



## **3.1.2**

**Number of teachers awarded national /international fellowships / financial support for advanced studies / collaborative research and conference participation in Indian and Overseas Institutions during the Academic Year 2022-23**



# SANTHIRAM MEDICAL COLLEGE

NANDYAL-518501, A.P

## 3.1.2 Number of teachers awarded national /international fellowships / financial support for advanced studies / collaborative research and conference participation in Indian and Overseas Institutions during the five years

Number of teachers awarded national /international fellowships / financial support for advanced studies / collaborative research and conference participation in Indian and Overseas Institutions during the five years	ACADEMIC YEAR					Total Number of teachers
	2022-23	2021-22	2020-21	2019-20	2018-19	
	69	21	26	03	31	150

  
PRINCIPAL  
Santhiram Medical College  
NH-40, NANDYAL-518 501, Nandyal Dt. A.P.



# SANTHIRAM MEDICAL COLLEGE

NANDYAL-518501, A.P

Percentage of teachers awarded National International Fellowships / Financial support for advanced studies/collaborative research and participation in conferences during the AY 2022-23

S.No	Name of the Teacher	Financial support for Advanced studies/Collaborative research or conference participation	Name of the Award	Date of Participation
1	SRIDEVI.B	IMA	CONFERENCE PARTICIPATION	11 TO 13 NOV 2022
2	DR KUNDAVARAM CHANDRA BHANU	IPHACON	CONFERENCE PARTICIPATION	23 TO 25 SEP 2022
3	DR KUNDAVARAM CHANDRA BHANU	TN-IAPSMCON	CONFERENCE PARTICIPATION	4,5 NOV 2022
4	DR P SRUTHI	IMA	CONFERENCE PARTICIPATION	11 TO 13 NOV 2022
5	DR M JHANSI RANI	IMA	CONFERENCE PARTICIPATION	11 TO 13 NOV 2022
6	DR RAJINI DEVI	ICOG	CONFERENCE PARTICIPATION	27 - NOV - 2022
7	DR. M MADHAVI LATHA	IMA	CONFERENCE PARTICIPATION	11 TO 13 NOV 2022
8	DR. RAJANAND GAIKWAD	VMK VMC	WEBINAR	16- NOV-2022
9	DR SWAPNA VS	AFPICON	CONFERENCE PARTICIPATION	19 TO 20 NOV 2022
10	Z. NAVEEN KUMAR	AIMS&RC	CONFERENCE PARTICIPATION	17 - SEP - 2022

PRINCIPAL

Santhiram Medical College  
NANDYAL-518501, Nandyal Dt. A.P.



**SANTHIRAM MEDICAL COLLEGE**  
**NANDYAL-518501, A.P**

11	DR. K. MADHURI REDDY	HPV-CON	CONFERENCE PARTICIPATION	25,26 AUG 2022
12	DR. K. VENKATA MANOHAR	NAPCON	WORKSHOP PARTICIPATIONS	30 – NOV - 2022
13	DR. K. ARUN SAGAR	NAPCON	WORKSHOP PARTICIPATIONS	30 – NOV - 2022
14	DR. KAMUNI MADHURI REDDY	IPHA & IAPSM	CONFERENCE PARTICIPATION	15 <sup>TH</sup> TO 16 <sup>TH</sup> JULY 2022
15	DR . KAMUNI MADHURI REDDY	IPHACON	CONFERENCE PARTICIPATION	23 <sup>RD</sup> TO 25 SEP 2022
16	DR . KAMUNI MADHURI REDDY	EFICON	CONFERENCE PARTICIPATION	4 <sup>TH</sup> TO 5 <sup>TH</sup> NOV 2022
17	DR BHANU PRATHAP	OASISCON	CONFERENCE PARTICIPATION	2 <sup>ND</sup> TO 4 <sup>TH</sup> SEP2022
18	DR. BALASUBRAMANYAM BHANU PARTHAP	IOACON	CONFERENCE PARTICIPATION	28 <sup>TH</sup> NOV TO 3 <sup>RD</sup> DEC 2022
19	DR.S. RAVI THEJA REDDY	OASISCON	CONFERENCE PARTICIPATION	2 <sup>ND</sup> TO 4 <sup>TH</sup> SEP 2022
20	DR. VIJAYA HARINATHA REDDY	SISA	CONFERENCE PARTICIPATION	4 <sup>TH</sup> TO 5 <sup>TH</sup> NOV 2022
21	DR. VIJAYA HARINATHA REDDY	OASISCON	CONFERENCE PARTICIPATION	2 <sup>ND</sup> TO 4 <sup>TH</sup> SEP 2022
22	DR. KOMMULA DEEPTHI	EFICON	CONFERENCE PARTICIPATION	4 <sup>TH</sup> TO 5 <sup>TH</sup> NOV 2022

*[Handwritten signature]*



# SANTHIRAM MEDICAL COLLEGE

NANDYAL-518501, A.P

23	DR. THADI RAGHAVENDRA RAO	OASISCON	CONFERENCE PARTICIPATION	2 <sup>ND</sup> TO 4 <sup>TH</sup> SEP 2022
24	DR.SWAPNA VS	ESIC	WEBINAR	22 <sup>ND</sup> SEP 2022
25	DR. VASA HARITHA	CUTION	CONFERENCE PARTICIPATION	28 <sup>TH</sup> TO 30 <sup>TH</sup> OCT 2022
26	DR. M. MAHENDRA KUMAR REDDY	IMA APCON	CONFERENCE PARTICIPATION	11 <sup>TH</sup> TO 13 <sup>TH</sup> NOV 2022
27	DR. VIJAYA HARINATHA REDDY	IMA	WORKSHOP PARTICIPATIONS	11 <sup>TH</sup> TO 13 <sup>TH</sup> NOV 2022
28	DR. TALARI SRI HARI	BRESTFEEDING	WORKSHOP PARTICIPATIONS	26 <sup>TH</sup> AUG2022
29	DR. DEEPHIK	WORKSHOP	CONFERENCE PARTICIPATION	14 <sup>TH</sup> DEC2022
30	DR. KOMMULA DEEPTHI	HPVCON	CONFERENCE PARTICIPATION	25 <sup>TH</sup> AND 26 <sup>TH</sup> AUG 2022
31	DR. KOMMU DEEPTHI	BRESTFEEDING	WORKSHOP PARTICIPATIONS	26 <sup>TH</sup> AUG 2022
32	DR KUNDAVARAM CHANDRA BHANU	HPVCON	CONFERENCE PARTICIPATION	25 <sup>TH</sup> AND 26 <sup>TH</sup> AUG 2022
33	DR. TELLAPUREDDY NAGA LAKSHMI REDDY	ISSH	WORKSHOP PARTICIPATIONS	20 TO 21 JAN 2023
34	DR.V. BHARGAV	IPHA & IAPSM	CONFERENCE PARTICIPATION	2,3 SEP 2023

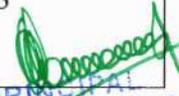
  
PRINCIPAL

Santhiram Medical College  
NH-49, NANDYAL-518 501, Nandyal Dt. A.P.



**SANTHIRAM MEDICAL COLLEGE**  
**NANDYAL-518501, A.P**

35	DR.V. BHARGAV	IAPSMCON	CONFERENCE PARTICIPATION	2 TO 4 FEB 2023
36	DR KUNDAVARAM CHANDRA BHANU	IAPSMCON	CONFERENCE PARTICIPATION	2 TO 4 FEB 2023
37	DR . KAMUNI MADHURI REDDY	IAPSMCON	CONFERENCE PARTICIPATION	6 <sup>TH</sup> & 7 <sup>TH</sup> OCT 2023
38	DR . KAMUNI MADHURI REDDY	IPHA & IAPSM	CONFERENCE PARTICIPATION	2 <sup>ND</sup> TO 4 <sup>TH</sup> FEB 2023
39	DR . KAMUNI MADHURI REDDY	IAPSMCON	CONFERENCE PARTICIPATION	2 <sup>ND</sup> TO 4 <sup>TH</sup> FEB 2023
40	DR.J. VIKAS	IMA	CONFERENCE PARTICIPATION	3 <sup>RD</sup> SEP 2023
41	DR.V. RADHA LAKSHMI	APCOG	CONFERENCE PARTICIPATION	7 <sup>TH</sup> TO 9 <sup>TH</sup> JULY 2023
42	DR.V. RADHA LAKSHMI	FOGSI	CONFERENCE PARTICIPATION	3 <sup>RD</sup> AUG 2023
43	DR.V. RADHA LAKSHMI	FOGSI – FIGO	CONFERENCE PARTICIPATION	15 <sup>TH</sup> TO 16 <sup>TH</sup> JULY 2023
44	DR.V. RADHA LAKSHMI	FOGSI - JOGI	WORKSHOP PARTICIPATIONS	20TH AUG 2023
45	DR.RAJANAND GAIKWAD	IMA	CONFERENCE PARTICIPATION	5 <sup>TH</sup> AND 6 <sup>TH</sup> AUG 2023
46	DR.RAJANAND DAMAJI GAIKWAD	AIIMS BIBINAGAR	CONFERENCE PARTICIPATION	20&21 <sup>ST</sup> JULY 2023

  
PRINCIPAL  
Santhiram Medical College  
NANDYAL-518501, Nandyal DL. A.P.



**SANTHIRAM MEDICAL COLLEGE**  
**NANDYAL-518501, A.P**

47	DR.RAJANAND DAMAJI GAIKWAD	BAHOCON	CONFERENCE PARTICIPATION	25 <sup>TH</sup> & 26 <sup>TH</sup> FEB 2023
48	DR.RAJANAND .D. GAIKWAD	ANATOMICAL SOCIETY OF INDIA	CONFERENCE PARTICIPATION	29 <sup>TH</sup> NOV TO 2 <sup>ND</sup> DEC 2023
49	DR.RAJANAND DAMAJI GAIKWAD	MIND BODY MEDICINE	WEBINAR	31 <sup>ST</sup> JULY 2023
50	DR.HARITHA	IMA	WORKSHOP PARTICIPATION	29 <sup>TH</sup> MARCH 2023
51	DR.K.H. VASUDEVA NAIDU	IMA E WORKSHOP	WORKSHOP PARTICIPATION	8 <sup>TH</sup> AND 9 <sup>TH</sup> APRIL 2023
52	DR.NAGARAJU	WORKSHOP	WORKSHOP PARTICIPATION	8 <sup>TH</sup> APRIL 2023
53	DR.SOMESWARA REDDY	OSSAP	WORKSHOP PARTICIPATION	8 <sup>TH</sup> JAN 2023
54	DR.KISHORE KUMAR ROKKAM	ECT WORKSHOP	WORKSHOP PARTICIPATION	25 <sup>TH</sup> MARCH 2023
55	DR.V HARITHA	WORKSHOP	WORKSHOP PARTICIPATION	8 <sup>TH</sup> AND 9 <sup>TH</sup> APRIL 2023
56	DR. T SRI HARI	ESSWNTIALS OF HEALTH MANAGEMENT	CONFERENCE PARTICIPATION	27 <sup>TH</sup> AUG 2023
57	DR.TALARI SRI HARI	WORKSHOP	CONFERENCE PARTICIPATION	30 <sup>TH</sup> APR 2023
58	DR.V. BHARGAV	WORKSHOP	CONFERENCE PARTICIPATION	30 <sup>TH</sup> APR 2023
59	DR.V. BHARGAV	EMERGING TREND IN MEDICAL SCIENCE	CONFERENCE PARTICIPATION	27 <sup>TH</sup> AUG 2023
60	DR.K CHANDRA BHANU	ZONAL CME	WORKSHOP PARTICIPATION	27 <sup>TH</sup> AUG 2023

  
PRINCIPAL  
Santhiram Medical College  
NH-40, NANDYAL-518 501, Nandyal Dt. A.P.



**SANTHIRAM MEDICAL COLLEGE**  
**NANDYAL-518501, A.P**

61	DR K MADHURI REDDY	ZONAL CME	WORKSHOP PARTICIPATION	28.07.2023
62	DR.K. MADHURI REDDY	ZONAL CME	WORKSHOP PARTICIPATION	30 <sup>TH</sup> APR 2023
63	DR. R KISHORE KUMAR	ZONAL CME	WORKSHOP PARTICIPATION	14 <sup>TH</sup> MAY 2023
64	DR. KISHORE KUMAR	ZONAL CME	WORKSHOP PARTICIPATION	27 <sup>TH</sup> AUG 2023
65	DR. Y. HYMA PRATYUSHA	ZONAL CME	WORKSHOP PARTICIPATION	20 <sup>TH</sup> TO 24 <sup>TH</sup> SEP 2023
66	DR. THADI RAGHAVENDRA RAO	IOA SPINE SUBCOMMITTEE	WORKSHOP PARTICIPATION	10.09.2022
67	DR.RAJANAND DAMAJI GAIKWARD	AIIMS RAJKOT	WORKSHOP PARTICIPATION	07.07.2022
68	DR. D TALARI SRIHARI	IMA	CONFERENCE PARTICIPATION	01.05.2022
69	DR. MAHENDRA KUMAR REDDY	IMA	CONFERENCE PARTICIPATION	29.03.2023

  
**Principal**  
**Santhiram Medical College**  
NH-40, NANDYAL-518 501, Nandyal Dt. A.P.



# CME ACCREDITATION CERTIFICATE



## INDIAN MEDICAL ASSOCIATION ANDHRA PRADESH

7TH I.M.A. A.P. CON. 2022  
I.M.A. A.P. STATE ANNUAL CONFERENCE

This is to certify that

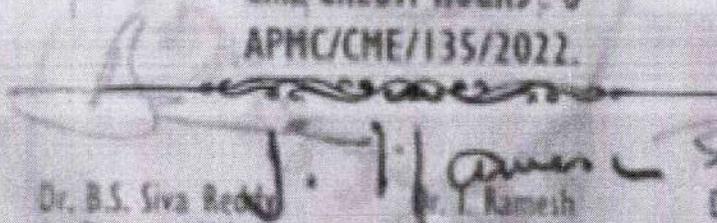
Dr. Sridevi B

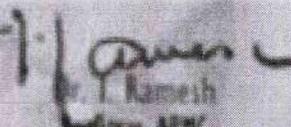
attended as Delegate / Speaker

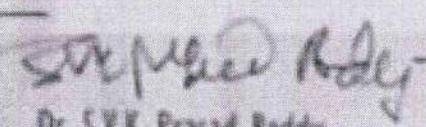
in the 7th ANNUAL STATE CONFERENCE OF INDIAN MEDICAL ASSOCIATION - A.P. state on 11th, 12th & 13th November 2022,  
held at Sowjanya function hall, Nandyal, organised by Indian Medical Association, Nandyal branch.

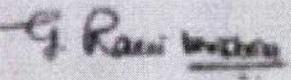
CME CREDIT HOURS : 6

APMC/CME/135/2022.

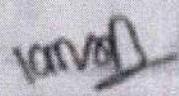
  
Dr. B.S. Siva Reddy  
Chairman, APMC

  
Dr. T. Ramesh  
Member, APMC

  
Dr. S.V.K. Prasad Reddy  
L.L. Member & Observer, APMC

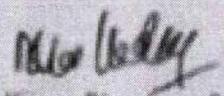
  
Dr. G. Ravi Krishna  
IMA AP State President

ORGANISED BY  
IMA - NANDYAL

  
Dr. K. Madhu Sudhan Reddy  
Organising Committee Chairman

  
Dr. V. Anil Kumar  
Organising Secretary

  
Dr. C. Madhu Sudhan Rao  
Scientific Committee Chairman

  
Dr. A. Vijay Bhaskar Reddy  
Scientific Committee Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. B. Sridevi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
IMA, Nandyal, held on 11/11/22 to 13/11/2022, and I paid registration fee  
of Rs 8500/- for the conference/ ~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 8500/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. Sridevi

Enclosure

- 1) Conference/Seminar attended Certificate.

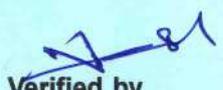
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 25/11/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: <u>Seminar &amp; workshop Expenses</u>	<u>8500/-</u>			
<u>Sridevi. B</u>			<u>8500/-</u>	
<u>Payment towards reimbursement of</u>				
<u>Registration fee for attending IMA</u>				
<u>conference participation at Nandyal</u>				
<u>dt: 11/11/2022 to 13/11/2022.</u>				
Bank : _____ Ch. No. _____ Date : _____				
In words <u>Eight thousand five hundred only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	<u>Dr. Sridevi</u> Signature		

66<sup>th</sup> Annual Indian Public Health Association Conference



**IPHA CON  
2022**



Digital Technology for Improving Health

Organised by

Department of Community Medicine, Bharati Vidyapeeth ( DTU ) Medical College, Pune

B. J. Govt. Medical College & Sassoon General Hospitals, Pune & Indian Public Health Association - Maharashtra State Branch

# Certificate

This is to certify that

**Dr.KUNDAVARAM CHANDRA BHANU**

has participated in IPHACON 2022 as a DELEGATE in the conference  
held from 23<sup>rd</sup> to 25<sup>th</sup> September 2022 at Bharati Vidyapeeth, (DTU) Medical College, Pune  
- 5 - MMC Credit Hours have been awarded to HIM / HER

Dr Sujata Murarkar  
Org. Secretary  
IPHACON 2022

Dr Jayashree Gothankar  
Org. Chairperson  
IPHACON 2022

Dr Sanghamitra Ghosh  
Secretary General  
IPHA

Dr Sanjay Rai  
President  
IPHA

Dr Rajan (Pappu) Sancheti  
MMC Observer  
MMC/MAO-02001/2019

MMC / ACCRE. CERT / MED - 0140/2013

MMC / MAC / 2022 / B - 016201

MMC / MAC / 2022 / B - 016202

MMC / MAC / 2022 / B - 016203

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kundavaram ChandraBhame .

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
IPHACON, Pune held on 23/09/2022 and I paid registration fee  
of Rs 4,500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 4,500/- at an earliest.

Thanking you sir

Yours faithfully,

K. ChandraBhame

Enclosure

- 1) Conference/Seminar attended Certificate.

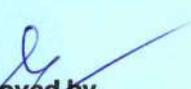
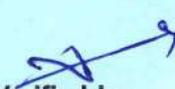
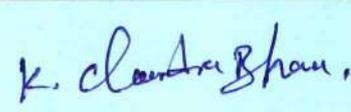
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 6/10/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	4500/-			
Dr. Kundaveera Chandra Bharu			4500/-	
Payment towards reimbursement of Registration fee for attending IPHACON conference participation at Pune dt: 23/9/2022 to 25/9/2022.				
Bank:	Ch. No.	Date:		
In words: four thousand five hundred only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# Tamilnadu Medical Council

#914, Poonamallee High Road, Arumbakkam, Chennai, India - 600 106.

<https://tamilnadumedicalcouncil.org>

## Continuing Medical Education Certificate

**Dr.KUNDAVARAM CHANDRA BHANU**



This is to certify that above mentioned medical practitioner has participated as Participant from

**04 Nov, 2022 To 05 Nov, 2022**

in the topic of

**TNIAPSMCON -2022**

conducted by

**Sree Balaji Medical College and Hospital, Chennai**

No 7 Works Road, Chromepet Chennai, Kancheepuram, Tamil Nadu, India-600044

This institute activity has been reviewed, accredited, and it has been awarded 4 credit hours.

**Dr. K. Senthil**  
**PRESIDENT**

**Dr. R. Shanmugam**  
**REGISTRAR**

5931215



Please use this link to verify  
<https://www.tamilnadumedicalcouncil.org/verify/5931215>  
or Scan the QR Code

**Awarded on**  
**21 Nov, 2022**

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kundavari Chandra Bhanu.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
...Kanchipuram... held on ...25/8/22 to 26/8/22... and I paid registration fee  
of Rs 5000/-... for the conference/ ~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 5000/-... at an earliest.

Thanking you sir

Yours faithfully,

K. Chandra Bhanu

Enclosure

- 1) Conference/Seminar attended Certificate.

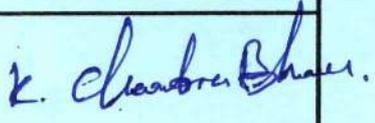
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/09/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop. Expenses	5000	00		
Dr. Kundavara Chandra Bhanu			5000	00
Payment towards - Reimbursement of registration fee for attending HPVCCN Conference at Kanchipuram. Dated. 25/08/2022 to 28/08/2022				
Bank :	Ch. No.	Date :		
In words Five thousand Rs. only				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# CME ACCREDITATION CERTIFICATE



## INDIAN MEDICAL ASSOCIATION ANDHRA PRADESH

7TH I.M.A. A.P. CON. 2022  
I.M.A. A.P. STATE ANNUAL CONFERENCE

This is to certify that

Dr. P. SRUTHI attended as Delegate / Speaker

in the 7th ANNUAL STATE CONFERENCE OF INDIAN MEDICAL ASSOCIATION - A.P. state on 11th, 12th & 13th November 2022,  
held at Sowjanya function hall, Nandyal, organised by Indian Medical Association, Nandyal branch.

**CME CREDIT HOURS : 6**  
**APMC/CME/135/2022.**

Dr. B.S. Siva Reddy  
Chairman, APMC

Dr. I. Ramesh  
Registrar, APMC

Dr. S.Y.K. Prasad Reddy  
E.C. Member & Observer, APMC

Dr. G. Bavi Krishna  
IMA AP State President



**ORGANISED BY  
IMA - NANDYAL**

Dr. K. Madhu Sudhan Reddy  
Organising Committee Chairman

Dr. V. Anil Kumar  
Organising Secretary

Dr. C. Madhu Sudhan Rao  
Scientific Committee Chairman

Dr. A. Vijay Bhaskar Jai  
Scientific Committee Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. P. Sruthi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
TMA, Nandyal... held on 11/11/2022 to 13/11/2022 and I paid registration fee  
of Rs 8500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 8500/- at an earliest.

Thanking you sir

Yours faithfully,

P. Sruthi

Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

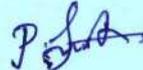
Date: 28/11/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses	8500/-			
Dr. P. Suthi			8500/-	
Payment towards reimbursement of Registration fee for attending SIA conference participation at Nandyal dt: 11/11/2022 to 13/11/2022.				
Bank : Ch. No. Date :				

In words Eight thousand five hundred only

  
Approved by  
(Chairman)

  
Verified by  
(Auditors)

  
Signature



# CME ACCREDITATION CERTIFICATE



**INDIAN MEDICAL ASSOCIATION  
ANDHRA PRADESH**

**7TH I.M.A. A.P. CON. 2022  
I.M.A. A.P. STATE ANNUAL CONFERENCE**

This is to certify that

Dr. M. Thango Pans, MD. (ORGN) attended as Delegate / Speaker

in the 7th ANNUAL STATE CONFERENCE OF INDIAN MEDICAL ASSOCIATION - A.P. state on 11th,12th & 13th November 2022,  
held at Sowjanya function hall, Nandyal, organised by Indian Medical Association, Nandyal branch.

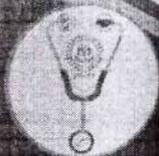
**CME CREDIT HOURS : 6  
APMC/CME/135/2022.**

Dr. B.S. Siva Reddy  
Chairman, APMC

Dr. Ramesh  
Registrar, APMC

Dr. S.V.K. Prasad Reddy  
E.C. Member & Observer, APMC

Dr. G. Ravi Krishna  
IMA AP State President



**ORGANISED BY  
IMA - NANDYAL**

Dr. K. Madhu Sudhan Reddy  
Organising Committee Chairman

Dr. K. Madhu Sudhan Reddy  
Organising Secretary

Dr. E. Madhu Sudhan Rao  
Scientific Committee Chairman

Dr. A. Vijay Bhaskar Reddy  
Scientific Committee Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. M. Jhansi Rani

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
IMA, Nandyal.....held on ...11/11/2022 to 13/11/22...and I paid registration fee  
of Rs. 8500/-..... for the conference/ ~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs. 8500/- at an earliest.

Thanking you sir

Yours faithfully,

M. Jhansi Rani

Enclosure

- 1) Conference/Seminar attended Certificate.

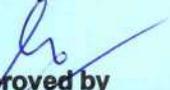
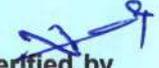
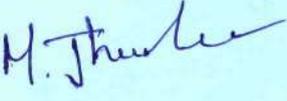
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

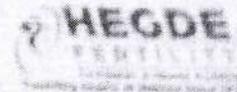
## JOURNAL VOUCHER

Date: 25/11/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	8500/-			
Dr. M. Jhansi Rani			8500/-	
Payment towards reimbursement of registration fee for attending IMA conference participation at Nandyal dt: 11/11/2022 to 13/11/2022.				
Bank :	Ch. No.	Date :		
In words	Eight thousand - five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



THE OBSTETRIC & GYNAECOLOGICAL SOCIETY  
OF HYDERABAD AND HEGDE FERTILITY

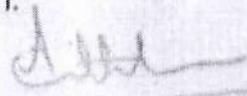


# Certificate Of Participation

THIS IS TO CERTIFY THAT

Dr. D. RAJANI DEVI has participated in C2C 2022 CONFERENCE Organized by Hegde Fertility in Association with The Obstetric & Gynaecological Society Of Hyderabad on 27 November 2022, as a Delegate / Faculty. TSMC has Awarded 02 Credit points (Vide Ref No. TSMC / CME / 74 / 2022, Dated 17-10-22) for this Conference. Thank you for your Participation.

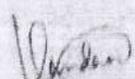
  
Dr. V Rajalingam  
Chairman, TSMC

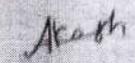
  
Dr. Ch Hanmantha Rao  
Registrar, TSMC

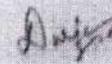
  
Dr. Ch. Amith Kumar  
Chairman, TSMC, CME

  
Dr. B.V. Shobha  
President, OOSH

Dr. Archana Singh  
Secretary OOSH

  
Dr. Vandana Hegde  
Clinical Director & Chief IVF  
Consultant - Hegde Fertility.  
Organizing - Chairperson C2C

  
Dr. Akash Agarwal  
Scientific Director,  
Hegde Fertility.  
Organizing - Secretary. C2C

  
Dr. Durga Vytla  
Clinical Head Mysore  
Branch - Hegde Fertility.  
Organizing - Secretary. C2C

## APPLICATION FOR REIMBURSEMENT

From

Dr. Rajini Devi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
I COA, Hyderabad held on ..... 27/11/2022 ..... and I paid registration fee  
of Rs ..... 4500/- ..... for the conference/ ~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs ..... 4500/- ..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/12/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	4500/-			
Dr. Ragini Devi			4500/-	
Payment towards reimbursement of registration fee for attending ICG conference participation at Hyderabad.				
dt: 27/11/2022				
Bank :	Ch. No.	Date :		
In words: four thousand five hundred only				
Approved by (Chairman)		Verified by (Auditors)		Signature



# CME ACCREDITATION CERTIFICATE



**INDIAN MEDICAL ASSOCIATION  
ANDHRA PRADESH**

**7TH I.M.A. A.P. CON. 2022  
I.M.A. A.P. STATE ANNUAL CONFERENCE**

This is to certify that

Dr. NADHANILATHA MIDGE.....attended as Delegate / Speaker

in the 7th ANNUAL STATE CONFERENCE OF INDIAN MEDICAL ASSOCIATION - A.P. state on 11th,12th & 13th November 2022,  
held at Sowjanya function hall, Nandyal, organised by Indian Medical Association, Nandyal branch.

**CME CREDIT HOURS : 6  
APMC/CME/135/2022.**

Dr. B.S. Siva Reddy  
Chairman, APMC

Dr. I. Ramesh  
Registrar, APMC

Dr. S.V.K. Prasad Reddy  
E.C. Member & Observer, APMC

Dr. G. Ravi Krishna  
IMA AP State President



**ORGANISED BY  
IMA - NANDYAL**

Dr. K. Madhu Sudhan Reddy  
Organising Committee Chairman

Dr. V. Anil Kumar  
Organising Secretary

Dr. C. Madhu Sudhan Rao  
Scientific Committee Chairman

Dr. A. Vijay Bhaskar Reddy  
Scientific Committee Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. M. Madhavi Latha.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at IMA, Nandyal held on 11/11/2022 to 13/11/2022 and I paid registration fee of Rs 8500/- for the conference/~~seminar/workshop~~. I request you sir kindly reimburse the above amount of Rs 8500/- at an earliest.

Thanking you sir

Yours faithfully,

Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 22/11/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses	8500/-			
Dr. M. Madhavi Latha			8500/-	
Payment towards reimbursement of registration @ for attending IMA conference participation at Nandyal.				
dt: 11/11/2022 to 13/11/2022				
Bank :	Ch. No.	Date :		
In words	Eight thousand five hundred only			
Approved by (Chairman)	Verified by (Auditors)	Signature		



VINAYAKA MISSION'S  
RESEARCH FOUNDATION  
DEEMED TO BE UNIVERSITY

Webinar (7)



VINAYAKA MISSION'S  
KIRUPANANDA VARIYAR  
MEDICAL COLLEGE & HOSPITALS

Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Salem.

Vinayaka Mission's Research Foundation (Deemed to be University)

## NATIONAL WEBINAR ON SLEEP

### Certificate of Appreciation

This is to certify that Dr. Rajanand Gaikwad, has participated as a delegate for the "National Webinar on Sleep" organized by Department of Physiology, Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Salem, on 16<sup>th</sup> July 2022.

*Tamilnadu Medical Council has granted 0.5 credit points for this National Webinar.*

Dr. V. Suganthi  
Organising Secretary  
Dept. of Physiology

Dr. Deepti Shastri  
Deputy Dean

Dr. S.R. Ranga Dashyam  
Medical Superintendent

Dr. K. Ezhil Vendhan  
Dean

## APPLICATION FOR REIMBURSEMENT

From

Dr. Rajanand. Gaikwad.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at VMKUMC webnav... held on ...18/07/2022.....and I paid registration fee of Rs 500/- for the conference/ ~~seminar/workshop~~. I request you sir kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

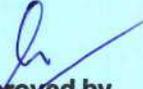
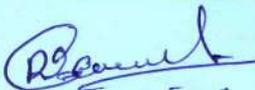
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 28/7/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses	500/-			
Dr. Paganand Gajeward			500/-	
Payment towards reimbursement of registration fee for attending VMKVMC at Salem. dt: 16/7/2022				
Bank :	Ch. No.	Date :		
In words	five hundred only.			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# Tamilnadu Medical Council

#914, Poonamallee High Road, Arumbakkam, Chennai, India - 600 106.

<https://tamilnadumedicalcouncil.org>

## Continuing Medical Education Certificate

### Dr.Swapna. V.S

This is to certify that above mentioned medical practitioner has participated as Participant from

19 Nov, 2022 To 20 Nov, 2022

in the topic of

**AFPICON 2022 - Family Medicine and Primary Care Physicians State Level Conference**

conducted by

**IMA Madurai Meenakshi**

IMA Madurai Meenakshi Branch, Meenakshi Mission Hospital, Lake Area, Meldur Road, Madurai 625 107,  
Madurai, Tamil Nadu, India-625107

This institute activity has been reviewed, accredited, and it has been awarded 4 credit hours.



4

Credit Hours\*

5113791



**Dr. K. Senthil**  
PRESIDENT

**Dr. R. Shanmugam**  
REGISTRAR

Please use this link to verify  
<https://www.tamilnadumedicalcouncil.org/verify/5113791>  
or Scan the QR Code

Awarded on  
06 Dec, 2022

## APPLICATION FOR REIMBURSEMENT

From

Dr. Swapna V.S

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at Madhurai.....held on 19/11/2022 to 20/11/22 and I paid registration fee of Rs 4000/- for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 4000/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 29/11/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	4000/-			
Dr. Swapna VS			4000/-	
Payment towards reimbursement of registration fee for attending APFICON conference participation at madhurai dt: 19/11/2022 to 20/11/2022.				
Bank :	Ch. No.	Date :		
In words: four thousand only				
Approved by (Chairman)		Verified by (Auditors)		Signature



# "Blues to Bloom"-CME on Premenstrual syndrome

Department of Physiology  
Amrita Institute of Medical Sciences  
and Research Centre, Kochi

## *Certificate of Participation*

**Z NAVEEN KUMAR**

*Certified that Mr./Mrs./Dr. .... has  
participated as Delegate/Guest Speaker in the online CME "Blues to Bloom"-CME on Premenstrual syndrome held  
on 17<sup>th</sup> Sept 2022 at Amrita Institute of Medical Sciences & Research Centre, Kochi.*

*This CME is approved by TCMC with 1 credit hour*

Dr. Saraswathy L  
Organising Secretary

Dr Col Vishal Marwaha  
Principal,  
Amrita School of Medicine

Dr. Prem Nair  
Medical Director,  
AIMS, Kochi



**AMRITA**  
VISHWA VIDYAPEETHAM

Institute of  
Medical Sciences

## APPLICATION FOR REIMBURSEMENT

From

Dr. Z. Naveen Kumar

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
..... Rajkot ..... held on 7/7/2022 ..... and I paid registration fee  
of Rs 3500/- ..... for the conference/ ~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 3500/- ..... at an earliest.

Thanking you sir

Yours faithfully,

*Z. Naveen Kumar*

Enclosure

- 1) Conference/Seminar attended Certificate.

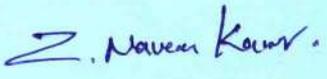
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 5/02/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	3,500	00		
Dr. Z. Naveen Kumar			3,500	00
payment towards - Reimbursement of Registration fee for attending AIMS BIBINAGAR Conference at Bibinagar. Date: 29/1/2022				
Bank :	Ch. No.	Date :		
In words	Three thousand and five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# Tamilnadu Medical Council

#914, Poonamallee High Road, Arumbakkam, Chennai, India - 600 106.

<https://tamilnadumedicalcouncil.org>

## Continuing Medical Education Certificate

**Dr.K.MADHURI REDDY**

This is to certify that above mentioned medical practitioner has participated as Participant from

**25 Aug, 2022 To 26 Aug, 2022**

in the topic of

**International Webinar - HPV Con 2022**

conducted by

**Meenakshi Medical College and Research Institute, Enathur**

Chennai Bangalore National Highway NH4, Enathur, Kanchipuram, Tamil Nadu, India-631552

This institute activity has been reviewed, accredited, and it has been awarded 4 credit hours.



5633596



**Dr. K. Senthil**  
**PRESIDENT**

**Dr. R. Shanmugam**  
**REGISTRAR**

Please use this link to verify  
<https://www.tamilnadumedicalcouncil.org/verify/5633596>  
or Scan the QR Code

Awarded on  
**20 Sep, 2022**

## APPLICATION FOR REIMBURSEMENT

From

Dr. K. Madhuri Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended ~~conference/seminar/workshop~~ at  
HPV-CON...Kanchi...held on 20/8/22 to 26/8/2022...and I paid registration fee  
of Rs 4,500/- for the ~~conference/ seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 4,500/- at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/9/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop expenses	4500/-			
Dr. K Madhusri Reddy			4500/-	
payment towards reimbursement of registration fee for attending HPV-CON conference participation at kanchi.				
dt: 25/8/2022 to 26/8/2022				
Bank :	Ch. No.	Date :		
In words: four thousand five hundred only.				
Approved by (Chairman)		Verified by (Auditors)		Signature

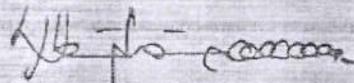
# YASHODA HOSPITALS

## Certificate of Participation

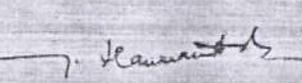
This is to certify that

**DR. K. VENKATA MANOHAR**  
has participated as a Delegate in the **Napcon Skill Development  
Course on ICU-BRONCHOSCOPY WORKSHOP** conducted by  
Department of Interventional Pulmonology held on November 30, 2023  
at Yashoda Hospitals, Malakpet, Hyderabad

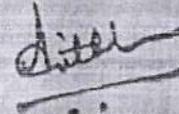
The Telangana State Medical Council has awarded 02 (Two) CPD Credit Points for this programme  
**Vide Ref. No.TSMC/CPD-13/492/2023, Dated: 27-10-2023**



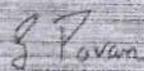
**Dr. V. Rajalingam**  
Chairman  
Telangana State Medical Council



**Dr. Ch. Hanmantha Rao**  
Registrar  
Telangana State Medical Council



**Dr. Ch. Amith Kumar**  
Chairman, CPD  
Telangana State Medical Council



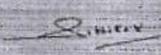
**Dr. Pavan Kumar Gorikanti, MD**  
Pulmonary and Critical Care (AMM)  
Director, Yashoda Hospitals



**Dr. R Vijai Kumar**  
Organising Chairman



**Dr. Randeep Gulertia**  
Chairman - Scientific  
Committee



**Dr. Subhakar Kandi**  
Organising Secretary



**Dr. Asmita Mehta**  
Workshop National Coordinator



**Dr. C. Ugandhar Bhatta**  
NAPCON Coordinator

## APPLICATION FOR REIMBURSEMENT

From

Dr. K. Venkata. Manohar

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at Hyderabad.....held on 30/11/2022.....and I paid registration fee of Rs 2000/-..... for the conference/ ~~seminar/workshop~~. I request you sir kindly reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,

*K. V. Manohar*

Enclosure

- 1) Conference/Seminar attended Certificate.

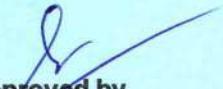
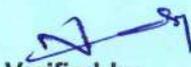
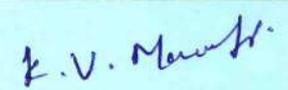
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/12/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. K. Venkata manohar			2000/-	
Payment towards reimbursement of registration fee for attending NAPCON at Hyderabad. dt: 30/11/2022.				
Bank :	Ch. No.	Date :		
In words <u>Two thousand only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# NAPCON 2022 UDAIPUR

24<sup>th</sup> JOINT NATIONAL CONFERENCE ON PULMONARY DISEASES UNDER THE AEGIS OF NATIONAL COLLEGE OF CHEST PHYSICIANS (INDIA) AND INDIAN CHEST SOCIETY (ICS)

*"Encourage Precision Medicine"*

## Certificate

This is to certify that

*Dr Talloju Arun Sagar*

SPOT

*has participated as Delegate in NAPCON 2022 UDAIPUR*

held on 10th-13th November 2022 at  
Geetanjali Medical College & R.N.T. Medical College, Udaipur, Rajasthan, India

**Rajasthan Medical Council has awarded 8 accreditation hours for the  
Conference vide letter no. RMC/2022/7558**

**Dr. S.K. Luhadia**  
Org. Chairman

**Dr. S.K. Katiyar**  
Chairman Scientific Committee

**Dr. Mahendra Kumar**  
Org. Secretary

**Dr. Atul Luhadia**  
Org. Secretary



## APPLICATION FOR REIMBURSEMENT

From

Dr. T. Arun Sagar

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
NAPCON, Hyderabad held on ..... 30/11/2022 ..... and I paid registration fee  
of Rs ..... 2000/- ..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs ..... 2000/- ..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

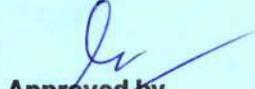
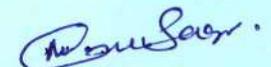
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 9/12/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. T. Anusagaa			2000/-	
Payment towards reimbursement of Registration fee for attending NAFCON at Hyderabad dt: 30/11/2022.				
Bank :	Ch. No.	Date :		
In words: Two thousand only				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

# INTERNATIONAL HPV - CON 2022

*Letter of Inspiration*

*awarded to*

***Dr.K.MADHURI REDDY***

*for participation in*

*International CME - HPV CON 2022*

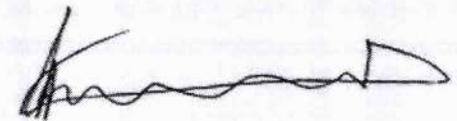
*in collaboration with*

*Australian Center for prevention of Cervical Cancer - ACPCC*

*Theme: HPV Awareness, Vaccination & Screening Initiatives in India*

*Dates : 25,26 Aug 2022*

*Venue : MMCH&RI Kanchipuram, Tamil Nadu, India*



**Dr.R. Rajkumar**  
**Organizing Secretary**

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kamuni Madhuri Reddy,

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at Chinna Avutapalli held on 15/02/2022 to 16/2/2022 and I paid registration fee of Rs 2000/- for the conference/~~seminar/workshop~~. I request you sir kindly reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,

K. Madhuri

Enclosure

- 1) Conference/Seminar attended Certificate.

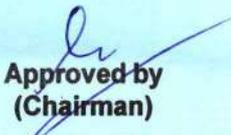
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 25/7/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. Kamuni madhusi Reddy			2000/-	
Payment towards reimbursement of Registration fee for attending IPHA & IAPSM at chinnu Avutapalli. dt: 15/7/2022 to 16/7/2022.				
Bank :	Ch. No.	Date :		
In words	Two thousand only.			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

66<sup>th</sup> Annual Indian Public Health Association Conference



**IPHA CON  
2022**

Digital Technology for Improving Health



Organised by

Department of Community Medicine, Bharati Vidyapeeth ( DTU ) Medical College, Pune

B. J. Govt. Medical College & Sassoon General Hospitals, Pune & Indian Public Health Association - Maharashtra State Branch

# Certificate

This is to certify that

**Dr. KAMUNI MADHURI Reddy**

has participated in IPHACON 2022 as a DELEGATE in the conference  
held from 23<sup>rd</sup> to 25<sup>th</sup> September 2022 at Bharati Vidyapeeth, (DTU) Medical College, Pune  
- 5 - MMC Credit Hours have been awarded to HIM / HER

Dr Sujata Murarkar  
Org. Secretary  
IPHACON 2022

Dr Jayashree Gothankar  
Org. Chairperson  
IPHACON 2022

Dr Sanghamitra Ghosh  
Secretary General  
IPHA

Dr Sanjay Rai  
President  
IPHA

Dr Rajan (Pappu) Sancheti  
MMC Observer  
MMC/MAO-02001/2019

MMC / ACCRE, CERT / MED - 0140/2013

MMC / MAC / 2022 / B - 016201

MMC / MAC / 2022 / B - 016202

MMC / MAC / 2022 / B - 016203

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kamuni Madhuri Reddy.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at IPHACON, pune... held on 23/9/2022 to 25/9/2022 and I paid registration fee of Rs ...5000/-... for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs ...5000/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

1) Conference/Seminar attended Certificate.

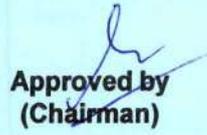
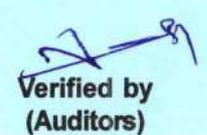
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 5/10/22.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: <u>Seminar &amp; workshop expenses</u>	<u>5000/-</u>			
<u>Dr. Kamuni madhuri Reddy</u>			<u>5000/-</u>	
<u>Payment towards reimbursement of</u>				
<u>Registration fee for attending IPHACON</u>				
<u>at pune. dt: 23/9/2022 to 25/9/2022.</u>				
Bank :	Ch. No.	Date :		
In words <u>Five thousand only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# EFICON 2022

3RD ANNUAL NATIONAL CONFERENCE OF EPIDEMIOLOGY FOUNDATION OF INDIA  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA



## *Certificate of Participation*

**Kamuni Madhuri Reddy**

This is to certify that Dr. /Mr./ Ms. ....

has participated as a delegate in the 3rd Annual National Conference of Epidemiology Foundation of India- EFICON 2022, held on 4th - 5th November 2022 organized by Community and Family Medicine Department of All India Institute of Medical Sciences Patna.

This certificate has been awarded 8 Credit Points by The Bihar Council of Medical Registration.

Dr. Sahajanand pd. Singh  
Registrar, BCMR

Dr. Sunil Kumar Singh  
Co-chairman, Academic, BCMR

Dr. Basant Singh  
Chairman, Academic, BCMR

Prof. (Dr.) Gopal Krishna Pal  
Chief patron, ED, AIIMS Patna

Prof. (Dr.) C. M. Singh  
Organizing Chairperson

Dr. Pragya Kumar  
Organizing Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kamuni Madhuri Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
patna.....held on .....4.11.2022 TO 5.11.2022.....and I paid registration fee  
of Rs 3000..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 3000..... at an earliest.

Thanking you sir

Yours faithfully,

Dr. K. Madhuri

Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

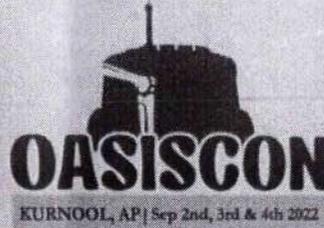
NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 15/11/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	3000/-			
Dr. Karuni madhuri Reddy			3000/-	
Payment towards reimbursement of				
Registration fee for attending EFTCON				
at Patna. dt: 4/11/2022 to 5/11/2022.				
Bank :	Ch. No.	Date :		
In words <u>Three thousand only.</u>				
Approved by (Chairman)		Verified by (Auditors)		Signature Dr. K. Mathuri



# 21st Annual Conference of ORTHOPAEDIC ASSOCIATION OF SOUTH INDIAN STATES

Theme: FOSTERING UNITY FOR A STRONGER OASIS

## Certificate of Participation

This is to certify that Dr. **B BHANU PRATAP**  
has participated as a **Delegate/Faculty** in OASISCON - 2022, held on 2nd, 3rd & 4th September 2022.  
at GRC Convention Centre, Near Cattamanchi School, Dinnedevarepadu, Gooty Road, Kurnool

The Andhra Pradesh Medical Council has awarded accreditation of "Six (6) Credit Points" for this Program  
Vide Ref No. APMC/CME/114/2022, Dated: 16/08/2022

**Dr. R. Selvaraj**  
President, OASIS

**Dr. K. Satish**  
Scientific Chairman

**Dr. Anil Kutty**  
Sec. General, OASIS

**Dr. B. Samba Siva Reddy**  
Chairman, APMC

**Dr. S. Sreenivasa Reddy**  
Organising Chairman

**Dr. B. K. Naik**  
Registrar, APMC

**Dr. T. Vijayakrishna Reddy**  
Organising Secretary

**Dr. S. V. K. Prasad Reddy**  
E.C Member, APMC

## APPLICATION FOR REIMBURSEMENT

From

Dr. B. Shamu prasad

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
.....kurnool.....held on 2/9/22 to 4/9/22.....and I paid registration fee  
of Rs 5000..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 5000..... at an earliest.

Thanking you sir

Yours faithfully,

Enclosure

Dr. B. Shamu prasad

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 12/9/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	5000/-			
Dr. B. Bharu Pratap			5000/-	
Payment towards reimbursement of				
Registration fee for attending OASISCON				
at Kurnool, dt. 2/9/2022 to 4/9/2022.				
Bank :	Ch. No.	Date :		
In words Five thousand only				
Approved by (Chairman)		Verified by (Auditors)		Signature



# IOACON 2022 AMRITSAR

67TH (LXVII) ANNUAL CONFERENCE OF THE INDIAN ORTHOPAEDIC ASSOCIATION

28TH NOVEMBER-03RD DECEMBER 2022 | GURU NANAK DEV UNIVERSITY, AMRITSAR, PUNJAB, INDIA

PRESIDENTIAL THEME : "SUCCESS WITH SURGICAL AND SOFT SKILLS"



## Certificate

This is to certify that

**Dr Balasubramanyam Bhanu Pratap**

has participated as a DELEGATE at

**67TH (LXVII) IOACON 2022 AMRITSAR**

held on 28th November to 3rd December 2022

Guru Nanak Dev University, Amritsar, Punjab, India

Punjab Medical Council has awarded twenty one (21) accreditation hours for the conference vide letter no PMC/CME/2022/5312 dated 9/11/2022.

**Dr. Ramesh Kumar Sen**  
President, IOA

**Dr. Navin Thakkar**  
Hon. Secretary, IOA

**Dr. R.L. Mittal**  
Organising Chairman

**Dr. P.S. Sandhu**  
Org. Secretary  
IOACON 2022

**Dr. Harpal Singh**  
Scientific Chairman  
IOACON 2022

**Dr. Girish Sahni**  
Vice President,  
Punjab Medical Council

## APPLICATION FOR REIMBURSEMENT

From

Dr. Babasubramanyam Bhanu prasad

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at .....held on 28/11/22 to 03/12/22 and I paid registration fee of Rs 4500/- for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 4500/- at an earliest.

Thanking you sir

Yours faithfully,  
S. Bhanu prasad

Enclosure

- 1) Conference/Seminar attended Certificate.

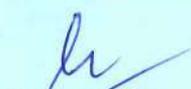
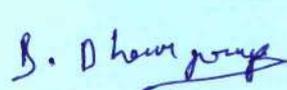
# SANTHIRAM MEDICAL COLLEGE

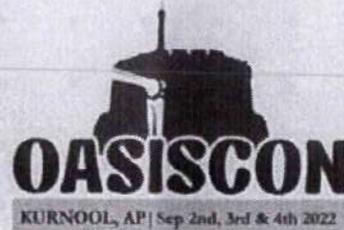
NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 14/12/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expense	4500/-			
Dr. Balasubramanyam Bharu pratap			4500/-	
Payment towards reimbursement of				
Registration fee for attending IOACON				
at AMRITSAR. dt: 28/11/2022 to				
3/12/2022.				
Bank :	Ch. No.	Date :		
In words <u>four thousand five hundred only.</u>				
<div style="display: flex; justify-content: space-between;"><div style="text-align: center;"> Approved by (Chairman)</div><div style="text-align: center;"> Verified by (Auditors)</div><div style="text-align: center;"> Signature</div></div>				



21st Annual Conference of  
**ORTHOPAEDIC ASSOCIATION OF SOUTH INDIAN STATES**

Theme: FOSTERING UNITY FOR A STRONGER OASIS

# Certificate of Participation

This is to certify that Dr **S RAVI THEJA REDDY**

has participated as a **Delegate/Faculty** in OASISCON - 2022, held on 2nd, 3rd & 4th September 2022.

at GRC Convention Centre, Near Cattamanchi School, Dinnedavarapadu, Gooty Road, Kurnool

The Andhra Pradesh Medical Council has awarded accreditation of "Six (6) Credit Points" for this Program

Vide Ref No. APMC/CME/114/2022, Dated: 16/08/2022

**Dr. R. Selvaraj**  
President, OASIS

**Dr. Anil Kutty**  
Sec. General, OASIS

**Dr. S. Sreenivasa Reddy**  
Organising Chairman

**Dr. T. Vijayakrishna Reddy**  
Organising Secretary

**Dr. K. Satish**  
Scientific Chairman

**Dr. B. Samba Siva Reddy**  
Chairman, APMC

**Dr. B. K. Naik**  
Registrar, APMC

**Dr. S. V. K. Prasad Reddy**  
E.C Member, APMC

## APPLICATION FOR REIMBURSEMENT

From

Dr. S. Ravi Theja Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Kurnool.....held on 2/09/22 to 04/09/22 and I paid registration fee  
of Rs 5000/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 5000/- at an earliest.

Thanking you sir

Yours faithfully,

S.R. Theja .

Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

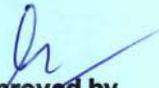
J.V.No:

## JOURNAL VOUCHER

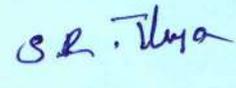
Date: 16/9/2022

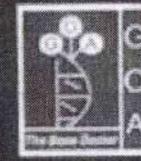
PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	5000/-			
Dr. S. Ravi Theja Reddy			5000/-	
Payment towards reimbursement of				
Registration fee for attending OASISCON				
at tumkur dt: 2/09/2022 to 11/9/2022				
Bank :	Ch. No.	Date :		

In words five thousand only.

  
Approved by  
(Chairman)

  
Verified by  
(Auditors)

  
Signature



## 52<sup>nd</sup> Annual Conference of

### Orthopaedic Surgeons Society of Andhra Pradesh

24<sup>th</sup>, 25<sup>th</sup> & 26<sup>th</sup> February 2023, GMCANA Auditorium, Guntur Medical College

# CERTIFICATE OF PARTICIPATION

This certificate is awarded to

Dr. **VIJAYA HARINATH REDDY**

has participated as **Delegate/ Faculty** at the

**52nd Annual Conference of Orthopaedic Surgeons Society of Andhra Pradesh**

held on 24th 25th & 26th February 2023 at GMCANA Auditorium

The Andhra Pradesh Medical Council has awarded Six **06 CME Credit Hours** for this programme

Vide Ref. No. **APMC/CME/026/2023**, Dated: **14/02/2023**

**Dr. B.S. Siva Reddy**  
Chairman, APMC

**Dr. I. Ramesh**  
Registrar, APMC

**Dr. Umamaheswara Rao K**  
Organising Chairman

**Dr. Varaprasad G**  
Organising Chairman

**Dr. Amarnath S**  
Organising Secretary

**Dr. Ramana SSV**  
Organising Secretary

**Dr. Sitaram Prasad P**  
Organising Secretary

**Dr. R. Venugopal Reddy**  
Observer, APMC

## APPLICATION FOR REIMBURSEMENT

From

Dr. Vijaya Hasinath Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at Hyderabad.....held on 12/11/22 to 13/11/22 and I paid registration fee of Rs 4000/-..... for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 4000/-.... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

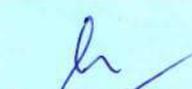
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 21/11/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	10000/-			
Dr. vijaya Hasinatha Reddy			10000/-	
Payment towards reimbursement of				
Registration fee for attending SISA				
at Hyderabad. dt: 12/11/2022 to 13/11/22				
Bank :	Ch. No.	Date :		
In words	Four thousand only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# AAOS

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Your Source for Lifelong Orthopaedic Learning

## Certificate of Participation

This is to certify

Dr. HARINATHA REDDY

has attended TRAUMA TALK,  
an AAOS educational initiative on  
"Fractures of the Humerus" on 9<sup>th</sup> April 2022

**Anna Troise, MBA**  
Chief Education Strategist  
American Academy of  
Orthopaedic Surgeons

**Dr. Shantaram Shetty**  
CHAIRMAN SSIOT,  
Mangalore

**Dr. Vijay D. Shetty**  
Founder member, Biological  
Orthopaedic Society, Los  
Angeles, USA

**Dr. Abhijeet Savadekar**  
Sr. Consultant,  
Jaslok Hospital, Mumbai



CP-319553

## APPLICATION FOR REIMBURSEMENT

From

Dr. Vijaya Harinath Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
.....Kurnool..... held on 02/9/22 to 4/9/22 and I paid registration fee  
of Rs 5000/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 5000/- at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 14/9/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	5000/-			
Dr. vijaya harinatha Reddy			5000/-	
Payment towards reimbursement of				
Registration fee for attending OASISCON				
at Kurnool. dt: 2/9/2022 to 4/9/2022.				
Bank :	Ch. No.	Date :		
In words: five thousand only				
Approved by (Chairman)		Verified by (Auditors)		Signature



# EFICON 2022

3RD ANNUAL NATIONAL CONFERENCE OF EPIDEMIOLOGY FOUNDATION OF INDIA  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA



## Certificate of Participation

**Kommula Deepthi**

This is to certify that Dr. /Mr. /Ms. ....

has participated as a delegate in the 3rd Annual National Conference of Epidemiology Foundation of India- EFICON 2022, held on 4th – 5th November 2022 organized by Community and Family Medicine Department of All India Institute of Medical Sciences Patna.

This certificate has been awarded 8 Credit Points by The Bihar Council of Medical Registration.

Dr. Sahajanand pd. Singh  
Registrar, BCMR

Dr. Sunil Kumar Singh  
Co-chairman, Academic, BCMR

Dr. Basant Singh  
Chairman, Academic, BCMR

Prof. (Dr.) Gopal Krushna Pal  
Chief patron, ED, AIIMS Patna

Prof. (Dr.) C. M. Singh  
Organizing Chairperson

Dr. Pragya Kumar  
Organizing Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kommu, Deepthi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
patna.....held on 4/11/22 to 5/11/22 and I paid registration fee  
of Rs 3000..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 3000..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

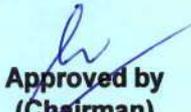
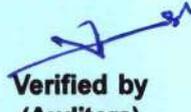
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 14/11/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	3000/-			
Dr. Komarula Deepthi			3000/-	
payment towards reimbursement of registration fee for attending EFICON at Patna. dt: 14/11/2022 to 15/11/2022.				
Bank :	Ch. No.	Date :		
In words <u>Three thousand only.</u>				
<div style="display: flex; justify-content: space-around;"><div style="text-align: center;"> Approved by (Chairman)</div><div style="text-align: center;"> Verified by (Auditors)</div><div style="text-align: center;"> Signature</div></div>				



Annual Conference of  
**Chennai Ortho Spine Society**

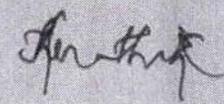
**CERTIFICATE**

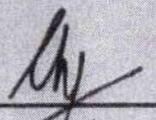
This is to Certify that

*Dr. THADI RAGAYENDERA RAO*

participated as Delegate in  
**The Annual Conference of Chennai Ortho Spine Society  
(COSSCON 2022)**

held on 16<sup>th</sup> July 2022 at Hotel Radisson Blu, Chennai.

  
\_\_\_\_\_  
Dr. K. Karthik Kailash  
President

  
\_\_\_\_\_  
Dr. Nalli Uvaraj  
Vice-President

## APPLICATION FOR REIMBURSEMENT

From

Dr. Thadi Raghavendra Rao.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Cassow Chennai.....held on .....16/07/2022.....and I paid registration fee  
of Rs ...3500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs ..3500/- at an earliest.

Thanking you sir

Yours faithfully,

T. Raghavendra Rao.

Enclosure

- 1) Conference/Seminar attended Certificate.

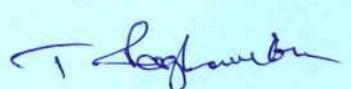
# SANTHIRAM MEDICAL COLLEGE

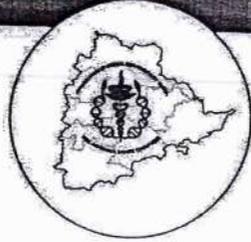
NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 26-7-2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar sl workshop Expenses	3500/-			
Dr. Thadi Raghavendra Rao			3500/-	
Payment towards - Reimbursement of Registration				
fee for Attending COSSCON conference at				
Chennai, Dated: 16-7-2022				
Bank :	Ch. No.	Date :		
In words	Three thousand and five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR

Hyderabad Metropolitan Region (HMR), Telangana - 508126

## CERTIFICATE OF PARTICIPATION

*This is to certify that*

Dr. **Swapna. V. S**

*has attended as a Delegate / Faculty for Online CME & Workshop on*

***"Advances in Molecular Genetics & Primer Designing"***

*Conducted by Department of Biochemistry, AIIMS Bibinagar, On 26th March 2022*

*The Telangana State Medical Council has awarded two (2) credit hours for this program*

*Vide Ref. No. TSME /CME / 1453 / 2022, Dated: 14/03/2022*

Dr. Ch. Hanmantha Rao  
Registrar, TSMC

Dr. Shanthi Naidu  
Secretary General AMBI

Dr. Ramadevi  
President, AMBI, Telangana

Dr. Sangeetha Sampath  
Organizing Chairperson  
AIIMS Bibinagar

## APPLICATION FOR REIMBURSEMENT

From

Dr. Swapna VS

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Bibi nagay held on 26/03/2022 and I paid registration fee  
of Rs 500 for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500 at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



1) Conference/Seminar attended Certificate.

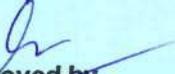
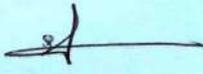
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 6/4/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar to workshop expenses	500/-			
Dr. Swapna VS			500/-	
Payment towards reimbursement of registration fee for attending workshop participation at Bibinagar dt: 26/3/2022.				
Bank :	Ch. No.	Date :		
In words <u>Five hundred only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

**24<sup>th</sup> DERMAZONE**  
SOUTH 2022



**41<sup>st</sup> CUTICON**  
Andhra Pradesh 2022  
Visakhapatnam, The City of Destiny



"Together towards excellence and beyond....."

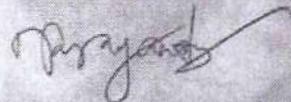
*Certificate*

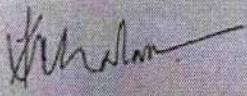
This is to certify that

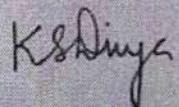
**Dr Vasa Harita**

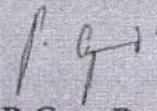
has participated as Delegate in the  
24th DERMAZONE SOUTH & 41st CUTICON of Andhra Pradesh  
held from 28th - 30th October 2022 at Vizag conventions,  
Visakhapatnam, Andhra Pradesh

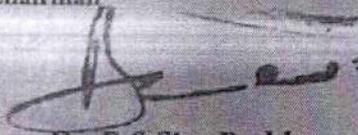
The Andhra Pradesh Medical Council has awarded accreditation of  
5 CME credit hours for this conference vide APMC/CME/124/2022

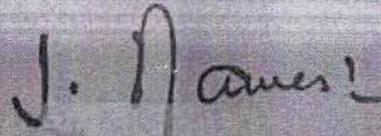
  
Dr. T. Narayana Rao  
Organizing Chairman

  
Dr. K. Venkata Chalam  
Organizing Secretary

  
Dr. Kethireddi S. Divya  
Organizing Convenor

  
Dr. P. Guru Prasad  
Scientific Committee Chairperson

  
Dr. B.S. Siva Reddy  
Chairman, APMC

  
J. Nagesh  
Registrar, APMC

  
Dr. K. Bujji Babu  
Observer, APMC



GOLDEN JUBILEE CELEBRATIONS OF IADVL

VISAKHAPATNAM

## APPLICATION FOR REIMBURSEMENT

From

Dr. Vasa Havita

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
Visakapatnam held on 28/10/22 to 30/10/23 and I paid registration fee  
of Rs 2000/- for the conference/~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,

V. Havita

Enclosure

- 1) Conference/Seminar attended Certificate.

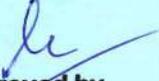
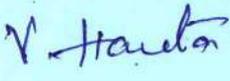
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 12/11/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses.	2000	00		
Dr. Vasa Harita			2000	00
payment towards Reimbursement of Registrar.				
fee for attending CUTICOM Conference at				
visakhapatnam. Dated from 28/10/22 to				
30/10/22				
Bank :	Ch. No.	Date :		
In words	Two thousand only			
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



## CME ACCREDITATION CERTIFICATE



## INDIAN MEDICAL ASSOCIATION ANDHRA PRADESH

7TH I.M.A. A.P. CON. 2022  
I.M.A. A.P. STATE ANNUAL CONFERENCE

This is to certify that

Dr. M. MAHENDRA KUMAR REDDY attended as Delegate / Speaker

in the 7th ANNUAL STATE CONFERENCE OF INDIAN MEDICAL ASSOCIATION - A.P. state on 11th, 12th & 13th November 2022,  
held at Sowjanya function hall, Nandyal, organised by Indian Medical Association, Nandyal branch.

CME CREDIT HOURS : 6  
APMC/CME/135/2022.

Dr. B.S. Siva Reddy  
Chairman, APMC

Dr. I. Ramesh  
Registrar, APMC

Dr. S.V.K. Prasad Reddy  
E.C. Member & Observer, APMC

Dr. G. Ravi Krishna  
IMA AP State President



ORGANISED BY  
IMA - NANDYAL

Dr. K. Madhu Sudhan Reddy  
Organising Committee Chairman

Dr. V. Anil Kumar  
Organising Secretary

Dr. C. Madhu Sudhan Rao  
Scientific Committee Chairman

Dr. A. Vijay Bhaskar Reddy  
Scientific Committee Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. M. Mahendrag Kumar Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
...Nandyal... held on ...11/11/22 to 13/11/22 and I paid registration fee  
of Rs 8500 for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 8500 at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



1) Conference/Seminar attended Certificate.

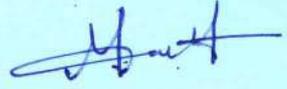
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 25/11/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	8500	00		
Dr. M. Mahendra Kumar Reddy			8500	00
payment towards - Reimbursement of Registration fee for Attending IMA APCON at Nandyal				
Dated: 11/11/2022 to 13/11/2022				
Bank :	Ch. No.	Date :		
In words	Eight thousand and five hundred only			
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



Telangana Orthopaedic Surgeons Association

13<sup>th</sup> SISA CONFERENCE

MENISCUS PRESERVATION COURSE

Meniscus Repair & Meniscus Allograft Transplantation



## Certificate of Participation

This is to certify that VIJAYA HARINATHA REDDY

participated in the 13<sup>th</sup> SISA CONFERENCE

as a **Faculty / Delegate** on 12<sup>th</sup> and 13<sup>th</sup> November, 2022 at Hotel Taj Deccan, Hyderabad

Organised by **Sai Institute of Sports Injury & Arthroscopy**, Hyderabad

and **Telangana Orthopaedic Surgeons Association**.

The Telangana State Medical Council has awarded accreditation of 4 CME Credit Hours  
vide Letter No. TSMC/CME/1520/2022 Dt. 24.06.2022

Dr. V. Rajalingam  
Chairman TSMC

Dr. Ch. Hanmantha Rao  
Registrar

Dr. G. V. S. Moorthy  
President - TOSA

Dr. Srinivas Kasha  
Secretary - TOSA

Dr. Somasekhar Reddy N.  
Organising Chairman

Dr. Raghuvveer Reddy  
Organising Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. Vijaya Hasinath Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended ~~conference/seminar/workshop~~ at  
.....Nandyal..... held on .....11/11/22 to 13/11/22..... and I paid registration fee  
of Rs .....8500..... for the ~~conference/seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs .....8500..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 20/11/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar/workshop Expenses	8500	00		
Dr. vijaya. Harinants. Reddy			8500	00
payment towards - Reimbursement of Registration fee for Attending IMA workshop at nandyal.				
Dated 11/11/2022 to 13/11/2022.				
Bank :	Ch. No.	Date :		
In words	Eight thousand and five hundred only			
Approved by (Chairman)	Verified by (Auditors)	Signature		

# 1<sup>st</sup> ONLINE NATIONAL CONFERENCE ON NUTRITION AND HEALTH 2020

Theme: Malnutrition Free India via Gender Friendly Initiative

12<sup>th</sup> - 13<sup>th</sup> September 2020

## CERTIFICATE



This is to certify that Mr./Ms./Dr. **Talari Sri Hari** has participated as **Delegate** in the 1<sup>st</sup> Online National Conference on Nutrition and Health 2020 organized by the Department of Community and Family Medicine, All India Institute of Medical Sciences Mangalagiri, Andhra Pradesh, India.

*The Conference has been awarded 4 Credit Hours by the Andhra Pradesh Medical Council. (CME Code: APMC/Online CME/004/2020) Dated: 27/08/2020.*

Dr. Arti Gupta  
Organizing Secretary  
AIIMS Mangalagiri

Prof. (Dr.) Rakesh Kakkar  
Organizing Chairman  
AIIMS Mangalagiri

Prof. (Dr.) Joy A Ghoshal  
Dean  
AIIMS Mangalagiri

Prof. (Dr.) Mukesh Tripathi  
Director  
AIIMS Mangalagiri

## APPLICATION FOR REIMBURSEMENT

From

Dr. Talasi Sri Hasi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended ~~conference/seminar/workshop~~ at  
SRMC, Nandyal.....held on .....26/08/2012.....and I paid registration fee  
of Rs 500/-..... for the ~~conference/seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 500/-..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

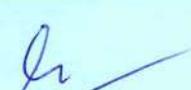
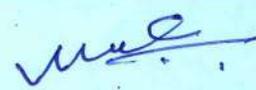
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 10/09/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	500—	00		
Dr. Talari Sri Hari			500—	00
payment towards Reimbursement of Registrar.				
fee for Attending BREASTFEEDING workshop				
at SKMC Nandyal, Date: 26/08/2022				
Bank :	Ch. No.	Date :		
In words <u>Five hundred only</u> —				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# CERTIFICATE OF PARTICIPATION



*This is to certify that*

**DR. DEEPTHI K**

*Post Graduate has participated in "CME on SPM Made Easy (Commed-Q 4.0)" held between 14/12/2022 and 17/12/2022 at Govt. Stanley Medical College and is awarded 30 credit points by Tamil Nadu Dr.MGR Medical University.*

The Vice Principal  
Govt. Stanley Medical College



Head of Department  
Department of Community Medicine

## APPLICATION FOR REIMBURSEMENT

From

Dr. Deepthi K

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended ~~conference/seminar/workshop~~ at  
.....Medical College.....held on .....14/12/2022.....and I paid registration fee  
of Rs .....500/-..... for the ~~conference/seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs .....500/-..... at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



- 1) Conference/Seminar attended Certificate.

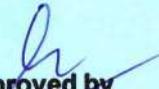
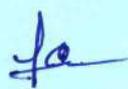
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 31/12/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	500	—	—	—
Dr. Deepthik.			500	—
Payment towards - Reimbursement of Registrars fee for attending workshop Conference at Govt Stanley Medical College. Dated 14/12/22				
Bank:	Ch. No.	Date:		
In words	Five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

# INTERNATIONAL HPV - CON 2022

*Letter of Inspiration*

*awarded to*

**KOMMULA DEEPTHI**

*for participation in*

**International CME - HPV CON 2022**

*in collaboration with*

**Australian Center for prevention of Cervical Cancer - ACPCC**

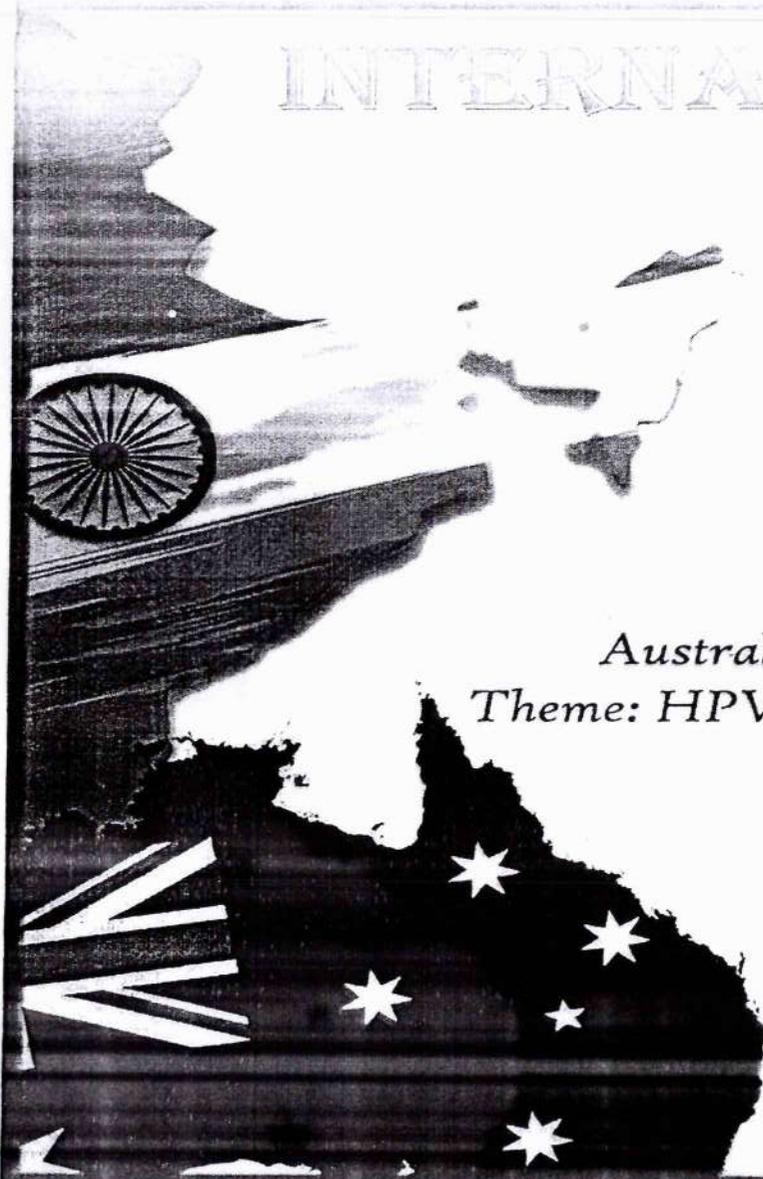
**Theme: HPV Awareness, Vaccination & Screening Initiatives in India**

**Dates : 25,26 Aug 2022**

**Venue : MMCH&RI Kanchipuram, Tamil Nadu, India**



**Dr.R. Rajkumar**  
**Organizing Secretary**



## APPLICATION FOR REIMBURSEMENT

From

Dr. Komma, Deepthi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/~~seminar~~/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar~~/workshop at  
.....SRMC, Nandyal.....held on .....26/08/2022.....and I paid registration fee  
of Rs .....500/-..... for the conference/ ~~seminar~~/workshop. I request you sir  
kindly reimburse the above amount of Rs .....500/-..... at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/09/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses	500	00		
Dr. Komma Dheethi			500	00
Payment towards - Reimbursement of Registration fee for Attending BREAST FEEDING workshop at SRMC Nandyal. Dated. 26/08/2022				
Bank :	Ch. No.	Date :		
In words	Five hundred & only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



JSS Academy of Higher Education & Research

(Deemed to be University), Accredited 'A+' Grade by NAAC



JSS MEDICAL COLLEGE

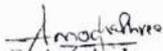
DEPARTMENT OF COMMUNITY MEDICINE

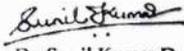
National CME on Breastfeeding (Hybrid mode)

**CERTIFICATE OF PARTICIPATION**

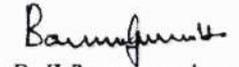
This is to certify that **Dr.** KOMMA DEEPTHI  
bearing Reg. No. 99853 registered with ANDHRA PRADESH Medical Council,  
Address SANTHIRAM MEDICAL COLLEGE  
has participated as Delegate in National CME on Breastfeeding (Hybrid mode)  
held at JSS Medical College, Mysuru, Karnataka on 26<sup>th</sup> August 2022.

Karnataka Medical Council has granted TWO credit hours for Delegates  
Vide letter No. K.M.C./C.M.E./232/2022 dated 28.07.2022.

  
Dr. Anandhashree  
Organising Secretary

  
Dr. Sunil Kumar D.  
Organising Chairman

  
Zonal Chairman  
K.M.C. CME Accreditation Committee

  
Dr. H. Basavanagowdappa  
Principal, JSSMC

CX5TTE

JSS Academy of Higher Education & Research

JSS ACADEMY OF HIGHER EDUCATION

RESEARCH (DEEMED TO BE UNIVERSITY) MYSURU

GROUP FOR

MEMBERS

(Deemed to be University), Accredited 'A+' Grade by NAAC

REPORT ON

EDUCATE A

AND SUPPO

JSS MEDICAL COLLEGE DEPARTMENT OF COMMUNITY MEDICINE National CME on Breastfeeding (Hybrid mode)

**CERTIFICATE OF PARTICIPATION**

DEEPTHI

2022

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kommula Deepthi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
Kanchipuram held on 25/8/22 to 26/8/22 and I paid registration fee  
of Rs 5000/- for the conference/~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 5000/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

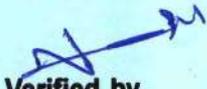
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/09/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses	5000	00		
Dr. Kommiela Deepthi			5000	00
payment towards - Reimbursement of Registration				
fee for Attending HPV/CAN Conferences at				
Kanchipuram. Dated 25/8/2022 to 26/08/22				
Bank:	Ch. No.	Date:		
In words	Five thousand only			
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



World Health  
Organization

India

National Public Health Surveillance Project

*Certificate of Participation*

Dr Kundavaram Chandra Bhanu participated in the COVID 19 Vaccination & Routine Immunization monitoring activity as External Monitor at Nandyal District, Andhra Pradesh state, in the month of September 2022

*We appreciate her contribution in monitoring of COVID 19 Vaccination & Routine Immunization activities in the district.*

A handwritten signature in black ink, appearing to read 'Apharaw'.

Surveillance Medical Officer  
Kurnool

A handwritten signature in black ink, appearing to read 'K. S. S.'.

Regional Team Leader  
South Region

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kundavara Chandrappa Bhanu.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
Kanchipuram held on 26/8/22 and I paid registration fee  
of Rs 5000/- for the conference/ ~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 5000/- at an earliest.

Thanking you sir

Yours faithfully,

*K. Chandrappa Bhanu*

Enclosure

- 1) Conference/Seminar attended Certificate.

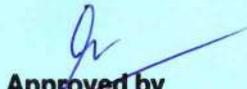
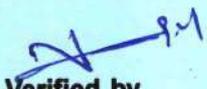
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

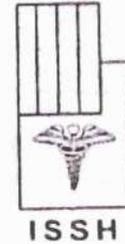
Date: 8/09/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses.	5000	—		
Dr. Kundavara chandra bhani			5000	—
payment for work = Reimbursement of Registration				
fee for Attending Hpvcon. Conference				
at Kanchipuram. Dated. 28/8/2022 to 21/8/22				
Bank :	Ch. No.	Date :		
In words	Five thousand only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# ISSH Basic Hand Course

## CERTIFICATE



This is to certify that Dr. TALLAPUREDDY NAGALAKSHMI REDDY has participated as Delegate / Faculty in the "ISSH Basic Hand Course" on 20<sup>th</sup> & 21<sup>st</sup> January, 2023 conducted by the Department of Orthopaedics, NRI Medical College & General Hospital, Chinakakani, Mangalagiri Mandal, Guntur District, AP.

AP Medical Council has awarded FOUR CREDIT HOURS  
(APMC/CME/191/2022, dated 15.12.2022)

Dr V Aashish  
Organising Secretary

Dr Sk Riyaz Babu  
Organising President

Dr K Satya Kumar  
Organising Chairman

Dr I Ramesh  
Registrar - APMC

Dr K Sudhakar  
Observer - APMC

Dr B S Siva Reddy  
Chairman - APMC

## APPLICATION FOR REIMBURSEMENT

From

Dr. Tallapareddy Naga Lakshmi Reddy.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at ISSH, Guntur.....held on ...20.1.2023 to 21.1.2023 and I paid registration fee of Rs ...1000/-..... for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs ...1000/-... at an earliest.

Thanking you sir

Yours faithfully,

T. Naga Lakshmi Reddy

Enclosure

- 1) Conference/Seminar attended Certificate.

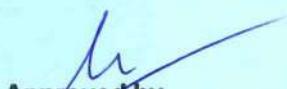
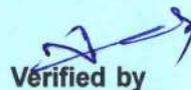
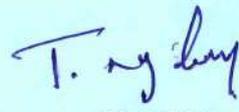
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 30/1/2023

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	1000/-			
Dr. Tallapureddy naga lakshmi Reddy			1000/-	
Payment towards reimbursement of				
Registration fee for attending ISSH				
at Guntur dt: 20/1/2023 to 21/1/2023.				
Bank :	Ch. No.	Date :		
In words <u>one thousand only.</u>				
<div style="display: flex; justify-content: space-around;"><div style="text-align: center;"> Approved by (Chairman)</div><div style="text-align: center;"> Verified by (Auditors)</div><div style="text-align: center;"> Signature</div></div>				



# 28<sup>th</sup> AP State IPHA & IAPSM Joint Conference

GITAM Institute of Medical Sciences & Research

2<sup>nd</sup> – 3<sup>rd</sup> September 2023



**Theme: SDGs for better health: How India is spearheading towards it?**

## CERTIFICATE OF PARTICIPATION

This is to certify that

Dr. V. BHARGAV.

has participated as a Delegate / Resource person/ Chairperson in 28<sup>th</sup> Joint Conference of IPHA & IAPSM Andhra Pradesh state chapter held from 2<sup>nd</sup>- 3<sup>rd</sup> September 2023 at GITAM Institute of Medical Sciences & Research, Visakhapatnam.

Andhra Pradesh Medical Council has awarded accreditation of "04 (Four) CME" credit hours (APMC/CME / 137/2023).

Dr. I. Jyothi Padmaja  
Organizing Chairperson  
Principal, GIMSR

Dr. N.G. Nagamani  
Organizing Secretary  
HOD Community Medicine  
GIMSR

Dr. S. Appalanaidu  
IPHA State President  
A.P Chapter

Dr. M.L. Suryaprabha  
IAPSM State President  
A.P Chapter

Dr. B.S. Siva Reddy  
Chairman APMC

Dr. I. Ramesh  
Registrar APMC

Dr. A. Krishnaveni  
Observer APMC

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Bhargava.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at Vishakapatnam held on 2/9/2023 to 3/9/2023, and I paid registration fee of Rs 2000/- for the conference/~~seminar/workshop~~. I request you sir kindly reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

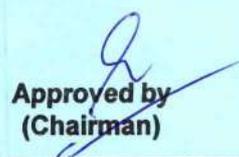
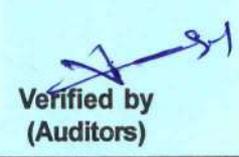
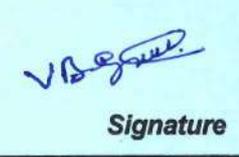
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 15/9/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expense 2000/- Dr. V. Bhargava			2000/-	
Payment towards reimbursement of Registration fee for attending IPHA & IAPSM at Vishakapatnam. dt: 2/9/2023 to 3/9/2023.				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# IAPSMCON2023

Theme : "Introspection & Innovation In Public Health; One Health One Planet".

50<sup>th</sup> Annual National Conference of Indian Association of Preventive and Social Medicine (IAPSM)

*Organized by*

Department of Community Medicine and Family Medicine, AIIMS Bibinagar in collaboration with NIN, Hyderabad

## Certificate

This is to certify that

**Dr. V BHARGAV**

has actively participated in Golden Jubilee Celebrations of Annual National IAPSM conference as a **Delegate** from 02<sup>nd</sup> to 04<sup>th</sup> February, 2023.

TSMC has awarded Six (6) credit hours for this conference Vide Ref. No. TSMC /CPD-16/142/2023, Dated: 04/01/2023

**Dr. Rajalingam**  
Chairman, TSMC

**Dr. Ch. Hanmantha Rao**  
Registrar, TSMC

*Meely Panda*  
**Dr. Meely Panda**  
Organizing Secretary

*N. Agarwal*  
**Prof. Dr. Neeraj Agarwal**  
Organizing Chairperson

*Vikas Bhatia*  
**Prof. Dr. Vikas Bhatia**  
Patron & Organizing Chairperson(Planning)  
Exec. Director, AIIMS, Bibinagar

*Hariyansh Chopra*  
**Prof. Dr. Hariyansh Chopra**  
National President IAPSM

*P. Girish*  
**Prof. Dr. Purushottam Giri**  
Secretary General IAPSM



0650

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Bhargav.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at AIIMS, Hyderabad held on 2/2/2023 to 4/2/2023 and I paid registration fee of Rs 4,500/- for the conference/~~seminar/workshop~~. I request you sir kindly reimburse the above amount of Rs 4,500/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 12/2/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	4500/-			
Dr. V. Bhargava			4500/-	
payment towards reimbursement of registration fee for attending TAPSMCON at AIIMS Hyderabad. dt: 2/2/23 to 4/2/2023.				
Bank :	Ch. No.	Date :		
In words	four thousand five hundred only.			
Approved by (Chairman)	Verified by (Auditors)	Signature		



# IAPSMCON2023

Theme : "Introspection & Innovation In Public Health; One Health One Planet".

50<sup>th</sup> Annual National Conference of Indian Association of Preventive and Social Medicine (IAPSM)

*Organized by*

Department of Community Medicine and Family Medicine, AIIMS Bibinagar in collaboration with NIN, Hyderabad

## Certificate

This is to certify that

**Dr. KUNDAVARAM CHANDRA BHANU**

has actively participated in Golden Jubilee Celebrations of Annual National IAPSM conference as a  
**Delegate** from 02<sup>nd</sup> to 04<sup>th</sup> February, 2023.

TSMC has awarded Six (6) credit hours for this conference Vide Ref. No. TSMC /CPD-16/142/2023, Dated: 04/01/2023

*[Signature]*  
**Dr. Rajalingam**  
Chairman, TSMC

*[Signature]*  
**Dr. Ch. Hanmantha Rao**  
Registrar, TSMC

*[Signature]*  
**Dr. Meely Panda**  
Organizing Secretary

*[Signature]*  
**Prof. Dr. Neeraj Agarwal**  
Organizing Chairperson

*[Signature]*  
**Prof. Dr. Vikas Bhatia**  
Patron & Organizing Chairperson(Planning)  
Exec. Director, AIIMS, Bibinagar

*[Signature]*  
**Prof. Dr. Harivansh Chopra**  
National President IAPSM

*[Signature]*  
**Prof. Dr. Purushottam Giri**  
Secretary General IAPSM



## APPLICATION FOR REIMBURSEMENT

From

Dr. Kunda Vararam Chandra Bhanu.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
A.I.M.S., Hyderabad, held on ...2/2/2023 to 4/2/2023 and I paid registration fee  
of Rs ....4000/-..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 4000/- at an earliest.

Thanking you sir

Yours faithfully,

K. Chandra Bhanu.

Enclosure

- 1) Conference/Seminar attended Certificate.

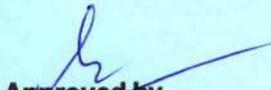
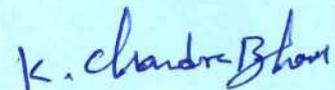
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 11/2/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	4000/-			
To: Kumbavaram chandra Bharu			4000/-	
payment towards reimbursement of registration fee for attending IAPSM con				
at AIIMS Hyderabad. dt: 2/2/2023 to				
11/2/2023.				
Bank :	Ch. No.	Date :		
In words <u>four thousand only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



OSMANIA MEDICAL COLLEGE, HYDERABAD  
DEPARTMENT OF COMMUNITY MEDICINE

**3<sup>rd</sup> IAPSMCON-2023**

Telangana State Chapter



**Theme:** Digital Transformation of Public Health: Innovate-Integrate-Inspire

## Certificate of Participation

This certificate is awarded to Dr. KAMUNI MADHURI REDDY

participated in 3<sup>rd</sup> IAPSMCON-2023, Telangana as a Delegate held on 6th and 7th October 2023.

Telangana State Medical Council has awarded Four(4) Credit hours for this Conference

Vide. Ref. No. TSMC/CPD-05/443/2023, Dated : 12/09/2023

**Dr. Rajalingam**  
Chairman, TSMC

**Dr. Ch. Hanmantha Rao**  
Registrar, TSMC

**Dr. Ch. Amith Kumar**  
Chairman, CPD, TSMC

**Dr. P. Shashikala Reddy**  
Principal, Osmania Medical College

**Dr. A. M. Kadri**  
National President, IAPSM

**Dr. Purushottam Giri**  
Secretary General, IAPSM

**Dr. Bhavani Kenche**  
Organizing Chairperson &  
TSIAPSM Gen.Secretary

**Dr. Syed Ahmed Mohiuddin**  
Organizing Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kamuni Madhusri Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
...Hyderabad.....held on ..6/10/23 to 7/10/23..and I paid registration fee  
of Rs 4500/-..... for the conference/ ~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 4500/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. K. Madhusri

Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 19/10/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expense	4500/-			
Dr. Karmani madhuri Reddy			4500/-	
Payment towards reimbursement of				
Registration fee for attending TAPSMCON				
conference participation at Hyderabad				
dt: 6/10/2023 to 7/10/2023.				
Bank :	Ch. No.	Date :		
In words <u>four thousand five hundred only</u>				
Approved by (Chairman)		Verified by (Auditors)		Signature

Approved by  
(Chairman)

Verified by  
(Auditors)

Dr. K. Madhuri

Signature



# IAPSMCON2023

Theme : "Introspection & Innovation In Public Health; One Health One Planet".

50<sup>th</sup> Annual National Conference of Indian Association of Preventive and Social Medicine (IAPSM)

*Organized by*

Department of Community Medicine and Family Medicine, AIIMS Bibinagar in collaboration with NIN, Hyderabad

## Certificate

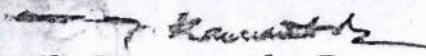
This is to certify that

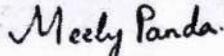
**Dr. KAMUNI MADHURI REDDY**

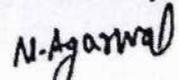
has actively participated in Golden Jubilee Celebrations of Annual National IAPSM conference as a  
**Delegate** from 02<sup>nd</sup> to 04<sup>th</sup> February, 2023.

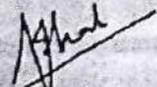
TSMC has awarded Six (6) credit hours for this conference Vide Ref. No. TSMC /CPD-16/142/2023, Dated: 04/01/2023

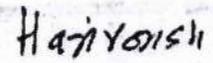
  
**Dr. Rajalingam**  
Chairman, TSMC

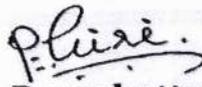
  
**Dr. Ch. Hanmantha Rao**  
Registrar, TSMC

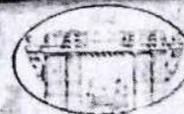
  
**Dr. Meely Panda**  
Organizing Secretary

  
**Prof. Dr. Neeraj Agarwal**  
Organizing Chairperson

  
**Prof. Dr. Vikas Bhatia**  
Patron & Organizing Chairperson(Planning)  
Exec. Director, AIIMS, Bibinagar

  
**Prof. Dr. Harivansh Chopra**  
National President IAPSM

  
**Prof. Dr. Purushottam Giri**  
Secretary General IAPSM



0651

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kamuni Madhuri Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at Hyderabad.....held on 2/2/23 to 4/2/23.....and I paid registration fee of Rs 4000..... for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 4000..... at an earliest.

Thanking you sir

Yours faithfully,

Dr. K. Madhuri

Enclosure

- 1) Conference/Seminar attended Certificate.

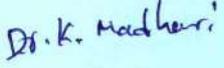
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 12/2/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	10000/-			
Dr. K. K. Madhuri Reddy			10000/-	
Payment towards reimbursement of				
Registration fee for attending IAPSMCON				
at Hyderabad. dt: 2/2/2023 to 12/2/23				
Bank :	Ch. No.	Date :		
In words <u>four thousand only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# 28<sup>th</sup> AP State IPHA & IAPSM Joint Conference

GITAM Institute of Medical Sciences & Research

2<sup>nd</sup> – 3<sup>rd</sup> September 2023



Theme: *SDGs for better health: How India is spearheading towards it?*

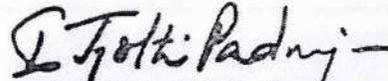
## CERTIFICATE OF PARTICIPATION

This is to certify that

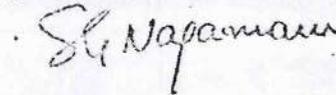
Dr. KAHUNI MADHURI REDDY.

has participated as a Delegate / Resource person/ Chairperson in 28<sup>th</sup> Joint Conference of IPHA & IAPSM Andhra Pradesh state chapter held from 2<sup>nd</sup>- 3<sup>rd</sup> September 2023 at GITAM Institute of Medical Sciences & Research, Visakhapatnam.

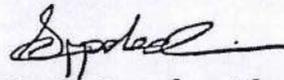
Andhra Pradesh Medical Council has awarded accreditation of "04 (Four) CME" credit hours (APMC/CME / 137/2023).



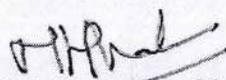
Dr. I. Jyothi Padmaja  
Organizing Chairperson  
Principal, GIMSR



Dr. N.G. Nagamani  
Organizing Secretary  
HOD Community Medicine  
GIMSR



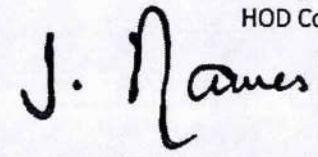
Dr. S. Appalanaidu  
IPHA State President  
A.P Chapter



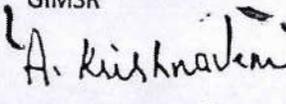
Dr. M.L. Suryaprabha  
IAPSM State President  
A.P Chapter



Dr. B.S. Siva Reddy  
Chairman APMC



Dr. I. Ramesh  
Registrar APMC



Dr. A. Krishnaveni  
Observer APMC

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kamuni Madhuri Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
Gritam.....held on 2/9/23 to 3/9/23.....and I paid registration fee  
of Rs 2000/-..... for the conference/ ~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 2000/-..... at an earliest.

Thanking you sir

Yours faithfully,

Dr. K. Madhuri

Enclosure

- 1) Conference/Seminar attended Certificate.

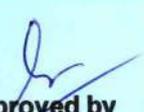
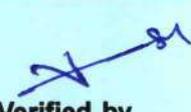
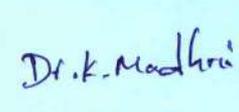
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 14/9/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & work shop expenses	2000/-			
Dr. Karuni madhuri Reddy			2000/-	
Payment towards reimbursement of registration fee for attending IPHA & IAPSM conference participation at GITAM. dt: 2/9/2023 to 3/9/2023.				
Bank:	Ch. No.	Date:		
In words Two thousand only				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



INDIAN MEDICAL ASSOCIATION ANDHRA PRADESH STATE

# IMA AP CGP ONLINE CME

3RD SEPTEMBER 2023 | FROM 8:30 AM TO 5 PM



## Certificate of Participation

This is to certify that

*Dr. J. Vikas.*

has attended the ONLINE CME Programme organised by the AP FACULTY OF IMA CGP on 3-9-2023.

APMC has awarded FOUR Credit points for this CME:

**APMC/CME/143/2023 dt 7/8/2023.**

**DR. B.S. SIVA REDDY**  
CHAIRMAN, APMC

**DR. I. RAMESH**  
REGISTRAR, APMC

**DR. G. RAVI KRISHNA**  
PRESIDENT, IMA AP STATE

**DR. N. SACHIDANANDA MOORTHY**  
OBSERVER, APMC

**DR P. PHANIDHAR**  
H.G.S, IMA AP STATE

**DR. M. RAVINDRA NATH**  
H.F.S, IMA AP STATE

**DR. P.S. SARMA**  
DIRECTOR OF STUDIES, IMA AP CGP

**DR. M.V.V. MURALI MOHAN**  
SECRETARY, IMA AP CGP

## APPLICATION FOR REIMBURSEMENT

From

Dr. S. Vikas

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
IMA.....held on ....03/09/2021.....and I paid registration fee  
of Rs 500/-..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/-..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

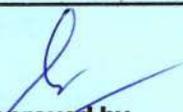
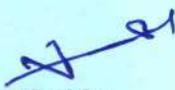
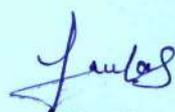
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 12/19/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses Dr. J. Vikas	500/-		500/-	
Payment towards reimbursement of registration fee for attending IMA at online. dt: 3/9/2023.				
Bank: Ch. No. Date:				
In words <u>five hundred only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



8th Annual Conference of  
**Andhra Pradesh  
 Obstetrics & Gynaecology**  
 Pre-Congress Convention, Kadapa



*(State) Conference*

## Certificate of Participation

This is to certify that

Dr. V. Redhalakshmi

has participated as Faculty / ~~Delegate~~ in the Pre-Congress Workshop/Conference at 8th APCOG 2023, 07th - 09th July 2023, Kadapa, Andhra Pradesh.

**Awarded 6 CME Credit Hours by APMC**

Vide Reference No. APMC/CME/079/2023, Dated: 18-05-2023

*Dr B S Siva Reddy*

Dr B S Siva Reddy  
 Chairman, APMC

*Dr T Ramesh*

Dr T Ramesh  
 Registrar, APMC

*Dr S V K Prasad Reddy*

Dr S V K Prasad Reddy  
 EC Member & Observer, APMC

*Prof T Bharathi*

Prof T Bharathi  
 President, APOGS

*Dr Padmalatha Yarasi*

Dr Padmalatha Yarasi  
 Organising Chairperson

*Dr K Sunitha*

Dr K Sunitha  
 Secretary, APOGS

*Dr Y Pramoda Reddy*

Dr Y Pramoda Reddy  
 Organizing Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Radha Lakshmi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
.....leadapa.....held on 7/7/23 to 9/7/23.....and I paid registration fee  
of Rs 4500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 4500/- at an earliest.

Thanking you sir

Yours faithfully,

*V. Radha Lakshmi*

Enclosure

- 1) Conference/Seminar attended Certificate.

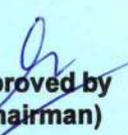
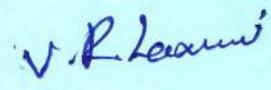
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 15/7/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	1500/-			
Dr. V. Radha Lakshmi			1500/-	
Payment towards reimbursement of registration fee for attending APCOG at Kadapa. dt: 7-7/2023 to 9-7/2023.				
Bank :	Ch. No.	Date :		
In words <u>Five thousand five hundred only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

National  
webinar



FOGSI  
Endocrinology  
Committee



# Certificate of Participation

Presented to

Dr. V.Radha Lakshmi

In recognition of your participation as a Delegate in the webinar on  
**Systematic Approach to HMB Across ages** on 3<sup>rd</sup> August, 2023  
Indian College of Obstetrics & Gynaecology has granted 3 (Three) credit points to this delegate.

*HDPai*  
Dr. Hrishikesh Pai  
President, FOGSI

*M.A.Patel*  
Dr. Madhuri Patel  
Secretary General, FOGSI

*Geetendra*  
Dr. Geetendra Sharma  
Vice President, FOGSI

*Laxmi Shrikhande*  
Dr. Laxmi Shrikhande  
Chairperson, ICOG

*Ashok*  
Dr. Ashok Kumar  
Secretary, ICOG

*Rakhi*  
Dr. Rakhi Singh  
Endocrinology Committee  
Chairperson, FOGSI

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Radhika Lakshmi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at Webinar.....held on .....03/08/2023.....and I paid registration fee of Rs 500/-..... for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 500/-..... at an earliest.

Thanking you sir

Yours faithfully,

*V. R. Lakshmi*

Enclosure

- 1) Conference/Seminar attended Certificate.

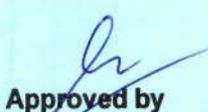
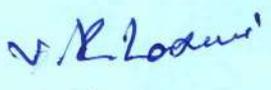
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 12/8/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	500/-			
Dr. V. Radha Lakshmi			500/-	
Payment towards reimbursement of registration fee for attending FQSI at webinar. dt: 3/8/2023				
Bank :	Ch. No.	Date :		
In words	Five hundred only.			
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



**FIGO**  
International Federation of  
Gynecology and Obstetrics



**FOGSI-FIGO**  
International Conference on  
**WOMEN'S HEALTH**  
15<sup>th</sup> & 16<sup>th</sup> July 2023, HICC, Hyderabad



International  
Conference

## Certificate of Participation

This is to certify that

Dr. V. Radhalakshmi

has participated as Faculty/Delegate at FOGSI-FIGO International Conference on Women's Health held on 15th & 16th July 2023 at HICC, Hyderabad, India

**Awarded 14 CME Credit Points by ICOG**

*S Shantha Kumari*

**Prof S Shantha Kumari**  
Hon Treasurer FIGO  
Immediate Past President FOGSI  
Organising Chairperson

*HDPai*

**Dr Hrishikesh D Pai**  
President, FOGSI

*M A Patel*

**Dr Madhuri Patel**  
Secretary General FOGSI

*T Vindhy*

**Dr Vindhya T**  
Organising Secretary

*Laxmi Shrikhande*

**Dr Laxmi Shrikhande**  
Chairperson, ICOG

*Prof Ashok Kumar*

**Prof Ashok Kumar**  
Secretary, ICOG

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Radha Lakshmi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
.....Hyderabad.....held on ..15/7/23 to 16/2/23..and I paid registration fee  
of Rs 5000/-..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 5000/- at an earliest.

Thanking you sir

Yours faithfully,

*V. Radha Lakshmi*

Enclosure

- 1) Conference/Seminar attended Certificate.

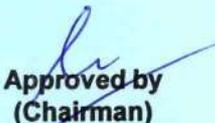
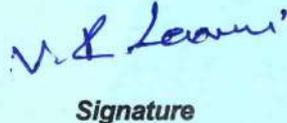
# SANTHIRAM MEDICAL COLLEGE

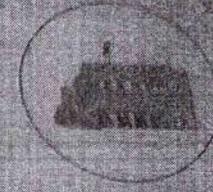
NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 29/7/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	5000/-			
Dr. V. Radha Lakshmi			5000/-	
Payment towards reimbursement of registration fee for attending FOGSI-FIGO at Hyderabad. dt: 15/7/2023 to 16/7/2023.				
Bank :	Ch. No.	Date :		
In words	Five thousand only.			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



**FOGSI JOGI, KURNOOL OBSTETRICS & GYNAECOLOGY SOCIETY PICSEP PROGRAM**  
 (Program For Inculcating Culture of Scientific Enquiry & Pursuit)

Organiser  
(KOGS, KN)

This is to certify that

Dr. V. Radhalakshmi

Participated as Faculty/Delegate in **PICSEP Workshop on Research Methodology** held at  
**KURNOOL MEDICAL COLLEGE, KURNOOL on August 20, 2023**

**ICOG has Granted 5 Credit Points**

*H.D. Pai*

Dr. H. D. PAI  
President,  
FOGSI

*M.A. Patel*

Dr. Madhuri Patel  
Secretary General,  
FOGSI  
Associate Editor, JOGI

*Geetha Balasarkar*

Dr. Geetha Balasarkar  
Editor-in-chief,  
JOGI

*Laxmi Shrikhande*

Dr. Laxmi Shrikhande  
Chairperson, ICOG

*Ashok Kumar*

Dr. Ashok Kumar  
Secretary, ICOG

*S. Venkata Ramana*

Dr. S. Venkata  
Ramana  
President, KOGS

*Radha Lakshmi V*

Dr. Radha  
Lakshmi V  
Secretary KOGS

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Radha Lakshmi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
.....Kurnool..... held on .....20/8/2023..... and I paid registration fee  
of Rs 1000/-..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 1000/-..... at an earliest.

Thanking you sir

Yours faithfully,

V. R. Lakshmi

Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 29/8/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	1000/-			
Dr. V. Radha Lakshmi			1000/-	
Payment towards reimbursement of Registration fee for attending FOGSI- TOGI at Kurnool dt: 20/8/2023.				
Bank :	Ch. No.	Date :		
In words	One thousand only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

Conference (5)



# IMA AP STATE - AMS ONLINE CONFERENCE



Dates: 5th and 6th of August 2023

This is to certify that

**DR RAJANAND GAIKWAD**

was a delegate/faculty for the 6th conference of IMA AP STATE- AMS online conference,  
that was conducted on 5th & 6th of August 2023.

Andhra Pradesh Medical Council has awarded 6 credit hours. (APMC/CME/127/2023)

DR. G. RAVI KRISHNA  
PRESIDENT, IMA AP State

DR. P. PHANIDHAR  
HON. SECRETARY, IMA AP STATE

DR. M. RAVINDRANATH  
FINANCE SECRETARY, IMA AP STATE

DR. P. A. RAMANI  
CHAIRPERSON, AMS IMA AP STATE

DR. G. T. V. RAMESH  
HON. SECRETARY, AMS IMA AP STATE

DR. B. S. SIVA REDDY  
CHAIRMAN, APMC

DR. I. RAMESH  
REGISTRAR, APMC

DR. A. ACHUTARAO  
OBSERVER, APMC

rajanandg@gmail.com

Conference (5)

## APPLICATION FOR REIMBURSEMENT

From

Dr. Rajanand Gaikwad

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
IIMA.....held on 5/8/23 to 6/8/23 and I paid registration fee  
of Rs 500/-..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/-..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

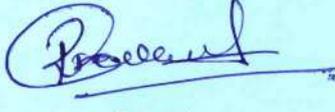
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

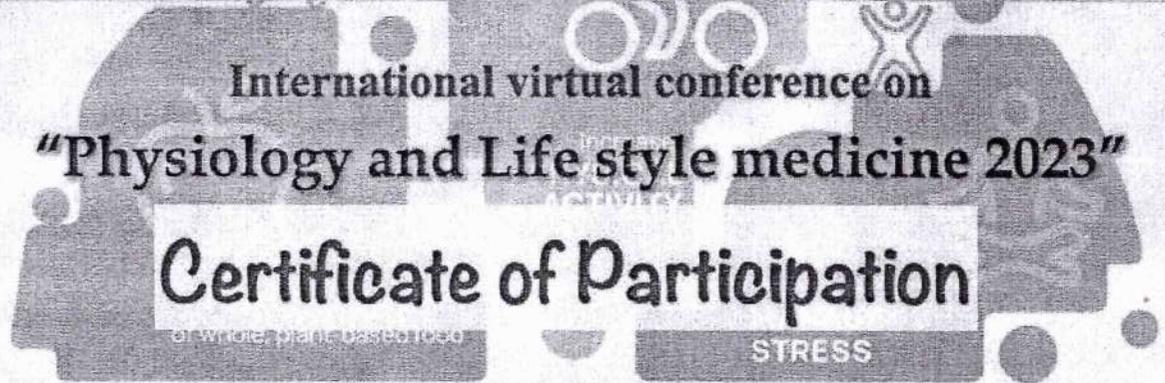
Date: 13/8/23.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Dr. Raganand Gaikwad			500/-	
Payment towards reimbursement of				
Registration fee for attending IMA				
at online. dt: 5/8/2023 to 6/8/2023.				
Bank :	Ch. No.	Date :		
In words five hundred only				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

Conference (4)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS)  
Bibinagar, Hyderabad, Telangana  
Department of Physiology



This E - certificate is presented to  
RAJANAND DAMAJI GAIKWAD  
For participating in the virtual conference as Delegate  
held on 20 & 21 July 2023 at AIIMS, Bibinagar

*V. Madhuri*

**Dr Madhuri Taranikanti**  
Organizing Secretary  
Addl. Prof, Physiology

*N John*

**Dr Nitin Ashok John**  
Organising Chairman  
Prof and Head, Physiology

*R Narang*

**Dr Rahul Narang**  
Dean (Academics)  
AIIMS Bibinagar

*V Bhatia*

**Dr Vikas Bhatia**  
Executive Director  
AIIMS Bibinagar

## APPLICATION FOR REIMBURSEMENT

From

Dr. Rajanand Damaji Gaikwad

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Hyderabad.....held on 20/07/2023 to 21/7/23 and I paid registration fee  
of Rs 3000/-..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 3000/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

1) Conference/Seminar attended Certificate.

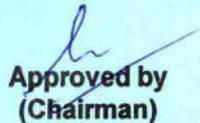
# SANTHIRAM MEDICAL COLLEGE

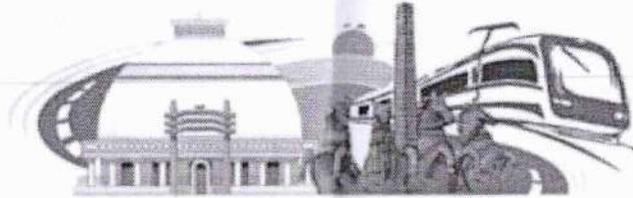
NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 29/7/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses	3000/-			
Dr. Rajanand Damaji Gaikwad			3000/-	
Payment towards reimbursement of				
Registration fee for attending AIMS				
Bhimnagar at Hyderabad, dt: 20/7/2023				
to 21/7/2023.				
Bank :	Ch. No.	Date :		
In words <u>Three thousand only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

Organised by **TEAM BAHO : 2021-23****BAHOCON**

2023 @Nagpur

Educate | Unite | Implement



Conference (3)

Org. Accr. Code

MMC/Accre.Cert/SPA-0054/2013

**Certificate**

CPD Code

MMC/MAC/2023/C-017087

This is to certify that

Dr. ....**Rajanand Damaji Gaikwad**.....  
 has participated as a **DELEGATE** in the **1<sup>st</sup> National BAHOCOON 2023 Conference**  
 held during 25<sup>th</sup> & 26<sup>th</sup> February 2023 at J. R. Shaw Auditorium, IMA, Nagpur.

Maharashtra Medical Council has granted 4 (Four) Credit Points.

**Dr. Trishala Dhemre**  
President BAHO

**Dr. B. S. Gedam**  
Org. Chairman BAHOCOON

**Dr. D. S. Raut**  
Scientific Committee Chairman

**Dr. Sanjivani Lanjewar**  
Hon. Secretary BAHO

**Dr. Shankar Khobragade**  
Org. Secretary BAHOCOON

**Dr. Manisha Dhanpalwar**  
Convenor BAHOCOON

**Dr. Prashant Nikhade**  
MMC-Observer, Mumbai  
Code MMC/MAC/00151/2013

## APPLICATION FOR REIMBURSEMENT

From

Dr. Rajanand Damaji Gaikwad

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Nagapur.....held on 25/2/23 to 26/2/23 and I paid registration fee  
of Rs 5000/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 5000/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

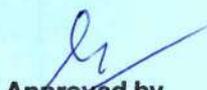
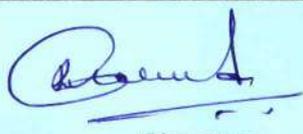
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

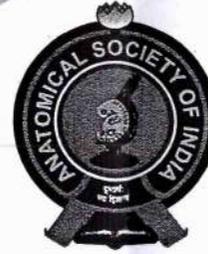
## JOURNAL VOUCHER

Date: 8/3/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	5000/-			
Dr. Rajamand Ramaj Gaitwad			5000/-	
Payment towards reimbursement of registration fee for attending BAHOCAN at Nagapur. dt: 25/2/2023 to 26/2/2023.				
Bank :	Ch. No.	Date :		
In words: five thousand only				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



Conference (6)



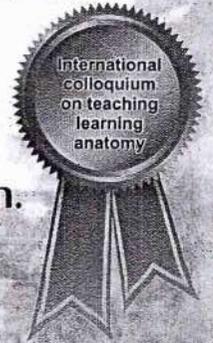
**Anatomical Society of India 70th National Conference**  
**Tomo Riba Institute of Health and Medical Sciences, Naharlagun, Arunachal Pradesh**

# Certificate

This is to Certify that Prof./Dr./Mr./Miss/Mrs RAJANAND. D. GAIKWAD.....Participated as/ in delegate/chairperson of scientific session/ pre-conference CME/ workshop/ hands-on training/ competitions in the 70<sup>th</sup> National conference of Anatomical Society of India held during 29<sup>th</sup> November 2023 to 2<sup>nd</sup> December, 2023 at Tomo Riba Institute of Health & Medical Sciences, Naharlagun, Arunachal Pradesh.

### Accreditation

Arunachal Pradesh Medical Council (APMC) has granted 12 credit hours for participation.

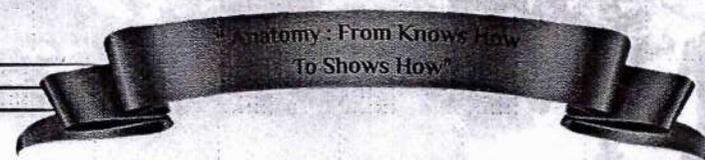


Prof.(Dr.) NK Bezbaruah.  
Organizing Chairperson

Dr. K. Jyothinath  
Organizing Secretary

Dr. S.L. Jethani  
General Secretary, ASI

Dr. M. Munglang  
Observer, APMC



## APPLICATION FOR REIMBURSEMENT

From

Dr. Rajanand .D. Gaikwad

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at Acunabalu pradesh held on 29/11/23 to 2/12/23 and I paid registration fee of Rs 4500/- for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 4500/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 12/12/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	4500/-			
Dr. Bajanand. D. Gaikwad			4500/-	
payment towards reimbursement of				
Registration fee for attending ANATOMI				
CAL SOCIETY OF INDIA. at Anunahal				
pradesh. dt 29/11/2023 to 2/12/2023.				
Bank :	Ch. No.	Date :		
In words: four thousand - five hundred only				
Approved by (Chairman)		Verified by (Auditors)		Signature



Webinar 2  
PRAKASH SHIKSHAN MANDAL'S

**Prakash Institute Of Medical Sciences & Research  
Urun-Islampur &**

**Maharashtra University of Health Sciences, Nashik**

## *Certificate of Participation*

This Certificate is Presented To

**Rajanand Damaji Gaikwad**

For Participation in webinar conducted by Department of Physiology  
Topic :- Mind Body Medicine Date :- 31 July 2023

*RR Karambelkar*

Dr. Rohini Rajesh Karambelkar  
Dean

*A. Anupriya*

Dr. Anupriya Avdhut Deshpande  
Organising Secretary

*Jyotsna Wader*

Dr. Jyotsna Vijaykumar Wader  
Academic Dean

Surya 8830454647

## APPLICATION FOR REIMBURSEMENT

From

Dr. Rajanand Damaji Gaikwad

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Nashik.....held on .....31.07/2023.....and I paid registration fee  
of Rs .....500k..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs ...500k.... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

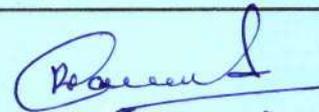
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/8/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & work shop expenses	500/-			
Dr. Rajaram Damodari Gaikwad			500/-	
Payment towards reimbursement of				
Registration fee for attending MIND				
Body MEDICINE at Nashik. dt 31/7/23.				
Bank :	Ch. No.	Date :		
In words <u>Five hundred only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# Certificate of Participation



This is to certify that Dr. V. HARITA ..... has attended as Delegate / Speaker.  
& organising secretary

Topic : ENT-Basics To Advanced

Organised by : Tirumala Puneeth E.N.T. and Skin Hospital & Indian Medical Association,

Nandyal on 29th March 2023,

Venue : Hotel Suraj Grand, Nandyal.

APMC 2 CREDIT HOURS (APMC/CME/046 /2023)

Dr. B. Samba Siva Reddy  
Chariman, APMC

DR. I. Ramesh  
Registrar, APMC

DR. A. Vijay Bhaskar Reddy  
Observer, APMC

Dr. G. Ravi Krishna  
IMAAP State President

Dr. S. Md. Jaffrullah  
IMA President

Dr. V. Anil Kumar  
Organising Committee Chairman

Dr. V. Harita  
Organising Secretary

Dr. G. Chandrasekar  
IMA, Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. Haritha

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
IMA, Nandyal held on 29/05/2023 and I paid registration fee  
of Rs 2500 for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 2500 at an earliest.

Thanking you sir

Yours faithfully,

V. Haritha

Enclosure

- 1) Conference/Seminar attended Certificate.

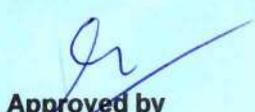
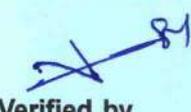
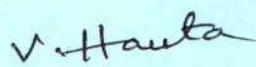
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 9/4/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses	8500/-			
Dr. Hasitha			8500/-	
payment towards reimbursement of registration fee for attending IMA at Nandyal. dt: 29/3/2023.				
Bank :	Ch. No.	Date :		
In words <u>Eight thousand five hundred only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# Certificate of Participation



This is to certify that Dr ..... **K H VASUDEVA NAIDU** .....has Attended

as Delegate / Speaker for the **WORKSHOP** and **CME** Held on April 8th & 9th 2023

Workshop Topic: Ultra Sound in ICU / Mechanical Ventilation / Hemodynamic Monitoring

Venue: **NITC Hospital, Nandyal**

CME: Critical Care Nandyal 2023, Venue: Suraj Grand Hotel Nandyal

**APMC 4 CREDIT HOURS (APMC/CME/052/2023)** Awarded for this Workshop and CME

Organised by: **Nandyal Intensive Trauma Care Hospital** in Association with **IMA Nandyal**

**Dr. B. Samba Siva Reddy**

Chairman APMC

**Dr. I. Ramesh**

Registrar

**Dr. A.V. Subba Reddy**

Observer, APMC

**Dr. G. Ravi Krishna**

IMA AP State President

**Dr. S. MD. Jaffrullah**

IMA President

**Dr. G. Chandra Sekhar**

MA. Secretary

**Dr. W. Sreedhar Reddy**

Organising Committee

**Dr. M. Harinadha Reddy**

Treasurer

**Dr. K. Charishma**

Organising Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. K.H. Vasudeva Naidey

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
...Nandyal.....held on 8/4/23 to 9/04/23 and I paid registration fee  
of Rs 500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

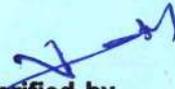
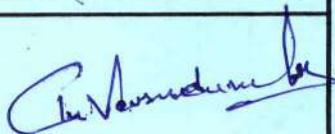
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 18/04/2023

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses.	500.—	00.		
Dr. K.H. Visu Deva Naicker			500.—	00.
payment towards - Reimbursement of Registration fee for Attending IMA Workshop at Nandyal. Dated 8/4/2023 to 9/4/2023				
Bank :	Ch. No.	Date :		
In words <u>Five hundred only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# Certificate of Participation



This is to certify that Dr ..... **NAGARAJU** .....has Attended

as Delegate / Speaker for the **WORKSHOP and CME** Held on April 8th 2023

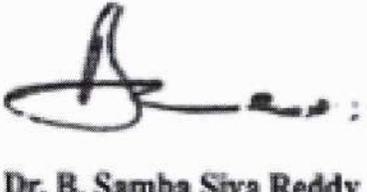
Workshop Topic: Ultra Sound in ICU / Mechanical Ventilation / Hemodynamic Monitoring

Venue: **NITC Hospital, Nandyal**

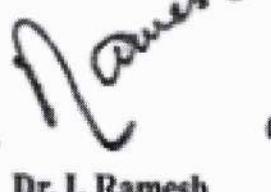
CME: Critical Care Nandyal 2023, Venue: Suraj Grand Hotel Nandyal

**APMC 4 CREDIT HOURS (APMC/CME/052/2023)** Awarded for this Workshop and CME

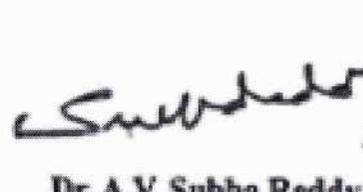
Organised by: **Nandyal Intensive Trauma Care Hospital** in Association with **IMA Nandyal**

  
Dr. B. Samba Siva Reddy

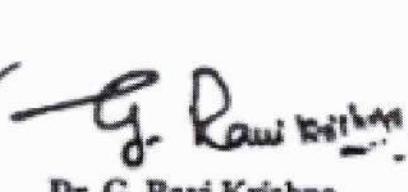
Chairman APMC

  
Dr. L. Ramesh

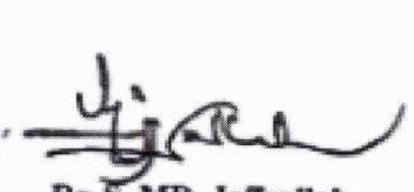
Registrar

  
Dr. A.V. Subba Reddy

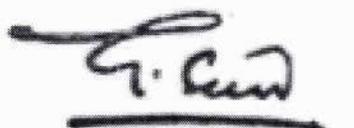
Observer, APMC

  
Dr. G. Ravi Krishna

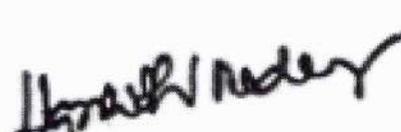
IMA AP State President

  
Dr. S. MD. Jaffrullah

IMA President

  
Dr. G. Chandra Sekhar  
MA. Secretary

  
Dr. W. Sreedhar Reddy  
Organising Committee

  
Dr. M. Harinadha Reddy  
Treasurer

  
Dr. K. Charishma  
Organising Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. Nagaraju

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
.....Nandyal.....held on .....08/04/2023.....and I paid registration fee  
of Rs 500 for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500..... at an earliest.

Thanking you sir

Yours faithfully,

Dr. Nagaraju.

Enclosure

- 1) Conference/Seminar attended Certificate.

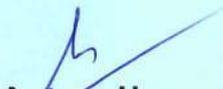
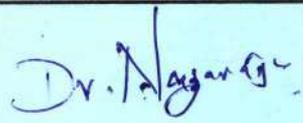
# SANTHIRAM MEDICAL COLLEGE

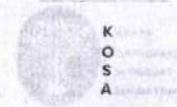
NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 17/04/2023

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	500	00		
Dr. Nagaraju.			500	00
Payment towards Reimbursement of Registrar's fee for attending workshop at Nandyal.				
Date from 8/04/2023.				
Bank :	Ch. No.	Date :		
In words	Five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# ORTHOPAEDIC SURGEONS SOCIETY OF ANDHRA PRADESH (OSSAP)

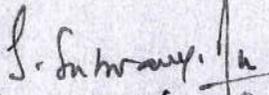
KADAPA DISTRICT ORTHOPAEDIC SURGEONS ASSOCIATION (KOSA)

ANNUAL-MID-YEAR-C.M.E-2023

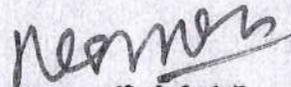
## Certificate

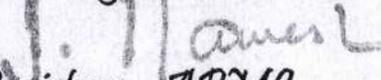
This is to Certify Dr ..... B. Some swara Reddy ..... 11053 ..... has attended  
the MID-YEAR CME on HAND-WRIST and WET LAB workshop on Tendon Repair  
Held at I.M.A. Hall Kadapa. on 8<sup>th</sup> January - 2023 8am to 6pm.

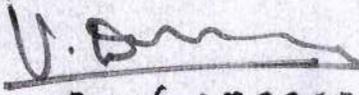
Andhra Pradesh Medical Council Accredited 2 credit hours ref. APMC/190/2022, Dt. 15.12.2022

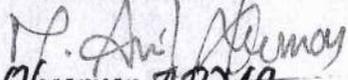
  
Organising Chairman KOSA

  
Chairman APMC

  
Secretary OSSAP

  
Registrar - APMC

  
President OSSAP

  
Observer APMC

## APPLICATION FOR REIMBURSEMENT

From

Dr. B. Someswara Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

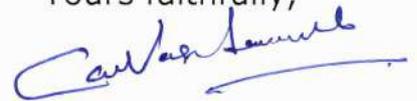
Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended ~~conference/seminar/workshop~~ at  
.....Madapa.....held on 08/11/2023.....and I paid registration fee  
of Rs 2000/- for the ~~conference/ seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

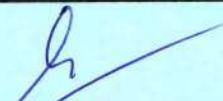
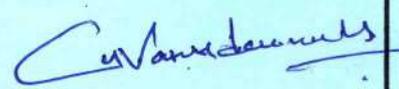
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 20/01/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: <i>Seminar &amp; workshop Expenses.</i>	<i>2000</i>	<i>00</i>		
<i>Dr. P. Same Srinara Reddy</i>			<i>2000</i>	<i>00</i>
<i>payment towards - Reimbursement of Registration fee for Attending. OSSAP. Workshop. at Kadapa</i>				
<i>Dated. 8/1/2023</i>				
Bank :	Ch. No.	Date :		
In words <i>Two thousand 00/100</i>				
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



# Viswabharathi Medical College & General Hospital

RT Nagar, Near Penchikalapadu, Kurnool - 518 467, A.P.

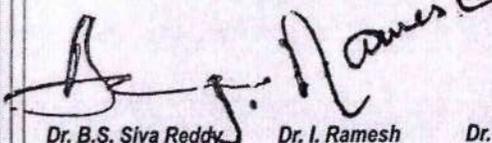
(Affiliated to Dr. Y.S.R. University of Health Sciences, Vijayawada, A.P.)

## Certificate of Participation

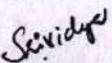
This is to certify that Dr. KISHORE KUMAR ROKKAM, APMC/70013  
has participated as DELEGATE / SPEAKER / FACULTY in the  
ECT Workshop held on 25th March, 2023 at Kurnool, A.P.

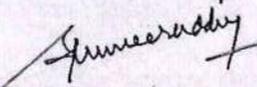
Andhra Pradesh State Medical Council has awarded accreditation of 02 (Two) CME credit points

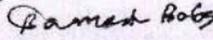
Vide Ref. No. APMC / CME / 018 / 2023, Dated : 08-02-2023

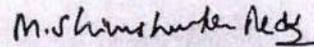
  
Dr. B.S. Siva Reddy  
Chairman  
A.P. Medical Council

Dr. I. Ramesh  
Registrar  
A.P. Medical Council

  
Dr. S. Srividya  
Observer  
A.P. Medical Council

  
Dr. S. Muneeruddin Ahmed  
Principal,  
VBMC

  
Dr. B. Ramesh Babu  
Organising Chairman  
KPS President

  
Dr. M. Shivashanker Reddy  
Organizing Secretary  
Dept. of Psychiatry

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kishore Kumar Rokkam

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended ~~conference/seminar~~/workshop at  
Kurumool.....held on 25/01/2023.....and I paid registration fee  
of Rs 500/- for the ~~conference/ seminar~~/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

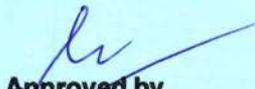
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 4/04/2023

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses.	500.—	00		
Dr. Kishore Kumar Rokkam			500 —	00
payment towards Reimbursement of Registrar				
fee for Attending BCT Workshop at				
Kurnool. Dated 25/03/2023.				
Bank :	Ch. No.	Date :		
In words	Five hundred only —			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# Certificate of Participation



This is to certify that Dr ..... **V HARITHA** .....has Attended

as Delegate / Speaker for the **WORKSHOP** and **CME** Held on April 8th & 9th 2023

Workshop Topic: Ultra Sound in ICU / Mechanical Ventilation / Hemodynamic Monitoring

Venue: **NITC Hospital, Nandyal**

CME: Critical Care Nandyal 2023, Venue: Suraj Grand Hotel Nandyal

**APMC 4 CREDIT HOURS** (APMC/CME/052/2023) Awarded for this Workshop and CME

Organised by: **Nandyal Intensive Trauma Care Hospital** in Association with **IMA Nandyal**

Dr. B. Samba Siva Reddy

Chairman APMC

Dr. I. Ramesh

Registrar

Dr. A.V. Subba Reddy

Observer, APMC

Dr. G. Ravi Krishna

IMA AP State President

Dr. S. MD. Jaffrullah

IMA President

Dr. G. Chandra Sekhar

MA. Secretary

Dr. W. Sreedhar Reddy

Organising Committee

Dr. M. Harinadha Reddy

Treasurer

Dr. K. Charishma

Organising Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Haritha  
Associate prof  
Dermatology.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended ~~conference/seminar/workshop~~ at  
Nandyal.....held on 8/4/23 to 9/4/2023 and I paid registration fee  
of Rs 500..... for the ~~conference/seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 500..... at an earliest.

Thanking you sir

Yours faithfully,

V. Haritha

Enclosure

- 1) Conference/Seminar attended Certificate.

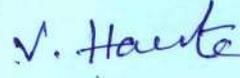
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 17/04/2023

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	500	00		
Dr. V. Hari-tha.			500	00
payment towards - Reimbursement of Registration fee for Attending workshop at Nandyal.				
Dated 8/4/2023 to 9/04/2023				
Bank :	Ch. No.	Date :		
In words	Five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



**Dr. YSR UNIVERSITY OF HEALTH SCIENCES, A.P.  
&**

**ANDHRA PRADESH MEDICAL COUNCIL  
CERTIFICATE OF ATTENDANCE  
ZONAL CME FOR POST GRADUATES**



This is to certify that Dr T. SRI HARI. PG/ Faculty in Community Medicine has participated in Zonal CME Titled "ESSENTIALS OF HEALTH MANAGEMENT" held on 27-08-2023 at Santhiram Medical College, Nandyal, Andhra Pradesh.

This programme is awarded Two Credit Hours by Andhra Pradesh Medical Council.

(Vide Letter. No. APMC/DR.YSRUHS/ZONAL CMES/0074/2023 dt.28.07.2023)

Dr. Afsar Fatima  
CO-ORDINAOR

Dr. Vasanth R. Chavan  
PRINCIPAL

Dr. M.A. Mushtaq Pasha  
HEAD OF THE DEPARTMENT

Dr. P S. Murthy  
OBSERVER-A.P. MEDICAL COUNCIL

Dr. I RAMESH  
REGISTRAR, A.P. MEDICAL COUNCIL

Dr. B SAMBA SIVA REDDY  
CHAIRMAN, A.P. MEDICAL COUNCIL

## APPLICATION FOR REIMBURSEMENT

From

Dr. T. Sri Hasi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
SRMC, Nandyal held on 27/08/2023 and I paid registration fee  
of Rs 500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

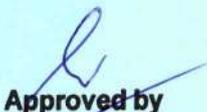
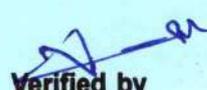
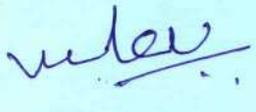
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 9/09/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses	500	00		
Dr. T. Srihari			500	00
Payment towards - Reimbursement of Registration fee for Attending ESSENTIALS OF HEALTH MANAGEMENT Conference, at SRMC, Nandyal.				
Dated: 27/08/2023.				
Bank: _____ Ch. No. _____ Date: _____				
In words <u>Five hundred only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

Dr.YSR UNIVERSITY OF HEALTH SCIENCES, A.P.

&

ANDHRA PRADESH MEDICAL COUNCIL

CERTIFICATE OF ATTENDANCE

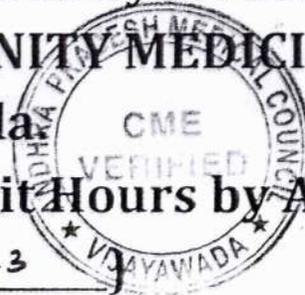
ZONAL CME FOR POST GRADUATES



This is to certify that Dr Talari Sri hari

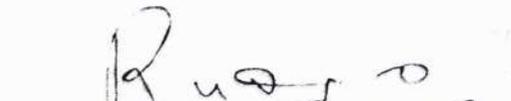
PG/Faculty in the Department of Community Medicine has participated in Zonal CME Titled "RECENT ADVANCES IN COMMUNITY MEDICINE" held on 30.04.2023 at Siddhartha Medical College, Vijayawada

This programme is awarded Two Credit Hours by Andhra Pradesh Medical Council. (Vide Letter.No.APMC/CME/ 14/001/2023)



  
CO-ORDINATOR

  
PRINCIPAL

  
HEAD OF THE DEPARTMENT

  
OBSERVER  
A.P. MEDICAL COUNCIL

  
Dr. I RAMESH  
REGISTRAR

  
Dr. B SAMBA SIVA REDDY  
CHAIRMAN

## APPLICATION FOR REIMBURSEMENT

From

Dr. Talaji Sni Hasri

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
Vijayawada.....held on .....30/04/2023.....and I paid registration fee  
of Rs 500/-..... for the conference/~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 500/-..... at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



- 1) Conference/Seminar attended Certificate.

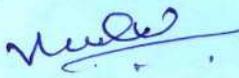
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 7/05/2023

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	500	—	—	—
Dr. Talari Sri Hari			500	—
Payment towards - Reimbursement of Registry fee for attending workshop conference at Vijayawada Dated from 30/04/2023.				
Bank :	Ch. No.	Date :		
In words	Five hundred only —			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		

**Dr.YSR UNIVERSITY OF HEALTH SCIENCES, A.P.**

**&**

**ANDHRA PRADESH MEDICAL COUNCIL**

**CERTIFICATE OF ATTENDANCE**

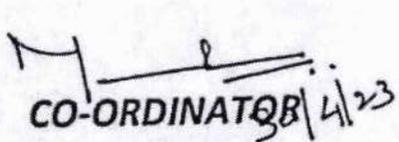
**ZONAL CME FOR POST GRADUATES**

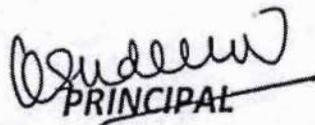


This is to certify that Dr V. Bhargav.

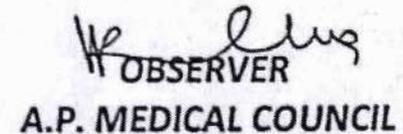
PG/Faculty in the Department of Community Medicine has participated in Zonal CME Titled "RECENT ADVANCES IN COMMUNITY MEDICINE" held on 30.04.2023 at Siddhartha Medical College, Vijayawada.

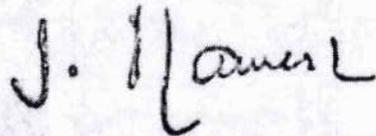
This programme is awarded Two Credit Hours by Andhra Pradesh Medical Council. (Vide Letter.No.APMC/CME/ 14/001/2023 )

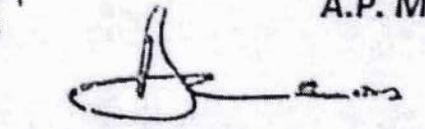
  
CO-ORDINATOR  
30/4/23

  
PRINCIPAL

  
HEAD OF THE DEPARTMENT

  
OBSERVER  
A.P. MEDICAL COUNCIL

  
Dr. I RAMESH  
REGISTRAR

  
Dr. B SAMBA SIVA REDDY  
CHAIRMAN

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Bhargav

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Vijayawada held on 30/04/2023 and I paid registration fee  
of Rs 500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,

V. Bhargav

Enclosure

1) Conference/Seminar attended Certificate.

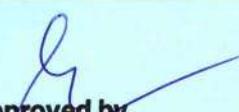
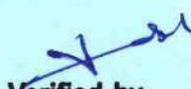
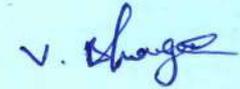
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 15/05/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses.	500	00		
Dr. V. Bhargava.			500	00
Payment towards Reimbursement of Registrar fee for Attending Workshop Conference at Vijayawada, Dated 30/04/2023.				
Bank :	Ch. No.	Date :		
In words	Five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, A.P.

&

ANDHRA PRADESH MEDICAL COUNCIL

## CERTIFICATE OF ATTENDANCE

ZONAL CME FOR POST GRADUATES



This is to certify that Dr V. BHARGAV PG/ Faculty in Community Medicine has participated in Zonal CME Titled "ESSENTIALS OF HEALTH MANAGEMENT" held on 27-08-2023 at Santhiram Medical College, Nandyal, Andhra Pradesh.

This programme is awarded Two Credit Hours by Andhra Pradesh Medical Council.

(Vide Letter. No. APMC/DR.YSRUHS/ZONAL CMES/0074/2023 dt.28.07.2023)

Dr. Afsar Fatima  
CO-ORDINATOR

Dr. Vasanth R. Chavan  
PRINCIPAL

Dr. M.A. Mushtaq Pasha  
HEAD OF THE DEPARTMENT

Dr. P S. Murthy  
OBSERVER-A.P. MEDICAL COUNCIL

Dr. I RAMESH  
REGISTRAR, A.P. MEDICAL COUNCIL

Dr. B SAMBA SIVA REDDY  
CHAIRMAN, A.P. MEDICAL COUNCIL

## APPLICATION FOR REIMBURSEMENT

From

Dr. V. Bhargava

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
SRMC Nandyal held on 27/8/2023 and I paid registration fee  
of Rs 500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,

V. Bhargava

Enclosure

- 1) Conference/Seminar attended Certificate.

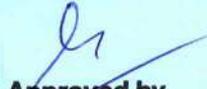
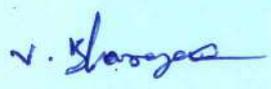
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 12/08/2023

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses.	500	00		
Dr. V. Raghavan.			500	00
payments towards - Reimbursement of Registration fee for attending EMERGING TRENDS IN MEDICAL SCIENCE at SRMC Nandyal.				
Dated: 22/08/2023.				
Bank: _____ Ch. No. _____ Date: _____				
In words Five hundred only				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



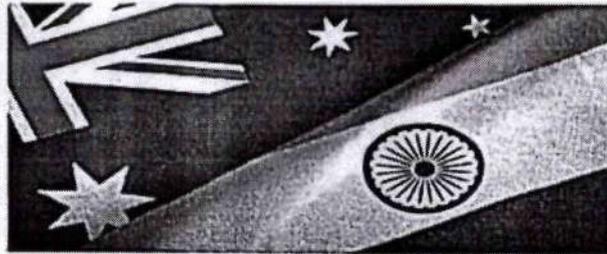
# MEENAKSHI

ACADEMY OF HIGHER EDUCATION & RESEARCH  
DEEMED TO BE UNIVERSITY U/S 3 OF UGC ACT, 1956



Faculty of Medicine

MEENAKSHI MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE  
Enathur, Karrapettai Post, Kanchipuram-631 552, Tamil Nadu.



## HPV Research Initiatives India

Co-ordinators

Prof. Julia Brotherton-ACPCC, Australia  
Dr. Rajkumar, MMCHRI, India

### CERTIFICATE OF APPRECIATION

awarded to

**DR. KUNDAVARA CHANDRA BHANU**

FOR THE PARTICIPATION IN

*International CME - "HPV CON 2022"*

Theme: "HPV Awareness, Vaccination & Screening initiatives in India"

*in collaboration with*

**Australian Centre for the Prevention of Cervical Cancer – ACPCC**

Organized by Department of Community Medicine at MMCH&RI,

Kanchipuram, Tamil Nadu, India on 25<sup>th</sup> & 26<sup>th</sup>, August 2022

Dr. R. Rajkumar  
Organizing Secretary

Dr. K. V. Rajasekhar  
Dean,  
MMCH&RI

## APPLICATION FOR REIMBURSEMENT

From

Dr. K. Chandras Bhanu.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
.....SRMC, Nandyal.....held on .....27/8/2023.....and I paid registration fee  
of Rs .....500/-..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs .....500/-..... at an earliest.

Thanking you sir

Yours faithfully,

K. Chandras Bhanu.

Enclosure

- 1) Conference/Seminar attended Certificate.

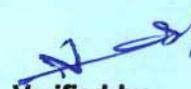
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/09/2023

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses.	500	—	—	—
Dr. K. Chandra Bhanu			500	—
payment towards - Reimbursement of Registration fee for. Attending ZONAL CME at SEME. Nandyal. Date - 27/08/2023.				
Bank :	Ch. No.	Date :		
In words	Five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, A.P.

&

ANDHRA PRADESH MEDICAL COUNCIL

## CERTIFICATE OF ATTENDANCE

ZONAL CME FOR POST GRADUATES



This is to certify that Dr K. MADHURI REDDY PG/ Faculty in Community Medicine has participated in Zonal CME Titled "ESSENTIALS OF HEALTH MANAGEMENT" held on 27-08-2023 at Santhiram Medical College, Nandyal, Andhra Pradesh.

This programme is awarded Two Credit Hours by Andhra Pradesh Medical Council.

(Vide Letter. No. APMC/DR.YSRUHS/ZONAL CMES/0074/2023 dt.28.07.2023)

Dr. Afsar Fatima  
CO-ORDINAOR

Dr. Vasanth R. Chavan  
PRINCIPAL

Dr. M.A. Mushtaq Pasha  
HEAD OF THE DEPARTMENT

Dr. P.S. Murthy  
OBSERVER-A.P. MEDICAL COUNCIL

Dr. J. BAMESH  
REGISTRAR, A.P. MEDICAL COUNCIL

Dr. B SAMBA SIVA REDDY  
CHAIRMAN, A.P. MEDICAL COUNCIL

## APPLICATION FOR REIMBURSEMENT

From

Dr. K. Madhuri Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
SMC, Nandyal held on 22/8/2023 and I paid registration fee  
of Rs 500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. K. Madhuri

Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 8/9/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Dr. K. Mathuraji Reddy			500/-	
Payment towards reimbursement of registration fee for attending ZONAL CME at SPMC, Nandyal.				
dt: 27/8/2023.				
Bank :	Ch. No.	Date :		
In words Five hundred only				
 Approved by (Chairman)	 Verified by (Auditors)	Dr. K. Mathuraji Signature		

**Dr.YSR UNIVERSITY OF HEALTH SCIENCES, A.P.**

**&**

**ANDHRA PRADESH MEDICAL COUNCIL**

**CERTIFICATE OF ATTENDANCE**

**ZONAL CME FOR POST GRADUATES**



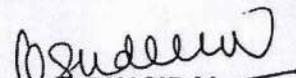
This is to certify that Dr K. Madhuri Reddy

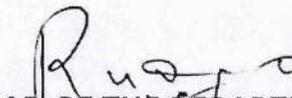
PG/Faculty in the Department of Community Medicine has participated in Zonal CME Titled "RECENT ADVANCES IN COMMUNITY MEDICINE" held on 30.04.2023 at Siddhartha Medical College, Vijayawada.

This programme is awarded Two Credit Hours by Andhra Pradesh Medical Council.

(Vide Letter.No.APMC/CME/ 14/001/2023 )

  
CO-ORDINATOR 3/4/23

  
PRINCIPAL

  
HEAD OF THE DEPARTMENT

  
OBSERVER  
A.P. MEDICAL COUNCIL

  
Dr. I RAMESH  
REGISTRAR

  
Dr. B SAMBA SIVA REDDY  
CHAIRMAN

## APPLICATION FOR REIMBURSEMENT

From

Dr. K. Madhuri Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Vijayawada, held on 30/04/2023 and I paid registration fee  
of Rs 500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,

Enclosure

Dr. K. Madhuri

- 1) Conference/Seminar attended Certificate.

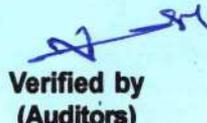
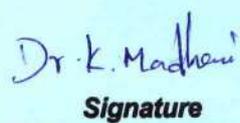
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 10/5/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expense	500/-			
Dr. K. Madhuri Reddy			500/-	
Payment towards reimbursement of Registration fee for attending ZONAL CME at Vijayawada. dt 30/4/2023.				
Bank :	Ch. No.	Date :		
In words	Five hundred only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



**Dr. YSR University of Health Sciences, A.P.  
& Andhra Pradesh Medical Council**



**CERTIFICATE OF ATTENDANCE**

**Zonal CME for Post Graduates**

This is to certify that Dr. R. KISHORE KUMAR PG / Faculty  
in the department of PSYCHIATRY has participated in Zonal CME  
titled CLINICAL FOUNDATIONS FOR EFFECTIVE PSYCHIATRIC PRACTICE held on 14/05/2023 at  
**Apollo Institute of Medical Sciences & Research, Chittoor.** This Programme is awarded Two  
Credit Hours by Andhra Pradesh Medical Council.

(Vide Letter No. APMC / CME / 0034/2023)

**Dr. B. Kailasanatha Reddy**  
Co-ordinator

**Dr. I. Ramesh**  
Registrar, A.P. Medical Council

**Dr. Alfred J Augustine**  
Dean, AIMS, Chittoor.

  
**Head of  
the Department**  
**DR. T.P. SUDHAKAR**  
**Observer**  
AP Medical Council  
**DR. G. SADASIVIAH**  
**Dr. B. Samba Siva Reddy**  
Chairman, A.P. Medical Council

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kishore Kumar

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Chittoor.....held on 14/05/2023.....and I paid registration fee  
of Rs 500/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 25/5/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Dr. B. Kishore Kumar			500/-	
Payment towards reimbursement of				
Registration fee for attending ZONAL				
CME at Chittoor dt: 14/5/2023.				
Bank :	Ch. No.	Date :		
In words Five hundred only				
Approved by (Chairman)		Verified by (Auditors)		Signature



**Dr. YSR UNIVERSITY OF HEALTH SCIENCES, A.P.**

**&**

**ANDHRA PRADESH MEDICAL COUNCIL**

**CERTIFICATE OF ATTENDANCE**

**ZONAL CME FOR POST GRADUATES**



This is to certify that Dr KISHORE KUMAR PG/ Faculty in Community Medicine has participated in Zonal CME Titled "ESSENTIALS OF HEALTH MANAGEMENT" held on 27-08-2023 at Santhiram Medical College, Nandyal, Andhra Pradesh.

This programme is awarded Two Credit Hours by Andhra Pradesh Medical Council.

(Vide Letter. No. APMC/DR.YSRUHS/ZONAL CMES/0074/2023 dt.28.07.2023)

Dr. Afsar Fatima  
CO-ORDINAOR

Dr. Vasanth R. Chavan  
PRINCIPAL

Dr. M.A. Mushtaq Pasha  
HEAD OF THE DEPARTMENT

Dr. P S. Murthy  
OBSERVER-A.P. MEDICAL COUNCIL

Dr. I RAMESH  
REGISTRAR, A.P. MEDICAL COUNCIL

Dr. B SAMBA SIVA REDDY  
CHAIRMAN, A.P. MEDICAL COUNCIL

## APPLICATION FOR REIMBURSEMENT

From

Dr. Kishore Kumar

To

The Principal  
Santhiram Medical College  
Nandyal.AP

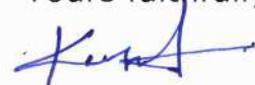
Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Nandyal.....held on .....27/8/2023.....and I paid registration fee  
of Rs .....500/-..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 500/-..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

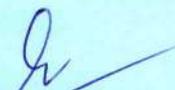
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 9/9/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Dr. Kishore Kumar			500/-	
Payment towards reimbursement of registration fee for attending ZONAL CME at Nandyal. dt: 27/8/2023.				
Bank:	Ch. No.	Date:		
In words: Five hundred only				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



**SRI RAMACHANDRA | SRMC & RI**

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

DEPARTMENT OF MICROBIOLOGY

## *Certificate of Participation*

This is to certify that Mr/Mrs/Dr DR.Y.HYMA PRATYUSHA  
was a **Participant (Online)** in the **"15<sup>th</sup> ANNUAL WORKSHOP ON BASIC AND MOLECULAR  
DIAGNOSTICS IN MYCOLOGY"** conducted by Department of Microbiology, held from 20<sup>th</sup> to 24<sup>th</sup>  
September 2023 at Sri Ramachandra Medical College and Research Institute, SRIHER (DU),  
Chennai.

**Dr Premamalini T**  
Organizing Secretary  
Associate Professor  
Department of Microbiology  
SRMC&RI

**Dr Anupma Jyoti Kindo**  
Organizing chairperson  
Professor  
Department of Microbiology  
SRMC&RI

**Dr Padma Srikanth**  
Professor & Head  
Department of Microbiology  
SRMC&RI

**Dr. K. Balaji Singh**  
Dean SRMC&RI

## APPLICATION FOR REIMBURSEMENT

From

Dr. Y. Hyma Pratyusha

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
...Chennai.....held on ...20/9/23 to 24/9/23 and I paid registration fee  
of Rs 1000/- for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 1000/- at an earliest.

Thanking you sir

Yours faithfully,

*Y. Pratyusha*

Enclosure

1) Conference/Seminar attended Certificate.





# CERTIFICATE OF PARTICIPATION

## IOA SPINE HANDS ON SURGICAL SKILLS WORKSHOP

This is to certify that Dr. *Thadi Raghavendra Rao*

participated as **DELEGATE** in IOA SPINE HANDS ON SURGICAL SKILLS WORKSHOP

held on 10th September 2022 at Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai.

**DR. J. NARESH BABU**  
Chairman - IOA Spine Subcommittee

**DR. PARTHA SARATHI SARKAR**  
Convener - IOA Spine Subcommittee

**DR. K. KARTHIK KAILASH**  
President - COSS

**DR. G. SUDHIR**  
Course Co-ordinator

## APPLICATION FOR REIMBURSEMENT

From

Dr. Thadi Raghavendra Rao

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
.....Kurnool.....held on 2/9/22 to 4/9/22.....and I paid registration fee  
of Rs 5000 for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 5000 at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 14/9/2022.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	5000/-			
Dr. Thadi Raghavendra Rao			5000/-	
Payment towards reimbursement of				
Registration fee for attending OASISCON				
at Kurnool. dt. 2/9/2022 to 11/9/2022.				
Bank :	Ch. No.	Date :		
In words: Five thousand only.				
Approved by (Chairman)		Verified by (Auditors)		Signature

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT



Department of Physiology  
and  
Department of Pharmacology



Under the aegis of Association of Physiologists and  
Pharmacologists of India (APPI) Gujarat Chapter

## CERTIFICATE OF PARTICIPATION

This is to certify that **Rajanand Damaji Gaikwad** has participated as Delegate in WEBINAR On  
"Body Composition & Exercise: An Update On Physiological and Pharmacological Aspects" at All  
India Institute of Medical Sciences, Rajkot, Gujarat held on 7 July 2022.

Dr. Rima Shah  
Jt. Organizing Secretary

Dr. Rajesh Kathrotia  
Organizing Secretary

Dr. Vivek Kumar Sharma  
Organizing Chairman

Prof. Dr. (Col.) C D S Katoch  
Executive Director, AIIMS, Rajkot

## APPLICATION FOR REIMBURSEMENT

From

Dr. Rajanand Gaikwad.

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at Rajkot.....held on 7/7/2022.....and I paid registration fee of Rs 3500/-..... for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 3500/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

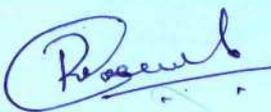
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 14/07/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	3500	00		
Dr. Rajanand Crickroad.			3500	00
Payment towards Reimbursement of Registration fee for Attending AIIMS Raikot at Raikot				
Dated. 7/07/2022				
Bank :	Ch. No.	Date :		
In words	Three thousand and five hundred only			
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



Indian Medical Association Vijayawada Branch

VIJAYAWADA 1<sup>st</sup> May 2022

OBESITY MEDICAL & SURGICAL MANAGEMENT

CERTIFICATE OF PARTICIPATION



1623

This is to certify that Dr. TALARI SRIHARI Reg.No 99863 has participated as Delegate in the CME Programme through Hybrid Mode during Obesity Medical & Surgical Management Organized by Ravi Hospitals, Vijayawada in Association with IMA Vijayawada Branch on 01 May 2022. Andhra Pradesh Medical Council has awarded accreditation of 04(Four) Credit hours (APMC/CME/030/2/2022).

Dr. B. Samba Siva Reddy  
Chairman, APMC

Dr. B.K. Naik  
Registrar APMC

Dr. Surapaneni Naveen  
Observer, APMC

Dr. RASIK SANGHVI  
President

Dr. K. RAVIKANTH  
Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. Talasi Sri Hasi

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/~~seminar/workshop~~ at  
Vijayawada held on 01/05/2022 and I paid registration fee  
of Rs 8500/- for the conference/~~seminar/workshop~~. I request you sir  
kindly reimburse the above amount of Rs 8500/- at an earliest.

Thanking you sir

Yours faithfully,

Mukul

Enclosure

- 1) Conference/Seminar attended Certificate.

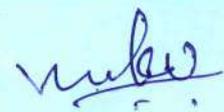
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 10/02/2022

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: <i>Seminar &amp; Workshop Expenses.</i>	<i>8500</i>	<i>— 00</i>		
<i>Dr. Talari Sri Hari</i>			<i>8500</i>	<i>— 00</i>
<i>payment towards - Reimbursement of Registration fee for Attending IMA Conference at</i>				
<i>Vijayawada Dated 11/5/2022</i>				
Bank :	Ch. No.	Date :		
In words <i>Eight thousand and five hundred only</i>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



# Certificate of Participation



This is to certify that Dr. M. MAHENDRA Kumar Reddy.....has attended as Delegate / Speaker.

Topic : ENT-Basics To Advanced

Organised by : Tirumala Puneeth E.N.T. and Skin Hospital & Indian Medical Association,

Nandyal on 29th March 2023,

Venue : Hotel Suraj Grand, Nandyal.

**APMC 2 CREDIT HOURS (APMC/CME/046 /2023)**

Dr.B.Samba Siva Reddy  
Chariman, APMC

DR.I.Ramesh  
Registrar, APMC

DR.A.Vijay Bhaskar Reddy  
Observer, APMC

Dr.G.Ravi Krishna  
IMAAP State President

Dr.S.Md.Jaffrullah  
IMA President

Dr.V.Anil kumar  
Organising Committee Chairman

Dr.V.Harita  
Organising Secretary

Dr.G.Chandrasekar  
IMA, Secretary

## APPLICATION FOR REIMBURSEMENT

From

Dr. Mahendrasing Kumar Reddy

To

The Principal  
Santhiram Medical College  
Nandyal.AP

Dear Sir,

Sub: Request for Reimbursement of conference/seminar/workshop/  
Registration fee-Reg.

I Submit that I have attended conference/seminar/workshop at  
Nandyal.....held on 29/01/2023.....and I paid registration fee  
of Rs 8500..... for the conference/ seminar/workshop. I request you sir  
kindly reimburse the above amount of Rs 8500..... at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

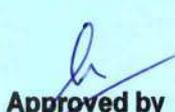
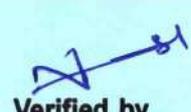
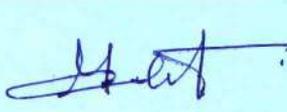
# SANTHIRAM MEDICAL COLLEGE

NH-40, NANDYAL, Kurnool Dist. A.P.

J.V.No:

## JOURNAL VOUCHER

Date: 6/6/2023.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	8500/-			
Dr. Mahendra Kumar Reddy			8500/-	
Payment towards reimbursement of registration fee for attending IMA APMC at Nandyal. dt: 29/3/2023				
Bank :	Ch. No.	Date :		
In words Eight thousand five hundred only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		