar
Hon. President, IAOMP

Dr. Nadeem Jeddy
Hon. Secretary, IAOMP

Dr. B. Heera
Organizing Chairperson

Dr. T. T. Sivakumar
Organizing Secretary

Dr. Rakesh Suresh
Chairperson, Scientific Committee

India X
Cancer
Scientific Summit on Oral Cancer

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CERTIFICATE OF APPRECIATION



--DR. RAMESH K--

has Chaired the Scientific Session in
5TH Annual Conference of AOMSI Telangana State Chapter
conducted on 5th & 6th July, 2019
at MNR AHER Campus, Sangareddy.

Dr Aditya Mohan A
Chairman, Scientific Committee

Dr K Ramesh
Organising Secretary

Dr G Harsha
Organising Chairman

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FAMDENT SHOW 2019

DENTAL CONVENTION



Appreciation Certificate Presented to

DR. VIJETHA

as Scientific Chairperson

for contribution towards the success of the show at

The Famdent Convention

at JRC Convention Centre, Hyderabad, Telangana

14th - 15th Sept. 2019

Dr. Sridhar Reddy
President, SDA

Dr. Santosh Ravindran
Scientific Chairman

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Dr. Anil Arora
Director, FAMDENT



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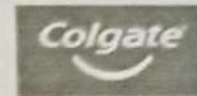


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Certificate of Appreciation

Awarded to

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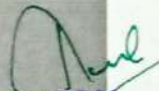
for having presented a Scientific Paper / Poster
during the **5th Telangana State Dental Conference 2018**
held at JRC Convention Center, Hyderabad
from 30th Nov to 02nd Dec, 2018.

Dr. T. Jayasimha Reddy
Conference Chairman

Dr. Sunil Mangalam
Conference Secretary

Dr. Ch. Sampath Reddy
Organizing Chairman

Dr. A. Rakesh Rao
Organizing Secretary


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MNR Dental College & Hospi-
tals, WNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 TS

Dr. K. Shekhar
Scientific Chairman

congratulations

6 messages

Viswanadham duppatla <viswanadham@ikpknowledgepark.com>
To: Vikas Sahu <sahu88vikas@gmail.com>

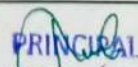
Thu, Jan 10, 2019 at 11:42 PM

Dear Vikas,

Hearty congratulations from IKP Knowledge Park upon successful selection for the BIG Grant in BIG 13 call. IKP Team will have a detailed call to discuss further.

Now we request you to mentor at least 1 team towards applicant for BIG 14 call. We will introduce the applicant and request your cooperation.

S. No.	11								
Reference Number	BIRAC/IKP0723/BIG-13/18								
Applicant Name	Vikas Sahu								
PI Name	Vikas Sahu								
Title of project	Handheld smart dental instrument to visualize dental pulp chamber and canal orifice for root canal treatment."								
Research Area	Healthcare-Devices and Diagnostics								
ESC Recommendation	The aim of the proposal is to develop a handheld Root Canal Visualizer to improve the visualization of dental pulp chamber and canal orifice in root canal treatment. In the current proposal, the applicant intends to develop the prototype, test the prototype in pre-clinical setting using phantom head with jaw set, followed by design refinement and testing in clinical settings. The Committee <u>recommended the proposal</u> . <i>It was suggested that during the development, the claimed product cost advantage should be retained together with reliability of the proposed solution.</i>								
Objectives	• Prototyping and pre-clinical testing and optimization ◦ Integrated Prototype development in consultation with engineers, designers and dentists ◦ Integration of the design with optical sensors, CMOS and basic image processing software development ◦ Integrated prototype developed • Prototype testing in Pre-clinical settings and design optimization ◦ Testing of prototype in pre-clinical setting using phantom head with jaw set with atleast 3 dentists. ◦ Further optimization of prototype with feedback from pre-clinical study. • Prototype testing in clinical setting and optimization ◦ Prototype testing in dental clinics/dental college and hospitals (atleast 10 dentists) to get feedback from specialists ◦ Optimization of design and software according to the feedback								
Milestone	<table><tr><th>S. No</th><th>Milestone</th><th>Timelines</th></tr><tr><td></td><td></td><td></td></tr></table>	S. No	Milestone	Timelines					
S. No	Milestone	Timelines							


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SANGAREDDY Dist-502294 T.S.

On Mon, Mar 27, 2017 at 4:56 PM, Shalini Sharma
<shalini.sharma@cii.in> wrote:

Dear Vijaykumar,

Congratulations!

I am happy to inform you have been selected to receive the prestigious scholarship 'Prime Minister's Fellowship for Doctoral Research'. This is a unique, highest-paying scholarship of Science & Engineering Research Board, Department of Science and Technology, Government of India and Confederation of Indian Industry. Your application went through a rigorous selection process, and was scrutinized by high level Apex Council comprising experts from academia and industry.

The aim of the Prime Minister's Fellowship Scheme is to bring industry closer to academia through cutting-edge research and give the benefit of dual exposure to both industry and academia to PhD scholars. With companies from across the world and top notch academic and R&D institutions of India partnering in this scheme, the Government and industry are hopeful of creating a new kind of research movement in the country which will nurture the talent of bright young scholars and make them industry-ready.

I congratulate you on being selected to receive this scholarship and wish you the best in your academic and personal endeavours.

As a next step, you are required to sign a Memorandum of Agreement (MoA) with your institute and industry.

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II ISP

NATIONAL PERIO UG CONVENTION 2018



PERIOTARANG

Certificate of Attendance



Presented to

Dr. RUPA Rani B

for participation in the 2nd ISP National Perio UG Convention held on 29th & 30th September, 2018 at Lenora Institute of Dental Sciences, Rajamahendravaram.

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MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

Dr. Nitin Dani
President ISP

Dr. Abhay Kote
Secretary ISP

Dr. Siby Chennankara
Scientific Convenor

Dr. Ramesh A
Organizing Chairman

Dr. Rupasree G
Organizing Secretary



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DENTAL CONVENTION

*Appreciation Certificate
Presented to*

DR. Y. VIJAY KUMAR

*for contribution towards the success of the show at
The Famdent Convention
at Auto Cluster Exhibition Centre, Pune, India..*

16th - 17th Feb. 2019

Dr. Santosh Ravindran
Scientific Chairman

PRINCIPAL

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MNR Nagar, Narsapur Road,
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Certificate of Participation

DR. Y.VIJAY KUMAR

for having participated in the
5th Telangana State Dental Conference 2018
held at JRC Convention Center, Hyderabad from 30th Nov to 02nd Dec, 2018.



[Signature]

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[Signature]

Dr. T. Jayasimha Reddy
Conference Chairman

[Signature]

Dr. Sunil Mangalam
Conference Secretary

[Signature]

Dr. Ch. Sampath Reddy
Organizing Chairman

[Signature]

Dr. A. Rakesh Rao
Organizing Secretary

[Signature]

Dr. K. Shekhar
Scientific Chairman



FAMDENT SHOW 2019

DENTAL CONVENTION

*Appreciation Certificate
Presented to*

DR. Y. ARPITHA

*for contribution towards the success of the Show at
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at Auto Cluster Exhibition Centre, Pune, India..*

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Dr. Santosh Ravindran
Scientific Chairman

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Conference Chairman

Dr. Sunil Mangalam
Conference Secretary

Dr. Ch. Sampath Reddy
Organizing Chairman

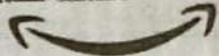
Dr. A. Rakesh Rao
Organizing Secretary

Dr. K. Shekhar
Scientific Chairman



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Dr. M. SANGAMECHWAR.

for contributing as a Chairperson at the Scientific session of the
5th Telangana State Dental Conference 2018
held at JRC Convention Center, Hyderabad
from 30th Nov to 02nd Dec, 2018.

Dr. T. Jayasimha Reddy
Conference Chairman

Dr. Sunil Mangalam
Conference Secretary

Dr. Ch. Sampath Reddy
Organizing Chairman

Dr. A. Rakesh Rao
Organizing Secretary

Dr. K. Shekhar
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for having participated in the
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Dr. T. Jayasimha Reddy
Conference Chairman

Dr. Sunil Mangalam
Conference Secretary

Dr. Ch. Sampath Reddy
Organizing Chairman

Dr. A. Rakesh Rao
Organizing Secretary

Dr. K. Shekhar
Scientific Chairman

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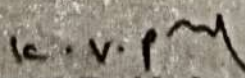
Certificate of Attendance



This is to certify that
DR. RUPARANI BODDURU
attended PERIOQUEST convention
held on 8th & 9th September, 2017 organized by
Department of Periodontics,
GITAM Dental College & Hospital, Visakhapatnam

Dr. K. Gangadhara Prasad
Principal


Dr. K. Raja V Murthy
Organizing Chairman


Dr. K. V. Prabhakara Rao
Organizing Secretary



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SANGAREDDY Dist-50224





4th
FEST OF SMILE

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TELANGANA STATE DENTAL CONFERENCE



Organising committee is pleased to present this

Certificate

to Dr. Rupa Rani . B

*for Participating & Contributing in Success of the
4th Telangana State Dental Conference, held at
Chalmeda Ananda Rao Institute of Medical Sciences, Karimnagar
from December 8th - 10th, 2017*

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Dr. Jaya Simha Reddy .T
Conference Chairman

Dr. Karunakar .P
Conference Secretary

Dr. K.V. Thrinath Reddy
Organising Chairman

Dr. Sunil Mangalam
Organising Secretary

Dr. P. Bhasker Reddy
Chairman Scientific Commit



Certificate of Appreciation

It is hereby acknowledged that
Dr. Aditya Mohan Alwala
has been speaker with presentation title
Renovation of the innovation

Firpa 20th Anniversary Conference
April 18, 2018
Espoo, Finland

Jukka Tuomi
President

Finnish Rapid Prototyping Association
(FIRPA)

Kirsi Kukko
Secretary General

Finnish Rapid Prototyping Association
(FIRPA)

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