



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 2020-21



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 2020-21

S.No	Name of the Teacher	Financial support for Advanced studies/Collaborative research or conference participation	Name of the Award	Date of Participation
1	Anjaly M Varghese	CONFERENCE PARTICIPATION	KMC MANGALORE	28.08.2020
2	DR.T. SRIHARI	SRMMCH&RC	CONFERENCE PARTICIPATION	6 TO NOV 2020
3	DR.T. SRIHARI	SVMCH&RC	CONFERENCE PARTICIPATION	30-SEP-2020
4	DR.T. SRIHARI	DR ANNASAHEB G.D.B MAHILA MAHAVIDYALAYA	CONFERENCE PARTICIPATION	29-OCT-2020
5	DR RAJANAND GAIKWAD	INS	CONFERENCE PARTICIPATION	10-TO 12 OCT 2020
6	Dr . DUGAVATH GEETHA	KACHCON	CONFERENCE PARTICIPATION	21-23 DEC 2020
7	DR P SUJITHDEVA PRASAD	THE UNIVERSITY OF EDINBURG	CONFERENCE PARTICIPATION	06-JUN-2020
8	DR P SUJITHDEVA PRASAD	THE UNIVERSITY OF EDINBURG	CONFERENCE PARTICIPATION	13-JUN-2020
9	DR P SUJITHDEVA PRASAD	THE UNIVERSITY OF EDINBURG	CONFERENCE PARTICIPATION	20-JUN-2020
10	DR. RAGHAVENDRA VERMA	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	21 TO 22 OCT 2020
11	DR. A . HIMA BINDU	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	Work PARTICIPATION	21 TO 20 OCT 2020
12	DR. P. CHAKRADHAR	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	21 TO 22 OCT 2020
13	Dr.B.SARATH KUMAR REDDY	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	21 TO 22 OCT 2020
14	DR. JANARDHAN REDDY	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	21 TO 22 OCT 2020

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



SANTHIRAM MEDICAL COLLEGE

NANDYAL-518501, A.P

15	DR.L.SOWMYA	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	21 TO 22 OCT 2020
16	M.ANIL KUMAR	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
17	SOWMYA	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
18	DR.SIVA JYOTHI	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
19	DR. JANARDHAN REDDY	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
20	DR.B.SARATH KUMAR REDDY	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
21	DR. RAGHAVENDRA VERMA	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
22	DR. T. PRAVEENA	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
23	DR. R. HEMALATHA	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
24	DR. P CHAKRADHAR	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	4 TO 6 MAY 2020
25	DR . K N SANDEEP	OSSAPCON	CONFERENCE PARTICIPATION	26-28 FEB 2021
26	DR . R KISHORE KUMAR	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	6 TH -7 TH AUG 2020


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



KASTURBA MEDICAL COLLEGE
MANGALORE
of Government of Karnataka



CERTIFICATE *Of* PARTICIPATION

Anjaly Mary Varghese

has participated in the webinar on August 28th, 2020

FUTURE TRENDS IN MEDICAL AFFAIRS

Dr. Amit Garg

Director Medical Affairs, Clinical Affairs & Strategic Planning,
Terumo India Pvt. Ltd, Gurugram

Dr. Amit Garg
Speaker

Dr. Sheetal Ullal

Professor & Head of Pharmacology, KMC Mangalore

Dr. M. Natesh Prabhu
President, IMPA

APPLICATION FOR REIMBURSEMENT

From

Angaly Mary Varghese .

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 KMC Mangalore held on 28/08/2020 and I paid registration fee of Rs 500/- for the conference/ ~~seminar/work shop~~. I request you sir kindly reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,

Angaly Mary Varghese

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 5/9/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Angaly M. Varghese			500/-	
Payment towards reimbursement of registration fee for attending conference participation at KMC Mangalore.				
dt: 28/8/2020.				
Bank :	Ch. No.	Date :		
In words <u>five hundred only.</u>				
<p>Approved by (Chairman)</p> <p>Verified by (Auditors)</p> <p>Signature</p>				



SRM
INSTITUTE OF SCIENCE & TECHNOLOGY
(Deemed to be University u/s of UGC Act, 1956)

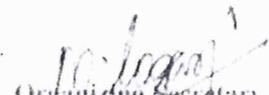


SRM MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE

SRM Nagar, Kattankulathur-603203, Chengalpattu, Tamil Nadu, India.

MEDICAL EDUCATION UNIT
NATIONAL ONLINE CONFERENCE ON
CHALLENGES IN IMPLEMENTATION OF THE COMPETENCY BASED MEDICAL EDUCATION (CBME)
CERTIFICATE OF PARTICIPATION

This is to certify that Dr/Mr/Ms **T SRI HARI**has
participated as a **delegate** in the National Online Conference on "**Challenges in Implementation of the
Competency Based Medical Education (CBME)**" held on 6th & 7th November 2020 conducted by
the Medical Education Unit.


Organizing Secretary

Dr. M. Fogaraj,

Professor and Head,
Community Medicine,

MEU Coordinator, SRM MCH & RC


Dean

Prof. Dr. A. Sundaram

SRM MCH & RC


Pro Vice Chancellor

Dr. Lt. Col. A. Ravikumar

SRM Medical & Health Sciences
SRM MCH & RC

APPLICATION FOR REIMBURSEMENT

From

Dr.T. Soihari

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 Chengalpattu....held on 6.11.2020 to 7.11.20 and I paid registration fee of Rs 3000/- for the conference/ ~~seminar/work shop~~. 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.

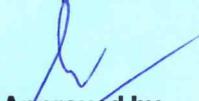
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/11/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	3000/-			
Dr. T. Sibi			3000/-	
payment towards reimbursement of Registration fee for attending SRMMC&RC Conference participation at chengalpetta. dt: 6/11/2020 to 7/11/2020.				
Bank : Ch. No. Date :				
In words: Three thousand only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



sri venkateshwaraa
Medical College Hospital & Research Centre

CREATING HEALTHIER SOCIETY

Ariyur, Puduchery-605102

DEPARTMENT OF COMMUNITY MEDICINE & MEDICAL EDUCATION UNIT

CERTIFICATE OF PARTICIPATION

Webinar on "Rabies Update"

This is to certify that T SRI HARI

has participated in the webinar on "Rabies Update" conducted by Sri Venkateshwaraa Medical College Hospital & Research Centre, Puducherry on 30th of September, 2020.

Dr.D.R. Vedapriya, M.D.,
HOD of Dept of Community Medicine,
SVMCH&RC

Dr.K.Tamilselvan,
MEU Coordinator,
SVMCH&RC

Dr.S. Ratnasamy, B.Sc., M.S.,
Dean, HOD - MEU,
SVMCH&RC

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
Puduchery.....held on 30/09/2020..... 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. S. S.

Enclosure

- 1) Conference/Seminar attended Certificate.

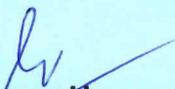
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 10/10/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
for T. Silhara			500/-	
Payment towards reimbursement of registration fee for attending SVMCH&RC conference participation at Puduchery webinars. dt: 30/9/2020.				
Bank:	Ch. No.	Date:		
In words <u>five hundred only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



DR. ANNASAHEB G.D. BENDALE MAHILA MAHAVIDYALYA, JALGAON

Affiliated to-kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon
NAAC Accredited 'A' Grade (3rd Cycle) with CGPA-3.12, ISO 9001:2015 Certified Institution

NATIONAL LEVEL WEBINAR ON "EXERCISE & IMMUNITY"

Thursday, Date: 29 October 2020

E-Certificate

This is To certify That T SRI HARI

Has virtually Participated in National Webinar On "**Exercise & Immunity**"
on 29 October 2020, organized by Department of Physical Education
& Sports, Dr. Annasaheb G.D. Bendale Mahila Mahavidyalaya, Jalgaon

Dr. Anita Kolhe

Director of physical Education & Sports

Dr. Gauri Rane

Principal



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
Jalgaon.....held on 29/10/2020..... and I paid registration fee of
Rs 500/- for the conference/ ~~seminar/work shop~~. I request you sir kindly
reimburse the above amount of Rs 500/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. T. Srihari

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

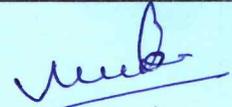
Date: 10/11/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Dr. T. Sihari			500/-	
Payment towards reimbursement of registration fee for attending Dr. Anna Sahab G.D.B Mahila Mahavidyalaya conference participation at Jalagani webinars.				
Bank :	Ch. No.	Date : 29/10/20		

In words: Five hundred only


Approved by
(Chairman)


Verified by
(Auditors)


Signature

Webinar ①
Certificate of attendance

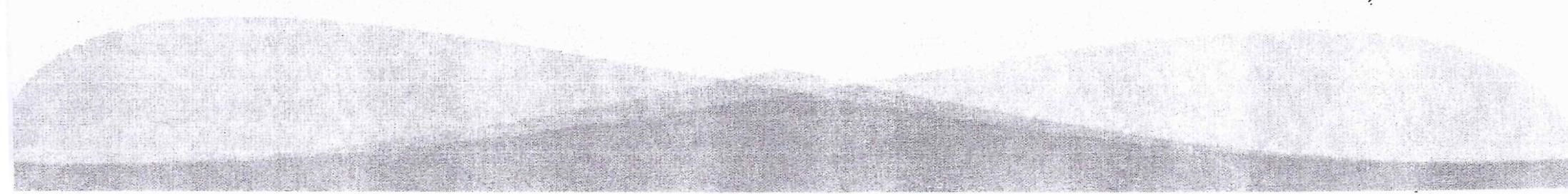
*This is to certify that **Rajanand Gaikwad** has attended the Webinar series on
Deep Brain Stimulation : 10th October - 12th December 2020
organized by **The Neuromodulation Society***



Robert M. Levy
President, INS



Paresh Doshi
President, TNS



APPLICATION FOR REIMBURSEMENT

From

Dr. Rajanand haikwad.

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
INS webinar.....held on 12/10/2020..... 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,



Enclosure

- 1) Conference/Seminar attended Certificate.

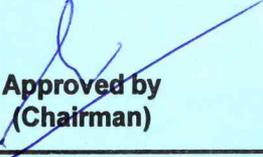
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/10/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	1000/-			
Dr. Rajanand Gaitwad			1000/-	
Payment towards reimbursement of registration fee for attending IAS conference participation at webinal. dt: 10/10/2020 to 12/10/2020.				
Bank : Ch. No. Date :				
In words <u>one thousand only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



RAMAIAH
Medical College



KACHCON2020

32nd State level annual conference of Karnataka Association of Community Health

"Redefining public health : COVID-19 and beyond..."

Department of Community Medicine, Ramaiah Medical College

This is to certify that DR. DUGAVATH GEETHA, SHANTHI RAM MEDICAL COLLEGE bearing Reg. No APMC/FMR/81875 has participated as Delegate in the 32nd State Level Annual Conference of Karnataka Association of Community Health -KACHCON 2020 held on 21st, 22nd and 23rd December, 2020 at Ramaiah Medical College, Bengaluru.

Karnataka Medical Council has granted Three hours vide letter No. KMC/CME/176/2020 dated 01-12-2020.

Dr. Ivideena R Rao
Principal & Dean
Ramaiah Medical College

Zonal Chairman
KMC CME Accreditation
Committee

Dr. Ranganath TS
Secretary, KACH
Prof. & HOD, Com Med
BMCRI

Dr. Lalitha K
Organising Chairperson,
Prof. & HOD, Com Med,
RMC

Dr. Nanda Kumar B S
Organising Secretary,
Asso Prof., Com Med,
RMC

APPLICATION FOR REIMBURSEMENT

From

Dr. D. Geetha

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 Bangalore.....held on 21/12/2000 to 23/12/2000 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

Geetha
Yours faithfully,

Enclosure

- 1) Conference/Seminar attended Certificate.

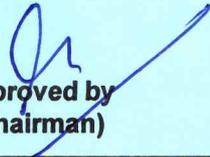
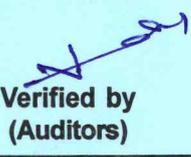
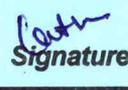
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 29-12-2000

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Exp	2000/-			
Dr. D. Geetha			2000/-	
Payment towards- Reimbursement				
of Registration fee for Attending				
KACHCON conference at Bengalur.				
21-12-2000 to 23-12-2000				
Bank :	Ch. No.	Date :		
In words	Two Thousand only-			
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



THE UNIVERSITY of EDINBURGH
Global Health Academy

Certificate

This is to certify that **Pasumarthi Sujith Devaprasad** attended the

Hippocratics Webinar Series on Medical Education #1

Ethics of Medical Education- The Case of COVID-19

On

6th June 2020

Director, Professor Liz Grant,

The University of Edinburgh,

Global Health Academy

Convener, Dr Ali Mehdi

Webinar convener

APPLICATION FOR REIMBURSEMENT

From

Dr. P. Sujith Deva 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 Edinburg, web held on 6.06.2020 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.

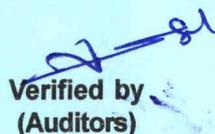
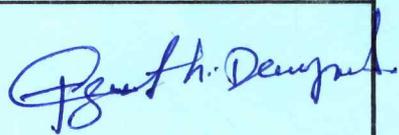
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 20/6/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Dr. P. Sujithdevi Prasad			500/-	
Payment towards reimbursement of				
Registration fee for attending The University				
of Edinburg conference participation at				
webinars. dt: 6/6/2020				
Bank :	Ch. No.	Date :		
In words <u>five hundred only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



THE UNIVERSITY *of* EDINBURGH
Global Health Academy

Certificate

This is to certify that **Dr.Pasumarthi Sujith Devaprasad** attended the

Hippocratics Webinar Series on Medical Education #2

**Paradigm Shift from F2F to Virtual Learning in the
COVID-19 Era: Innovations and Challenges in Teaching and
Learning**

On

13th June 2020

Liz Grant

Director, Professor Liz Grant,
The University of Edinburgh,
Global Health Academy

Ali Mehdi

Dr Ali Mehdi
Webinar convener

APPLICATION FOR REIMBURSEMENT

From

Dr. P. Sujit deva prasad.

To

The Principal
Santhiram Medical College
Nandyal.AP

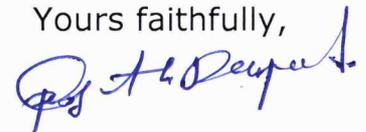
Dear Sir,

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

I Submit that I have attended conference/~~seminar/workshop~~ at Edinburg, webin held on 13/06/2020..... and I paid registration fee of Rs 500/-..... for the conference/~~seminar/work shop~~. 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.

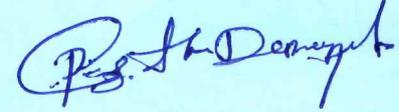
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/6/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Dr. P. Sujithdeva Prasad			500/-	
Payment towards reimbursement of registration fee for attending The university of Edinburgh conference participation at webinar. dt: 13/6/2020				
Bank :	Ch. No.	Date :		
In words <u>Five hundred only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



THE UNIVERSITY *of* EDINBURGH
Global Health Academy

Certificate

This is to certify that **Pasumarthi Sujith Devaprasad** attended the

Hippocratics Webinar Series on Medical Education #3

Assessment of Cognitive Skills:

Challenges and Opportunities in COVID-19

On

20th June 2020

Liz Grant

Director, Professor Liz Grant,
The University of Edinburgh,
Global Health Academy

Dr Ali Mehdi
Webinar convener

APPLICATION FOR REIMBURSEMENT

From

Dr. P. Sujithdevaprasad.

To

The Principal
Santhiram Medical College
Nandyal.AP

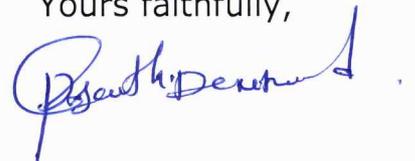
Dear Sir,

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

I Submit that I have attended conference/seminar/workshop at
Edinburg.....held on 20/06/2020..... and I paid registration fee of
Rs 500/-..... for the conference/ ~~seminar/work shop~~. 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:

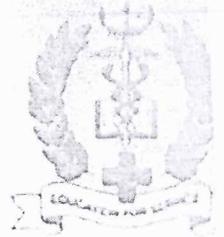
JOURNAL VOUCHER

Date: 20/6/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	500/-			
Dr. P. Sujithadeva prasad			500/-	
Payment towards reimbursement of				
Registration fee for attending The University				
of Edinburg conference participation at				
webinar dt: 20/6/2020				
Bank :	Ch. No.	Date :		
In words Five hundred only.				
Approved by (Chairman)		Verified by (Auditors)		Signature

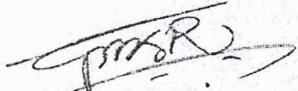


NMC Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad
SANTHIRAM MEDICAL COLLEGE
NANDYAL

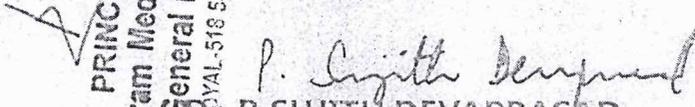


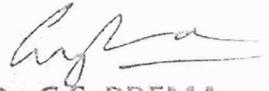
Curriculum Implementation Support Program II
CERTIFICATE OF PARTICIPATION

*This is to certify that **Dr. RAGHAVENDRA VERMA**, Assistant Professor,
Dept of Pharmacology, Santhiram Medical College, Nandyal has participated in
the **Curriculum Implementation Support Program - II** held from
21st to 22nd October 2020 at **Santhiram Medical College, Nandyal (AP)**
under the aegis of the NMC Regional Centre, Gandhi Medical College, Secunderabad.*


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College,
Nandyal, A.P.

PRINCIPAL
Santhiram Medical College
& General Hospital
"11, 10, NANDYAL-518 501, Kurnool"


P. SUJITH DEVAPRASAD
MEU Coordinator
Santhiram Medical College,
Nandyal, A.P.


Dr. G.S. PREMA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Raghavendra. Varma.

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.....held on 21/10/20 to 22/10/20 and I paid registration fee of
Rs 2000/-..... for the ~~conference/ seminar~~/work shop. I request you sir kindly
reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. C.A. Raghavendra Varma

Enclosure

- 1) Conference/Seminar attended Certificate.

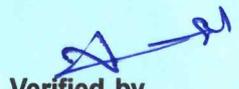
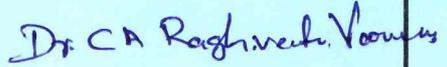
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 5/11/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: <u>Seminar & workshop Expenses</u>	<u>2000/-</u>			
<u>Dr. Raghavendra Varma</u>			<u>2000/-</u>	
<u>Payment towards reimbursement of</u>				
<u>Registration fee for attending Curriculum</u>				
<u>Implementation support program at Gandhi</u>				
<u>dt: 21/10/2020 to 22/10/2020.</u>				
Bank: _____	Ch. No. _____	Date: _____		
In words <u>Two thousand only.</u>				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



NMC Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad
VISWABHARATHI MEDICAL COLLEGE
KURNOOL



Curriculum Implementation Support Program II

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 **Curriculum Implementation Support Program - II** held from **20th to 21st October 2020** at **Viswabharathi Medical College, Kurnool (AP)** under the aegis of the NMC Regional Centre, Gandhi Medical College, Secunderabad.*

S. MUNEERUDDIN AHMED
Principal
Viswabharathi Medical College
Kurnool, A.P.

Dr. K. SREENIVASULU
MEU Coordinator
Viswabharathi Medical College
Kurnool, A.P.

Dr. K.J. KISHORE KUMAR
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

Date : 21st October 2020

APPLICATION FOR REIMBURSEMENT

From

Dr. A. Hima Bindu.

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.....held on 21/10/20 to 22/10/20 and I paid registration fee of
Rs 2000/- for the ~~conference/ seminar/work shop~~. I request you sir kindly
reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,

Ahuan Bander .

Enclosure

- 1) Conference/Seminar attended Certificate.

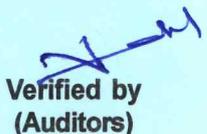
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 2/11/2020

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. A. Himma Bindu			2000/-	
Payment towards reimbursement of Registration fee for attending Curriculum Implementation Support program at Gandhi dt: 21/10/2020 to 22/10/2020				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



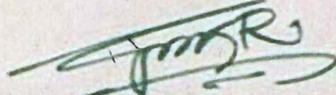
NMC Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad
SANTHIRAM MEDICAL COLLEGE
NANDYAL

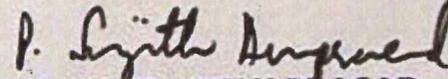


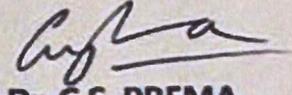
Curriculum Implementation Support Program II

CERTIFICATE OF PARTICIPATION

This is to certify that **Dr. P. CHAKRADHAR**, Professor, Department of Pulmonology, Santhiram Medical College, Nandyal has participated in the **Curriculum Implementation Support Program - II** held from **21st to 22nd October 2020** at **Santhiram Medical College, Nandyal (AP)** under the aegis of the NMC Regional Centre, Gandhi Medical College, Secunderabad.


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College,
Nandyal, A.P.


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


Dr. G.S. PREMA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

Date : 22nd October 2020

APPLICATION FOR REIMBURSEMENT

From

Dr. P. Chakradhar .

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.....held on 21/10/20 to 22/10/20.. and I paid registration fee of Rs 2000/-..... for the ~~conference/ seminar/work shop~~. I request you sir kindly reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,

P. Chakradhar

Enclosure

- 1) Conference/Seminar attended Certificate.

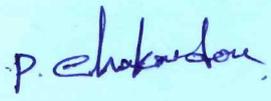
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

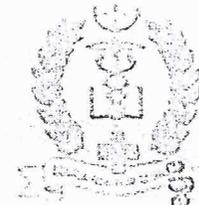
JOURNAL VOUCHER

Date: 28/10/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. P. Chakraborty			2000/-	
Payment towards reimbursement of Registration fee for attending curriculum Implementation support program at Gandhi. dt: 21/10/2020 to 22/10/2020				
Bank :	Ch. No.	Date :		
In words	Two thousand only.			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



NMC Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad
SANTHIRAM MEDICAL COLLEGE
NANDYAL

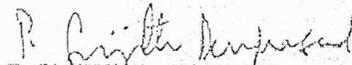


Curriculum Implementation Support Program II

CERTIFICATE OF PARTICIPATION

This is to certify that *Dr. B. SARATH KUMAR REDDY*, Assistant Professor, Department of General Medicine, Santhiram Medical College, Nandyal has participated in the *Curriculum Implementation Support Program - II* held from *21st to 22nd October 2020* at *Santhiram Medical College, Nandyal (AP)* under the aegis of the *NMC Regional Centre, Gandhi Medical College, Secunderabad*.


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College,
Nandyal, A.P.


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


Dr. G.S. PREMA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

Date : 22nd October 2020

PRINCIPAL
Santhiram Medical College
& General Hospital
NANDYAL-515 501, Kurnool Dt. A.P.

APPLICATION FOR REIMBURSEMENT

From

Dr. B. Somath 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.....held on 21.10/20 to 22.10/20 and I paid registration fee of Rs 2000/- for the ~~conference/ seminar/work shop~~. I request you sir kindly reimburse the above amount of Rs 2000/- at an earliest.

Thanking you sir

Yours faithfully,

B. Somath Kumar Reddy

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 3/11/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Dr. B. Sathish Kumar Reddy			2000/-	
payment towards reimbursement of				
Registration fee for attending curriculum				
Implementation Support program at Gandhi				
dt: 21/10/2020 to 22/10/2020.				
Bank :	Ch. No.	Date :		
In words <u>Two thousand only</u>				
Approved by (Chairman)		Verified by (Auditors)		Signature



NMC Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad
SANTHIRAM MEDICAL COLLEGE
NANDYAL



Curriculum Implementation Support Program II

CERTIFICATE OF PARTICIPATION

*This is to certify that **Dr. JANARDHAN REDDY**, Associate Professor, Department of Radiology, Santhiram Medical College, Nandyal has participated in the **Curriculum Implementation Support Program - II** held from **21st to 22nd October 2020** at **Santhiram Medical College, Nandyal (AP)** under the aegis of the NMC Regional Centre, Gandhi Medical College, Secunderabad.*

Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College,
Nandyal, A.P.

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

Dr. G.S. PREMA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

Date: 22nd October 2020

APPLICATION FOR REIMBURSEMENT

From

Dr. Janardhan 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.....held on 21/10/20 to 22/10/20 and I paid registration fee of
Rs ..2000/-..... for the ~~conference/ seminar/work shop~~. I request you sir kindly
reimburse the above amount of Rs ..2000/-... at an earliest.

Thanking you sir

Yours faithfully,

K.S. Janardhan Reddy.

Enclosure

- 1) Conference/Seminar attended Certificate.

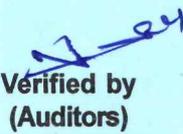
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 2/11/2020.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. Janardhan Reddy			2000/-	
payment towards reimbursement of registration fee for attending curriculum implementation support program at Gandhi				
dt: 21/10/2020 to 22/10/2020				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



NMC Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad
SANTHIRAM MEDICAL COLLEGE
NANDYAL

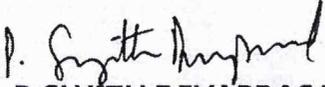


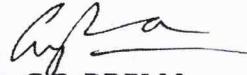
Curriculum Implementation Support Program II

CERTIFICATE OF PARTICIPATION

*This is to certify that **Dr. L. SOWMYA**, Assistant Professor, Department of ENT, Santhiram Medical College, Nandyal has participated in the **Curriculum Implementation Support Program - II** held from **21st to 22nd October 2020** at **Santhiram Medical College, Nandyal (AP)** under the aegis of the NMC Regional Centre, Gandhi Medical College, Secunderabad.*


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College,
Nandyal, A.P.


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


Dr. G.S. PREMA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

Date : 22nd October 2020

APPLICATION FOR REIMBURSEMENT

From

Dr. L. Sowmya.

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.....held on 21/10/20 to 22/10/20 and I paid registration fee of
Rs 2000/- for the ~~conference/ seminar/work shop~~. 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.

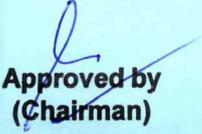
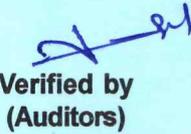
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

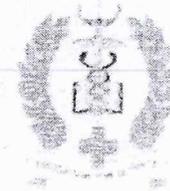
JOURNAL VOUCHER

Date: 28/10/2020

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. L. Sowmya			2000/-	
Payment towards reimbursement of Registration fee for attending curriculum Implementation support program at Gandhi dt: 21/10/2020 to 22/10/2020				
Bank : Ch. No. Date :				
In words	Two thousand only.			
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



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



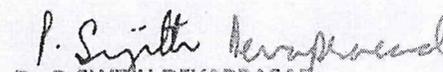
SANTHIRAM MEDICAL COLLEGE
NANDYAL, KURNOOL DIST., ANDHRA PRADESH

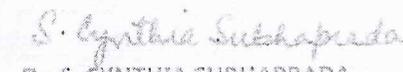
Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)

Certificate of Participation

This is to certify that Dr. M. ANIL KUMAR, Assistant Professor, Department of Pathology, Santhiram Medical College, Nandyal has participated in the Revised Basic Course Workshop & AETCOM held from 4th to 6th May 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,
Nandyal


Dr. P. SUJITH DEVAPRASAD
MEU Co-ordinator
Santhiram Medical College
Nandyal


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

APPLICATION FOR REIMBURSEMENT

From

Dr. M. Anil 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
RBCW, ~~Chennai~~ ~~Chennai~~ held on ~~1/5/21 to 6/5/21~~ and I paid registration fee of
Rs ~~8500/-~~ for the conference/ seminar/workshop. I request you sir kindly
reimburse the above amount of Rs ~~8000/-~~ at an earliest.

Thanking you sir

anba
Yours faithfully,

Enclosure

- 1) Conference/Seminar attended Certificate.

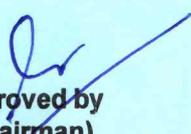
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 14-5-2021

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Exp	2000/-			
Dr. M. Anilkumar			2000/-	
Payment towards - Reimbursement				
of Registration fee for Attending				
RBCW workshop at Grand medical college				
Secunderabad. From 4-5-2021 TO 6-5-2021				
Bank :	Ch. No.	Date :		
In words <u>Two 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>				



N M C Regional Centre for Medical Education Technology

Gandhi Medical College, Secunderabad

SANTHIRAM MEDICAL COLLEGE

NANDYAL, KURNOOL DIST., ANDHRA PRADESH

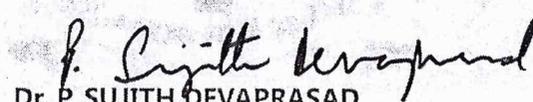


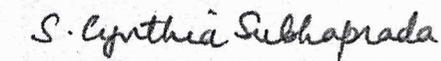
**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

*This is to certify that **Dr. L. SOWMYA**, Assistant Professor, Department of Otolaryngology, Santhiram Medical College, Nandyal has participated in the **Revised Basic Course Workshop & AETCOM** held from **4th to 6th May 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,
Nandyal


Dr. P. SUJITH DEVAPRASAD
MEU Co-ordinator
Santhiram Medical College
Nandyal


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

APPLICATION FOR REIMBURSEMENT

From

Dr. L. Sowroja

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
ABCW Secunderabad held on 4/5/21 to 6/5/21 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

Sowroja
Yours faithfully,

Enclosure

- 1) Conference/Seminar attended Certificate.

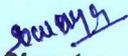
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

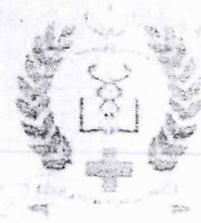
Date: 13-5-2021

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Exp	2000/-			
DR. L. Sowmya			2000/-	
Payment towards - Reimbursement of				
Registration fee for Attending RBCW				
workshop at Secunderabad from 4-5-2021 TO				
6-5-2021				
Bank :	Ch. No.	Date :		
In words	Two Thousand only			
				
Approved by (Chairman)		Verified by (Auditors)		Signature



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

SANTHIRAM MEDICAL COLLEGE
NANDYAL, KURNOOL DIST., ANDHRA PRADESH



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

Certificate of Participation

This is to certify that Dr. SIVA JYOTHI, Associate Professor, Department of Obstetrics & Gynaecology, Santhiram Medical College, Nandyal has participated in the Revised Basic Course Workshop & AETCOM held from 4th to 6th May 2021 under supervision of NMC Regional Centre for Medical Education Technology, Gandhi Medical College, Secunderabad, Telangana State.

[Signature]
Dr. D. V. GIDDAI
Principal
Santhiram Medical College
Nandyal

NH-40, NANDYAL, 507 507, Kurnool, Dr. A.R.
Santhiram Medical College
& General Hospital

PRINCIPAL

[Signature]
Dr. P. SUJITH DEVAPRASAD
MEU Co-ordinator
Santhiram Medical College
Nandyal

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

APPLICATION FOR REIMBURSEMENT

From

Dr. Siva Jyothi

Dept of OBG

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
RBCW Secunderabad.....held on 4/5/21 to 6/5/21 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

Siva Jyothi
Yours faithfully,

Enclosure

1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 12/5/2021

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Conf Dr. Siva Sridhar	2000/-			
Payment towards Reimbursement of Registration fee for Attending RBCW workshop at Secunderabad. From 4.5.2021 to 6.5.2021			2000/-	
Bank :	Ch. No.	Date :		
In words	Two Thousand only -			
Approved by (Chairman)	Verified by (Auditors)	Signature		



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

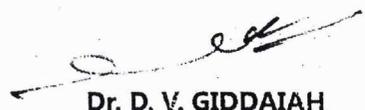
SANTHIRAM MEDICAL COLLEGE
NANDYAL, KURNOOL DIST., ANDHRA PRADESH



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

Certificate of Participation

*This is to certify that **Dr. JANARDHAN REDDY**, Associate Professor, Department of Radiology, Santhiram Medical College, Nandyal has participated in the **Revised Basic Course Workshop & AETCOM** held from **4th to 6th May 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,
Nandyal


Dr. P. SUJITH DEVAPRASAD

MEU Co-ordinator
Santhiram Medical College
Nandyal


Dr. S. CYNTHIA SUBHAPRADA

Observer, NMC Regional Centre,
Gandhi Medical College
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Janardhan 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.....held on 4/5/2021 to 6/5/2021 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. Janardhan Reddy.

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 22/5/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	9000/-			
Dr. Janardhan Reddy			9000/-	
Payment towards reimbursement of				
Registration fee for attending revised				
Basic course workshop at Gandhi.				
dt: 4/5/2021 to 6/5/2021.				
Bank :	Ch. No.	Date :		
In words <u>Two thousand only.</u>				
Approved by (Chairman)		Verified by (Auditors)		Signature



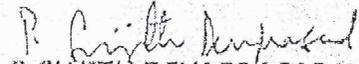
NMC Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad
SANTHIRAM MEDICAL COLLEGE
NANDYAL

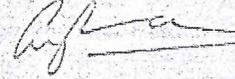
Curriculum Implementation Support Program II

CERTIFICATE OF PARTICIPATION

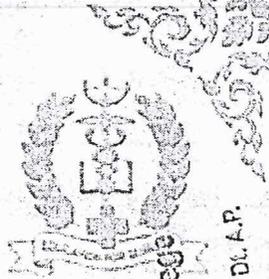
This is to certify that *Dr. B. SARATH KUMAR REDDY*, Assistant Professor, Department of General Medicine, Santhiram Medical College, Nandyal has participated in the Curriculum Implementation Support Program - II held from 21st to 22nd October 2020 at Santhiram Medical College, Nandyal (AP) under the aegis of the NMC Regional Centre, Gandhi Medical College, Secunderabad.


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College,
Nandyal, A.P.


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

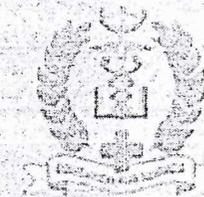

Dr. G.S. PREMA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

Date : 22nd October 2020


PRINCIPAL
Santhiram Medical College
& General Hospital
NH-40, NANDYAL-515 501, Kurnool Dt. A.P.



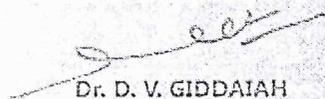
N M C Regional Centre for Medical Education Technology
Gandhi Medical College, Secunderabad
SANTHIRAM MEDICAL COLLEGE
NANDYAL, KURNOOL DIST., ANDHRA PRADESH



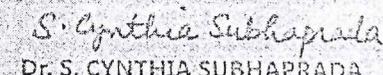
Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)

Certificate of Participation

This is to certify that **Dr. B. SARATH KUMAR REDDY**, Assistant Professor,
Department of General Medicine, Santhiram Medical College, Nandyal has participated
in the **Revised Basic Course Workshop & AETCOM** held from 4th to 6th May
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,
Nandyal


Dr. P. SUJITH DEVAPRASAD
MEU Co-ordinator
Santhiram Medical College
Nandyal


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

PRINCIPAL

Santhiram Medical College

Santhiram Hospital

Plot 40, Nandyal, Kurnool Dist., Andhra Pradesh

APPLICATION FOR REIMBURSEMENT

From

Dr. v. Saira kumari

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.....held on 4/5/2021 to 6/5/2021 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: 21/5/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Dr. V. Saira Kumari			2000/-	
payment towards reimbursement of registration fee for attending Revised Basic course workshop at Gandhi.				
dt: 4/5/2021 to 6/5/2021.				
Bank :	Ch. No.	Date :		
In words <u>Two thousand only.</u>				
Approved by (Chairman)		Verified by (Auditors)		Signature



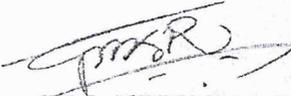
NMC Regional Centre for Medical Education Technologies
Gandhi Medical College, Secunderabad
SANTHIRAM MEDICAL COLLEGE
NANDYAL



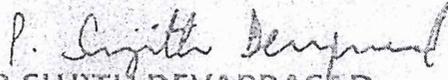
Curriculum Implementation Support Program II

CERTIFICATE OF PARTICIPATION

This is to certify that *Dr. RAGHAVENDRA VERMA*, Assistant Professor, Dept of Pharmacology, Santhiram Medical College, Nandyal has participated in the *Curriculum Implementation Support Program - II* held from *21st to 22nd October 2020* at Santhiram Medical College, Nandyal (AP) under the aegis of the NMC Regional Centre, Gandhi Medical College, Secunderabad.


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College,
Nandyal, A.P.

PRINCIPAL
Santhiram Medical College
& General Hospital
1, 40, NANDYAL-518 501, Kurmoo


P. SUJITH DEVAPRASAD
MEU Coordinator
Santhiram Medical College,
Nandyal, A.P.


Dr. G.S. PREMA
Observer, NMC Regional Centre
Gandhi Medical College,
Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Raghavendra Varma.

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.....held on 4/5/2021 to 6/5/2021, 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. C.M. Raghavendra Varma

Enclosure

- 1) Conference/Seminar attended Certificate.

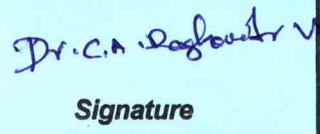
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/5/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Dr. Raghavendra Varma			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at Gandhi.				
dt: 4/5/2021 to 6/5/2021.				
Bank : Ch. No. Date :				
In words Two thousand Only				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



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

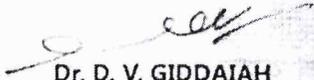
SANTHIRAM MEDICAL COLLEGE
NANDYAL, KURNOOL DIST., ANDHRA PRADESH



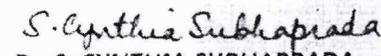
**Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)**

Certificate of Participation

*This is to certify that **Dr. T. PRAVEENA**, Associate Professor, Department of Dermatology, Santhiram Medical College, Nandyal has participated in the **Revised Basic Course Workshop & AETCOM** held from 4th to 6th May 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,
Nandyal


Dr. P. SUJITH DEVAPRASAD
MEU Co-ordinator
Santhiram Medical College
Nandyal


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

APPLICATION FOR REIMBURSEMENT

From

Dr. T. Praveena .

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.....held on 4/5/2021 to 6/5/2021...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,

T. Praveena .

Enclosure

- 1) Conference/Seminar attended Certificate.

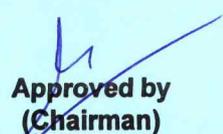
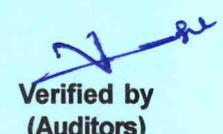
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 26/5/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	2000/-			
Dr. T. Praveena			2000/-	
Payment towards reimbursement of Registration fee for attending Revised Basic course workshop at Gandhi. dt: 4/5/2021 to 6/5/2021.				
Bank : Ch. No. Date :				
In words <u>Two thousand 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>				



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

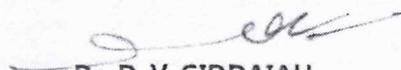


SANTHIRAM MEDICAL COLLEGE
NANDYAL, KURNOOL DIST., ANDHRA PRADESH

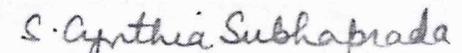
Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)

Certificate of Participation

*This is to certify that **Dr. R. HEMALATHA**, Assistant Professor, Department of Community Medicine, Santhiram Medical College, Nandyal has participated in the **Revised Basic Course Workshop & AETCOM** held from **4th to 6th May 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,
Nandyal


Dr. P. SUJITHA DEVAPRASAD
MEU Co-ordinator
Santhiram Medical College
Nandyal


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

APPLICATION FOR REIMBURSEMENT

From

Dr. R. Hemalatha .

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, held on 4/5/2021 to 6/5/2021 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.



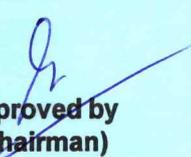
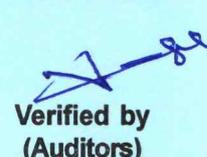
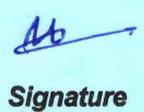
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 21/5/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Dr. R. Hemalatha			2000/-	
payment towards reimbursement of registration fee for attending Revised Basic course workshop at Gandhi.				
dt: 4/5/2021 to 6/5/2021.				
Bank :	Ch. No.	Date :		
In words	Two thousand only.			
				
Approved by (Chairman)	Verified by (Auditors)	Signature		



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

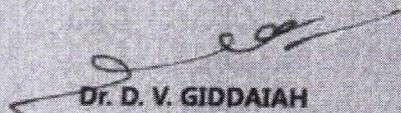
SANTHIRAM MEDICAL COLLEGE
NANDYAL, KURNOOL DIST., ANDHRA PRADESH

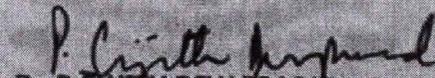


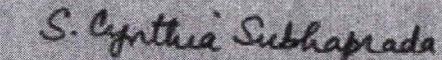
Revised Basic Course Workshop and Training in
Attitude, Ethics & Communication (AETCOM)

Certificate of Participation

*This is to certify that **Dr. P. CHAKRADHAR**, Professor, Department of Pulmonology, Santhiram Medical College, Nandyal has participated in the **Revised Basic Course Workshop & AETCOM** held from **4th to 6th May 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,
Nandyal


Dr. P. SUJITH DEVAPRASAD
MEU Co-ordinator
Santhiram Medical College
Nandyal


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

APPLICATION FOR REIMBURSEMENT

From

Dr. p. chakradhar .

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 4/5/2021 to 6/5/2021 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,

p. chakradhar

Enclosure

- 1) Conference/Seminar attended Certificate.

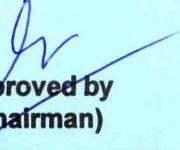
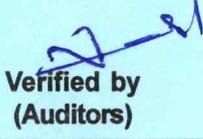
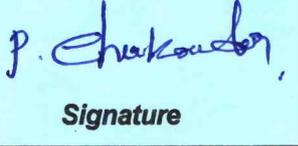
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

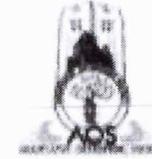
JOURNAL VOUCHER

Date: 28/5/2021.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. P. Chakradhar			2000/-	
Payment towards reimbursement of Registration fee for attending Revised Basic course workshop at Gandhi. dt: 4/5/2021 to 6/5/2021.				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)	 Verified by (Auditors)	 Signature		



THE GOLDEN HYBRID CONFERENCE
50th OSSAPCON 2021
50th ANNUAL CONFERENCE OF
ORTHOPAEDIC SURGEONS SOCIETY OF
ANDHRA PRADESH



20-21
Add

CERTIFICATE

OF PARTICIPATION

This Certificate is presented to

K. N. Sandeep

has participated as a **Delegate/ Chairperson/ Faculty** at the **50th Annual Conference of Orthopaedic Surgeons Society of Andhra Pradesh (OSSAPCON 2021) Hybrid Conference** held from **26 – 28 February 2021**.

Awarded **6 CME Credit Points** by APMC Letter: **APMC/Online Conference/034/2021 Dated: 05.02.2021**

Dr B Achyuth Prasad
Organising Chairman

Dr A Jagannath
Organising Chairman

Dr Athmaram M
Organising Secretary

Dr S Subramanya Rao
President OSSAP

Dr J Naresh Babu
Secretary OSSAP

Dr B K Naik
Registrar APMC

Dr B Sambasiva Reddy
Chairman APMC

Dr B V Subba Rao
APMC Observer

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
...OSSAPCON.....held on 26/12/21 to 28/12/21 and I paid registration fee of
Rs 800/-..... for the conference/ seminar/workshop. I request you sir kindly
reimburse the above amount of Rs 800/-..... 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: 9-3-2021

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Fee	800/-			
Dr. K.V. Sandeep			800/-	
Payment towards - Reimbursement of				
Registration fee for Attending OSSAPCON				
Conference. Dated: 26-2-21 to				
28-2-2021				
Bank :	Ch. No.	Date :		
In words	Eight hundred only -			
Approved by (Chairman)	Verified by (Auditors)	Signature		



MCI Regional Centre for Medical Education Technology
GANDHI MEDICAL COLLEGE, Secunderabad

Curriculum Implementation Support Program II

Certificate of Participation

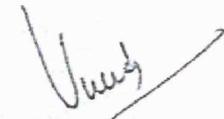
This is to certify that Dr. R. KISHORE KUMAR, Assistant Professor, Department of Psychiatry, Shantiram Medical College, Nandyal has participated in the CURRICULUM IMPLEMENTATION SUPPORT PROGRAM - II (Online) held from 6th to 7th August 2020 at Gandhi Medical College, Secunderabad under the aegis of the MCI Regional Centre, Gandhi Medical College, Secunderabad.


Dr. G. PRAKASH RAO

Principal
Gandhi Medical College, Secunderabad

Date : 23rd September 2020




Dr. N.V.N. REDDY

Convener, MCI Regional Centre
Gandhi Medical College, Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. Kishore Kumar.R

Dept of physiology

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
.....Secunderabad.....held on 6/8/20 to 7/8/20 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

Kishore Kumar
Yours faithfully,

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 16-8-2020

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Exp	2000/-			
DR. Kishore Kumar.R			2000/-	
Payment towards - Reimbursement of Registration fee for Attending CISP workshop at Secunderabad from 6-8-2020 to 7-8-2020				
Bank : Ch. No. Date :				
In words	Two Thousand only			
Approved by (Chairman)	Verified by (Auditors)	Signature		