



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 2021-22



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 2021-22

S.No	Name of the Teacher	Financial support for Advanced studies/Collaborative research or conference participation	Name of the Award	Date of Participation
1	DR.B. BHANU PRATAP	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	16 TO 18 AUG 2021
2	DR.NAGARAJU TALIKOTA	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
3	DR. BOBBALA INDUMATHI	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
4	DR. K. CHENNAKESAVA SWAMY	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
5	DR. B. SRIDEVI	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
6	DR. V. SREELAKSHMI	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
7	DR. M. MAHENDRA KUMAR REDDY	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
8	DR. K. N. SANDEEP	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
9	DR. B. SOMESWARA REDDY	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
10	DR RAJANI DEVI	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
11	DR. ARISSETTY HIMABINDU	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
12	DR RAJASHEKAR REDDY T	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	9 TO NOV 2021
13	Z NAVEEN KUAR	MGM MEDICAL COLLEGE	CONFERENCE PARTICIPATION	16-OCT-2021

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



SANTHIRAM MEDICAL COLLEGE

NANDYAL-518501, A.P

14	Z NAVEEN KUAR	APPI	CONFERENCE PARTICIPATION	13-OCT-2021
15	Z NAVEEN KUAR	APPI	CONFERENCE PARTICIPATION	16-OCT-2021
16	Z NAVEEN KUAR	APPI	CONFERENCE PARTICIPATION	30-OCT-2021
17	TALLOJU ARUN SAGAR	AIG HOSPITALS	CONFERENCE PARTICIPATION	28-AUG-2021
18	DR. Y. HYMAPRATYUSHA	AIIMS	WORKSHOP PARTICIPATION	28-JUL-2021
19	T.SRIHARI	SBKSMI&RC	WEBINAR	25-FEB-2021
20	Dr. Swapna V. S	SRMC & RI	CME PARTICIPATION	18.09.2021
21	Dr . Talari Srihari	IMA	CONFERENCE PARTICIPATION	20-21 NOV 2021


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



**N M C Regional Centre for Medical Education Technology
Gandhi Medical College, Secunderabad**



**VISWABHARATHI MEDICAL COLLEGE
KURNOOL**

**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

*This is to certify that **Dr. B. BHANU PRATAP**, Assistant Professor, Department of Orthopaedics, Viswabharathi Medical College, Kurnool has participated in the **Revised Basic Course Workshop & AETCOM** held from **16th to 18th August 2021** under supervision of NMC Regional Centre for Medical Education Technology, Gandhi Medical College, Secunderabad, Telangana State.*

Dr. S. MUNEERUDDIN AHMED
Principal
Viswabharathi Medical College
Kurnool, Andhra Pradesh

Dr. K. SREENIVASULU
MEU Co-ordinator
Viswabharathi Medical College
Kurnool, Andhra Pradesh

Dr. S. CYNTHIA SUBHAPRADA
Observer, NMC Regional Centre
Gandhi Medical College
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. B. Bhanu prathap.

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 Gandhi, Secunderabad, held on 16/8/2021 to 18/8/2021, 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

B. Bhanu prathap

1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 30/8/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. B. Bharu pratap			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at Gandhi.				
dt: 16/8/2021 to 18/8/2021				
Bank :	Ch. No.	Date :		
In words	Two thousand only			
Approved by (Chairman)	Verified by (Auditors)	B. Bharu pratap Signature		



**N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad**



**SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)**

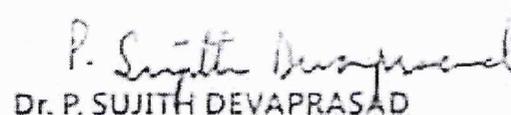
**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

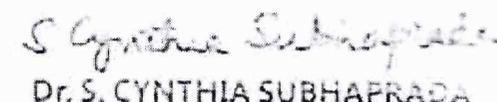
*This is to certify that Dr. NAGARAJU TALIKOTA, Associate Professor,
Department of Anaesthesiology, Santhiram Medical College & Hospital, Nandyal has
participated in the Revised Basic Course Workshop & AETCOM held during
9th to 11th November 2021 under supervision of NMC Regional Centre for Medical
Education Technology, Gandhi Medical College, Secunderabad, Telangana State.*


Dr. D.V. GIDDALAH

Principal
Santhiram Medical College & Hospital
Nandyal


Dr. P. SUJITH DEVAPRASAD

MEU Coordinator
Santhiram Medical College & Hospital
Nandyal


Dr. S. CYNTHIA SUBHAPRADA

Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Nagamaju Talikota.

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
Gandhi, Secunderabad held on 9/11/2021 to 11/11/21.. 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. Nagamaju Talikota.

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	9000/-			
Dr. Nagaraju Talikota			9000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at Gandhi				
dt: 9/11/2021 to 11/11/2021.				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad



SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)

**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

*This is to certify that **Dr. BOBBALA INDUMATHI**, Assistant Professor,
Department of Biochemistry, Santhiram Medical College & Hospital, Nandyal has
participated in the **Revised Basic Course Workshop & AETCOM** held during
9th to 11th November 2021 under supervision of NMC Regional Centre for Medical
Education Technology, Gandhi Medical College, Secunderabad, Telangana State.*

Dr. D.V. GIDDAIAH
Principal
Santhiram Medical College & Hospital,
Nandyal

Dr. P. SUJITH DEVAPRASAD
MEU Coordinator
Santhiram Medical College & Hospital,
Nandyal

Dr. S. CYNTHIA SUBHAPRADA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Bobbala Indumathi

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
Gandhi, Secunderabad held on 9/11/2021 to 11/11/21 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,

B. Indumathi

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

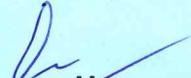
J.V.No:

JOURNAL VOUCHER

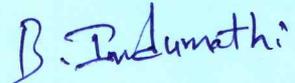
Date: 25/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Dr. Bobbala Indumathi			2000/-	
Payment towards reimbursement of registration fee for attending revised Basic course workshop at Gandhi				
dt: 9/11/2021 to 11/11/2021.				
Bank :	Ch. No.	Date :		

In words Two thousand only.


Approved by
(Chairman)


Verified by
(Auditors)


B. Indumathi
Signature



**N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad**

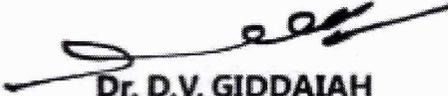


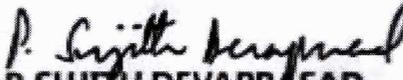
**SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)**

**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

*This is to certify that **Dr. K. CHENNA KESAVA SWAMY**, Assistant Professor,
Anaesthesiology, Santhiram Medical College & Hospital, Nandyal has participated in the
Revised Basic Course Workshop & AETCOM held during **9th to 11th November
2021** under supervision of **NMC Regional Centre for Medical Education Technology,
Gandhi Medical College, Secunderabad, Telangana State.***


Dr. D.V. GIDDAIAH
Principal
Santhiram Medical College & Hospital,
Nandyal


Dr. P. SUJITH DEVAPRASAD
MEU Coordinator
Santhiram Medical College & Hospital,
Nandyal


Dr. S. CYNTHIA SUBHAPRADA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. K. Chennakesava Swamy.

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
Gandhi, Secunderabad held on 9/11/2021 to 11/11/2021, 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. Chennakesava Swamy.

Enclosure

- 1) Conference/Seminar attended Certificate.

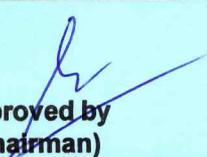
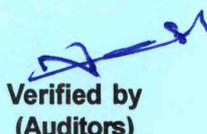
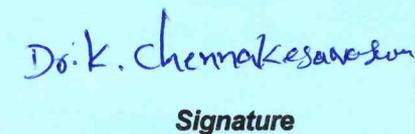
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 24/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop Expense 2000/-				
Dr. K. Chennakesava Srinivas			2000/-	
payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at Gandhi.				
dt: 9/11/2021 to 11/11/2021				
Bank :	Ch. No.	Date :		
In words	Two thousand only.			
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad



SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)

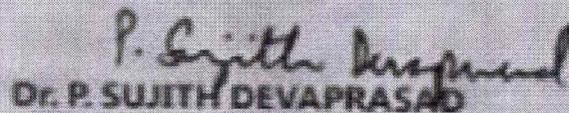
Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)

Certificate of Participation

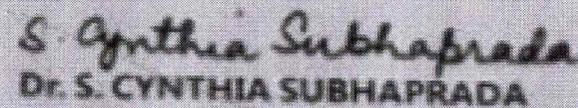
This is to certify that Dr. B. SRIDEVI, Professor, Department of Anesthesiology, Santhiram Medical College & Hospital, Nandyal has participated in the Revised Basic Course Workshop & AETCOM held during 9th to 11th November 2021 under supervision of NMC Regional Centre for Medical Education Technology, Gandhi Medical College, Secunderabad, Telangana State.


Dr. D.V. GIDDAIAH

Principal
Santhiram Medical College & Hospital,
Nandyal


Dr. P. SUJITH DEVAPRASAD

MEU Coordinator
Santhiram Medical College & Hospital,
Nandyal


Dr. S. CYNTHIA SUBHAPRADA

Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

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
Gandhi, Secunderabad held on 9.11.2021 to 11.11.2021 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. Sridevi

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

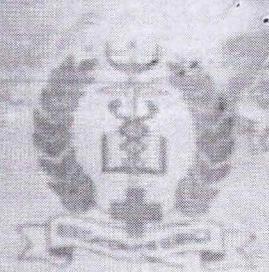
Date: 23/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	9000/-			
Dr. B. Sridevi			9000/-	
Payment towards reimbursement of registration fee for attending revised Basic course workshop at Gandhi.				
dt: 9/11/2021 to 11/11/2021.				
Bank : Ch. No. Date :				
In words	Two thousand only.			
Approved by (Chairman)	Verified by (Auditors)	Dr. Sridevi Signature		



**N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad**

**SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)**



**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

*This is to certify that **Dr. V. SREELAKSHMI**, Associate professor, Department of Anaesthesiology, Santhiram Medical College & Hospital, Nandyal has participated in the **Revised Basic Course Workshop & AETCOM** held during **9th to 11th November 2021** under supervision of **NMC Regional Centre for Medical Education Technology, Gandhi Medical College, Secunderabad, Telangana State.***

Dr. D.V. GIDDAIAH

Principal

Santhiram Medical College & Hospital,
Nandyal

Dr. P. SUJITH DEVAPRASAD

MEU Coordinator

Santhiram Medical College & Hospital,
Nandyal

Dr. S. CYNTHIA SUBHAPRADA

Observer, NMC Regional Centre

Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. V. Sree 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 Gandhi, Sunderabad held on 9.11.2021, to 11.11.2021 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. Sree Lakshmi

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 22/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	9000/-			
Dr. V. Sreedakshmi			9000/-	
Payment towards reimbursement of registration fee for attending Revised Basic course workshop at Gandhi				
at: 9/11/2021 to 11/11/2021.				
Bank :	Ch. No.	Date :		
In words: Two thousand only.				
Approved by (Chairman)		Verified by (Auditors)		Signature V. Sreedakshmi



**N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad**



**SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)**

**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

*This is to certify that **Dr. M. MAHENDRA KUMAR REDDY**, Professor,
Department of Orthopaedics, Santhiram Medical College & Hospital, Nandyal has
participated in the **Revised Basic Course Workshop & AETCOM** held during
9th to 11th November 2021 under supervision of NMC Regional Centre for Medical
Education Technology, Gandhi Medical College, Secunderabad, Telangana State.*

Dr. D.V. GIDDAIAH
Principal
Santhiram Medical College & Hospital,
Nandyal

Dr. P. SUJITH DEVAPRASAD
MEU Coordinator
Santhiram Medical College & Hospital,
Nandyal

Dr. S. CYNTHIA SUBHAPRADA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Mahendra 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 Gandhi, Secunderabad held on 9/11/2021 to 11/11/2021 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: 25/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. Mahendra Kumar Reddy			2000/-	
Payment towards reimbursement of registration fee for attending revised basic course workshop at Gandhi.				
dt: 9/11/2021 to 11/11/2021				
Bank :	Ch. No.	Date :		
In words Two thousand only.				
Approved by (Chairman)		Verified by (Auditors)		Signature



**N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad**

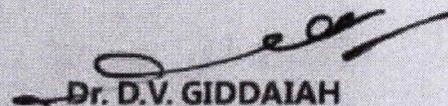


**SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)**

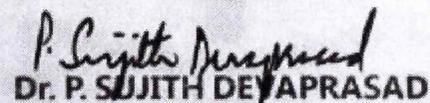
**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

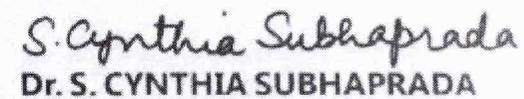
*This is to certify that **Dr. K. N. SANDEEP**, Assistant Professor, Department of Orthopaedics, Santhiram Medical College & Hospital, Nandyal has participated in the **Revised Basic Course Workshop & AETCOM** held during **9th to 11th November 2021** under supervision of **NMC Regional Centre for Medical Education Technology, Gandhi Medical College, Secunderabad, Telangana State.***


Dr. D.V. GIDDAIAH

Principal
Santhiram Medical College & Hospital,
Nandyal


Dr. P. SUJITH DEVAPRASAD

MEU Coordinator
Santhiram Medical College & Hospital,
Nandyal


Dr. S. CYNTHIA SUBHAPRADA

Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. K. N. Sandeep.

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 Gandhi, Secunderabad held on 9/11/2021 to 11/11/2021 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. N. Sandeep

Enclosure

- 1) Conference/Seminar attended Certificate.

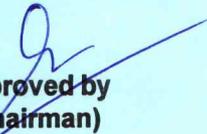
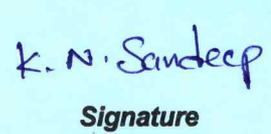
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 19/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses	9000/-			
Dr. K. N. Sandeep			9000/-	
Payment towards reimbursement of registration fee for attending Revised Basic course workshop at Gandhi.				
dt: 9/11/2021 to 11/11/2021.				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad

SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)

Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)

Certificate of Participation

*This is to certify that **Dr. B. SOMESWARA REDDY**, Professor, Department of Orthopaedics, Santhiram Medical College & Hospital, Nandyal has participated in the Revised Basic Course Workshop & AETCOM held during **9th to 11th November 2021** under supervision of NMC Regional Centre for Medical Education Technology, Gandhi Medical College, Secunderabad, Telangana State.*


Dr. D.V. GIDDAIAH

Principal
Santhiram Medical College & Hospital,
Nandyal


Dr. P. SUJITH DEVAPRASAD

MEU Coordinator
Santhiram Medical College & Hospital,
Nandyal


Dr. S. CYNTHIA SUBHAPRADA

Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. B. Someswarra 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 Gandhi, Secunderabad held on 9.11.2021 to 11.11.2021 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

B. Someswarra

- 1) Conference/Seminar attended Certificate.

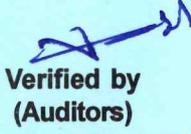
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. B. Someswara Reddy			2000/-	
payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at Gandhi.				
dt: 9/11/2021 to 11/11/2021				
Bank :	Ch. No.	Date :		
In words	Two thousand only			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



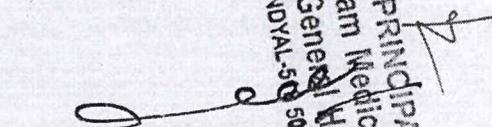
N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad

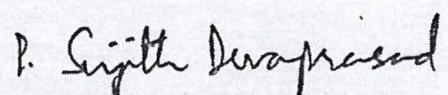
SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)

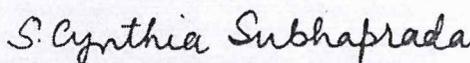
**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

This is to certify that **Dr. RAJANI DEVI. D**, Associate Professor, Department of Obstetrics and Gynecology, Santhiram Medical College & Hospital, Nandyal has participated in the **Revised Basic Course Workshop & AETCOM** held during **9th to 11th November 2021** under supervision of NMC Regional Centre for Medical Education Technology, Gandhi Medical College, Secunderabad, Telangana State.


Dr. D.V. GIDDAIA
Principal
Santhiram Medical College & Hospital
Nandyal


Dr. P. SUJITH DEVAPRASAD
MEU Coordinator
Santhiram Medical College & Hospital,
Nandyal


Dr. S. CYNTHIA SUBHAPRADA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Rajani 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
Gandhi, Secunderabad held on 9.11.2021 to 11.11.2021..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,

Rajani

Enclosure

- 1) Conference/Seminar attended Certificate.



N M C Regional Centre for Medical Education Technology
Gandhi Medical College, Secunderabad

VISWABHARATHI MEDICAL COLLEGE
KURNOOL



Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)

Certificate of Participation

*This is to certify that **Dr. A. HIMA BINDU**, Assistant Professor, Department of Pathology, Viswabharathi Medical College, Kurnool has participated in the **Revised Basic Course Workshop & AETCOM** held from **16th to 18th August 2021** under supervision of NMC Regional Centre for Medical Education Technology, Gandhi Medical College, Secunderabad, Telangana State.*

Dr. S. MUNEERUDDIN AHMED
Principal
Viswabharathi Medical College
Kurnool, Andhra Pradesh

Dr. K. SREENIVASULU
MEU Co-ordinator
Viswabharathi Medical College
Kurnool, Andhra Pradesh

Dr. S. CYNTHIA SUBHAPRADA
Observer, NMC Regional Centre
Gandhi Medical College
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Arisetty Himabindu.

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
Gandhi, Secunderabad held on 9.11.2021 to 11.11.2021 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,

Himabindu

Enclosure

- 1) Conference/Seminar attended Certificate.

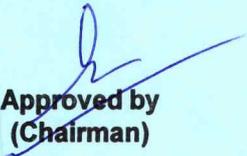
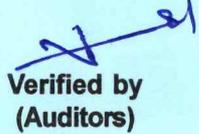
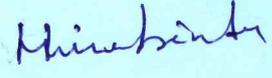
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 19/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. Arjety Hirabindu.			2000/-	
payment towards reimbursement of registration fee for attending revised basic course workshop at Gandhi.				
dt: 9/11/2021 to 11/11/2021.				
Bank : Ch. No. Date :				
In words <u>Two thousand only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



**N M C Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad**



**SANTHIRAM MEDICAL COLLEGE & HOSPITAL
NANDYAL, KURNOOL DIST. (A.P.)**

**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

*This is to certify that **Dr. T. RAJASEKHAR REDDY**, Assistant Professor,
Department of Paediatrics, Santhiram Medical College & Hospital, Nandyal has
participated in the **Revised Basic Course Workshop & AETCOM** held during
9th to 11th November 2021 under supervision of NMC Regional Centre for Medical
Education Technology, Gandhi Medical College, Secunderabad, Telangana State.*


Dr. D.V. GIDDAIAH

Principal
Santhiram Medical College & Hospital,
Nandyal


Dr. P. SUJITH DEVAPRASAD

MEU Coordinator
Santhiram Medical College & Hospital,
Nandyal


Dr. S. CYNTHIA SUBHAPRADA

Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Rageshkar Reddy T

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
Gandhi, Secunderabad held on 9.11.21 to 11.11.2021.....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: 26/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. Ragashakar Reddy.T			2000/-	
Payment towards reimbursement of registration fee for attending Revised Basic course workshop at Gandhi.				
dt: 9/11/2021 to 11/11/2021.				
Bank: Ch. No. Date:				
In words Two thousand only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



M.G.M. MEDICAL COLLEGE INDORE (M.P.)

“Yoga for Wellness”

Organized by ‘Yoga Committee’

CERTIFICATE OF PARTICIPATION

This is to certify that **Z NAVEEN KUMAR**, has participated in virtual Symposium cum Workshop conducted on Saturday 16 October 2021 entitled “*Yoga for Wellness*”

Dr. Ajay Bhatt

Organizing Secretary

Associate Professor,

Department of Physiology

Dr. K. K. Arora

Co-Patron

Professor & Head

Department of Anesthesiology

Prof. Dr. Sanjay Dixit

Patron

Dean & CEO

M. G. M. Medical College Indore

APPLICATION FOR REIMBURSEMENT

From

Z. Naveenkumar

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
JNMC, Belgavi.....held on16/10/2021.....and I paid registration fee
of Rs500/-..... 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,

Z. Naveenkumar

Enclosure

- 1) Conference/Seminar attended Certificate.

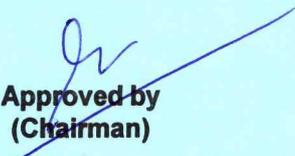
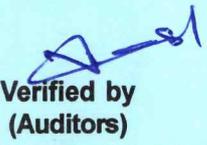
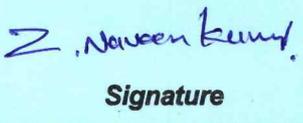
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/10/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	500/-			
Z. Naveen Kumar			500/-	
Payment towards reimbursement of Registration fee for attending APPJ at INMC Begav. dt. 16/10/2021				
Bank :	Ch. No.	Date :		
In words <u>five hundred only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



EDIFICATION -EXPERTISE -EXPLORE -EXCHANGE -ENHANCE
From knowledge update to translational research in Physiology

Organised by:

ASSOCIATION OF PHYSIOLOGISTS & PHARMACOLOGISTS OF INDIA, BELGAUM BRANCH
Department of Physiology, JN Medical College, KAHER, Belagavi, Karnataka.

CERTIFICATE OF PARTICIPATION

This is to certify that Z. NAVEEN KUMAR has participated as a DELEGATE in virtual workshop-webinar session conducted on 13/10/2021 titled:

Spirometry

President

Dr., Seema.V.Kamaraddi,
Associate Professor, Department
of Physiology, JNMC Belagavi

Secretary

Dr.Shantala.S.Herlekar,
Assistant Professor, Department
of Physiology, JNMC Belagavi

Joint Secretary

Dr. Ramesh A,
Tutor, Department of
Physiology, JNMC Belagavi

Treasurer

Dr.Vijaya.S.Dandannavar ,
Professor, Department
of Physiology, JNMC, Belagavi

APPLICATION FOR REIMBURSEMENT

From

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
JNMC, Belgavi held on 13/10/2021 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,

Z. Naveen Kumar

Enclosure

- 1) Conference/Seminar attended Certificate.

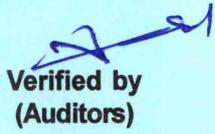
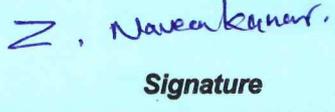
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/10/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses	500/-			
Z Naveen Kumar			500/-	
Payment towards reimbursement of Registration fee for attending APPT at JNMC Belgavi. dt: 13/10/2021				
Bank :	Ch. No.	Date :		
In words: five hundred only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



EDIFICATION - EXPERTISE - EXPLORE - EXCHANGE - ENHANCE
From knowledge update to translational research in Physiology

Organised by:

ASSOCIATION OF PHYSIOLOGISTS & PHARMACOLOGISTS OF INDIA, BELGAUM BRANCH
Department of Physiology, JN Medical College, KAHER, Belagavi, Karnataka.

CERTIFICATE OF PARTICIPATION

This is to certify that Z NAVEEN KUMAR has participated as a DELEGATE in virtual workshop-webinar session conducted on 10/16/2021 titled:

Cognitive Neurophysiology Lab Protocol

President

Dr., Seema.V.Kamaraddi,
Associate Professor, Department
of Physiology, JNMC Belagavi

Secretary

Dr.Shantala.S.Herlekar,
Assistant Professor, Department
of Physiology, JNMC Belagavi

Joint Secretary

Dr. Ramesh A,
Tutor, Department of
Physiology, JNMC Belagavi

Treasurer

Dr.Vijaya.S.Dandannavar ,
Professor, Department
of Physiology, JNMC, Belagavi

APPLICATION FOR REIMBURSEMENT

From

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
MAM Webinar.....held on16/10/2021.....and I paid registration fee
of Rs500/-..... 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

Z. Naveen Kumar

1) Conference/Seminar attended Certificate.

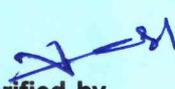
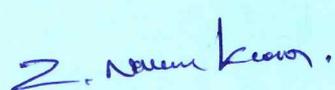
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 26/10/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Z. Naveen Kumar			500/-	
Payment towards reimbursement of Registration fee for attending MGM medical college at webinar. dt: 16/10/2021.				
Bank :	Ch. No.	Date :		
In words <u>Five hundred only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



EDIFICATION - EXPERTISE - EXPLORE - EXCHANGE - ENHANCE
From knowledge update to translational research in Physiology

Organised by:

ASSOCIATION OF PHYSIOLOGISTS & PHARMACOLOGISTS OF INDIA, BELGAUM BRANCH
Department of Physiology, JN Medical College, KAHER, Belagavi, Karnataka.

CERTIFICATE OF PARTICIPATION

This is to certify that Z NAVEEN KUMAR has participated as a DELEGATE in virtual workshop-webinar session conducted on 30/10/2021 titled:

Principles and techniques for assessment of cognitive functions.

President

Dr., Seema.V.Kamaraddi,
Associate Professor, Department
of Physiology, JNMC Belagavi

Secretary

Dr.Shantala.S.Herlekar,
Assistant Professor, Department
of Physiology, JNMC Belagavi

Joint Secretary

Dr. Ramesh A,
Tutor, Department of
Physiology, JNMC Belagavi

Treasurer

Dr.Vijaya.S.Dandannavar ,
Professor, Department
of Physiology, JNMC, Belagavi

APPLICATION FOR REIMBURSEMENT

From

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
JNMC, Belgavi held on 30/10/2021 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,

Z. Naveen Kumar.

Enclosure

- 1) Conference/Seminar attended Certificate.

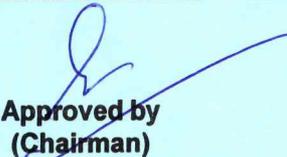
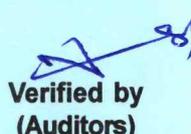
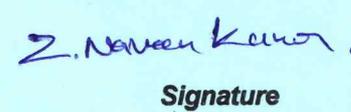
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 9/11/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Z. NAVEEN KUMAR			500/-	
Payment towards reimbursement of registration fee for attending APPS at INMC Belgavi dt: 30/10/2021.				
Bank :	Ch. No.	Date :		
In words <u>five hundred only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



CERTIFICATE

This is to certify that

Dr Talloju Arun Sagar

has participated as a Delegate in

The AIG Endobronchial Ultrasound (EBUS) Workshop
Enriching and Enhancing Skills

Saturday, 28th August, 2021

Handwritten signature of Dr. Vishwanath Gella.

Dr Vishwanath Gella

Director, Pulmonary Sciences
AIG Hospitals

Handwritten signature of Dr. D Nageshwar Reddy.

Dr. D Nageshwar Reddy

Chairman & Managing Director

APPLICATION FOR REIMBURSEMENT

From

Dr. Talloju 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
...Hyderabad...held on ...28/8/2021.....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.

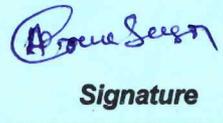
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 8/9/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	500/-			
Talogue & van sagas			500/-	
Payment towards reimbursement of registration fee for attending AIG Hospital at Hyderabad. dt: 28/8/2021.				
Bank :	Ch. No.	Date :		
In words <u>Five hundred only</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



VIROCON 2021

March 26 - 28, 2022



National Conference of Virology (Virtual mode)

Theme : "Emerging and Reemerging Viral Diseases - Climate Change Impacts and Mitigation "

CERTIFICATE OF PARTICIPATION

This is to certify that Prof/ Dr /Mr / Ms Dr. Y.HYMA PRATYUSHA has participated as delegate in VIROCON 2021.

President IVS

Dr. Raj Kumar Singh
Former Director/Vice-Chancellor
ICAR-Indian Veterinary Research
Institute
Izzatnagar, India

Secretary General IVS

Prof. (Dr.) Yashpal S. Malik
Dean, College of Animal Biotechnology
Guru Angad Dev Veterinary & Animal
Science University (GADVASU),
Ludhiana, India

Organising Secretary

Dr. Lakshmi Jyothi Tadi
Additional Professor
Department of Microbiology
AIIMS Bibinagar,
Hyderabad, India

Conference Chairman

Dr. Rahul Narang
Dean Academics, Professor & Head
Department of Microbiology
AIIMS Bibinagar,
Hyderabad, India

Chief Patron

Prof. (Dr.) Vikas Bhatia
Executive Director
AIIMS Bibinagar,
Hyderabad, India

Organised by Department of Microbiology, All India Institute of Medical Sciences, Bibinagar, Hyderabad, Telangana.

Under the aegis of Indian Virological Society (IVS)

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 Hyderabad held on 26/3/21 to 28/3/21 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,

Hyma pratyusha

Enclosure

- 1) Conference/Seminar attended Certificate.

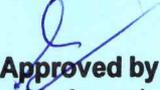
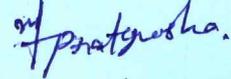
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 8-4-2021

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expense	3000/-			
DR. Y. Hyma Pratyusha			3000/-	
Payment towards - Reimbursement of Registration				
Fee for Attending VIROCON conference at				
Hyderabad, Dated: 26-3-2021 To 28-3-2021				
Bank:	Ch. No.	Date:		
In words	Three Thousand only -			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



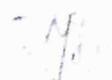
CERTIFICATE

OF PARTICIPATION



T SRI HARI

has actively participated in a webinar cum Guest Lecture titled
**Appropriate Technology - A Real time experience by Community Physician,
Many Ideas for Low cost Technology**
Organized by Department of Community Medicine, SBKS MI &
RC, Sumandeep Vidyapeeth deemed to be university on 25th of Feb, 2021.


Dr. Nilesh G Patel
Organizing Secretary


Dr. Niraj Pandit
Professor & Head, Com. Med.
SBKS MI & RC.
Certificate ID {{certificate id}}


Dr. Paresh Golwala
Dean,
SBKS MI & RC

Made for free with Certify'em

APPLICATION FOR REIMBURSEMENT

From

Dr. T. Srihari

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
SBKSM & RC, webinar held on 25/02/2021 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,

M. S. Srinivas

Enclosure

- 1) Conference/Seminar attended Certificate.

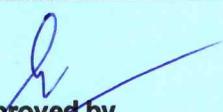
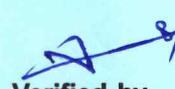
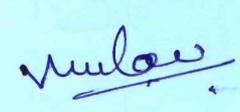
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 8/3/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	500/-			
T. Sibiase			500/-	
payment towards reimbursement of registration fee for attending SBKSMTCRC at webinar. dt: 25/2/2021.				
Bank :	Ch. No.	Date :		
In words Five hundred only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Category -I Deemed to be University) Porur, Chennai

Department of Biochemistry

Certificate of Participation

This is to certify that Mr / Ms / Dr Dr. Swapna. V. S has
participated as delegate in the Virtual International Continuing Medical Education
"Bands & chains of gammopathy- the mystery unveiled" held on 18th September 2021,
conducted by the Department of Biochemistry,
Sri Ramachandra Medical College and Research Institute.

The Webinar is awarded 1 credit hour by
Sri Ramachandra Institute of higher Education & Research, Chennai - 600116

Dr. K. Sowmya
Organizing secretary
Professor of Biochemistry

Dr. M. Ganesh
Organizing chairperson,
Professor & Head-Biochemistry

Dr. S. Anandan
Dean - Medical College,
SRMC & RI

Dr. P. V. Vijayaraghavan
Vice Chancellor,
SRIHER (DU)

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
POOR, Chennai held on 18/09/2021 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,

V.S. Swapna

Enclosure

- 1) Conference/Seminar attended Certificate.

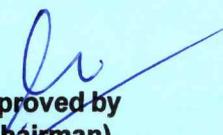
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 28-9-2021

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses	500/-			
DR. Scapria . V.S			500/-	
Payment towards- Reimbursement of Registration				
Fee for attending SRMC, PORUR, Chennai				
at Chennai, Dated: 18-9-2021				
Bank :	Ch. No.	Date :		
In words	Five hundred only -			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



CME Accreditation Certificate



This is to certify that

Dr. TALARI SRI HARI

as Delegate / Speaker

has attended 6th ANNUAL STATE CONFERENCE OF INDIAN MEDICAL ASSOCIATION - A.P.

20th & 21st November 2021, at ASRAM College, Eluru, W.G. Dist.

organized by Andhra Medical Association, Eluru, W.G. Dist.

CME CREDIT HOURS : 6

APMC / Hybrid Conference / 08/3/2021

Dr. P. Subramanyam
Chairman
APMC

Dr. B.K. Nalla
Registrar
APMC

Dr. C. Shrivasa Raju
Organising Committee
Chairman

Dr. P. Vajaya Bhaskar Reddy
Organising Committee
Secretary

Dr. P. Yugandhar
Chairman
Scientific Committee

Dr. S. Krishna Bhagavan
Observer
APMC



21 to 22
add

APPLICATION FOR REIMBURSEMENT

From

Dr. T. Sreehari
Dept of Community Medicine

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
.....Eluru.....held on20/11/2021 to 21/11/2021..... and I paid registration fee of
Rs1000/-..... for the conference/ seminar/workshop. I request you sir kindly
reimburse the above amount of Rs1000/-..... at an earliest.

Thanking you sir

Sreehari.
Yours faithfully,

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 28-11-2021

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Exp	1000/-			
Dr. P. Sree Hani			1000/-	
payment towards- Reimbursement of Registration fee for Attendees CME at Eluru. From 20-11-2021 to 21-11-2021				
Bank :	Ch. No.	Date :		
In words	one thousand only -			
Approved by (Chairman)	Verified by (Auditors)		Signature	