



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 2018-19



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 2018-19

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.Y. PANDURANGA RAO	WORKSHOP	WORKSHOP PARTICIPATION	25.11.2018
2	DR. SUJITH DEVA PRASAD	WORKSHOP	WORKSHOP PARTICIPATION	26.11.2018
3	DR. B. SOMESWARA REDDY	WORKSHOP	WORKSHOP PARTICIPATION	27.11.2018
4	DR. M. MAHENDRA KUMAR REDDY	WORKSHOP	WORKSHOP PARTICIPATION	28.11.2018
5	DR. M. HINDUMATHI	WORKSHOP-SSJLOW	WORKSHOP PARTICIPATION	24 TH & 25 TH FEB 2018
6	DR.POTHIREDDY SRUTHI	WORKSHOP-SIMED-NRI OB&GY	WORKSHOP PARTICIPATION	2.04.2018
7	DR. SRIDEVI. B	WORKSHOP – PSIMS & RF	WORKSHOP PARTICIPATION	16.11.2018
8	DR. P. CHAKRADHAR	WORKSHOP - APSA	WORKSHOP PARTICIPATION	11.03.2018
9	DR. SRIDEVI. B	ISACON	CONFERENCE PARTICIPATION	7 & 9 TH MARCH 2018
10	DR. M HINDUMATHI	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	8 TH TO 10 TH APRIL 2019
11	MR. M. ANIL KUMAR	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	25 TO 27 JUNE 2019


PRINCIPAL
Santhiram Medical College
NANDYAL, Kurnool(Dist.)



SANTHIRAM MEDICAL COLLEGE

NANDYAL-518501, A.P

12	DR.K.DURGA PRASAD	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	25 TO 27 JUNE 2019
13	ANJALY M VARGHESE	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	25 TO 27 JUNE 2019
14	DR.K.NAGARJUNA REDDY	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	25 TO 27 JUNE 2019
15	DR.J.KARTHIKI	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	25 TO 27 JUNE 2019
16	DR. A. SARITHA	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	25 TO 27 JUNE 2019
17	DR. K.DHARMA DAS	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
18	MR. M. ANIL KUMAR	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
19	DR.K.DURGA PRASAD	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
20	ANJALY M VARGHESE	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
21	DR.AFSAR FATIMA	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
22	DR. KISHORE KUMAR	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019

[Signature]
PRINCIPAL
Santhiram Medical College
NANDYAL, Kurnool(Dist.)



SANTHIRAM MEDICAL COLLEGE

NANDYAL-518501, A.P

23	DR.K.NAGARJUNA REDDY	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
24	DR.J.KARTHIKI	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
25	DR.Y.VENUGOPAL SARMA	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
26	DR. A. SARITHA	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18 TO 20 JUNE 2019
27	DR.Y.VENUGOPAL SARMA	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	25 TH TO 27 TH JUNE 2019
28	DR. VASANT R. CHAVAN	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	2ND-4TH MAY 2019
29	DR. PASUMARTHI SUJITH DEVA PRASAD	METCON	CONFERENCE PARTICIPATION	05-06 JAN 2019
30	DR. S SREEDEVI	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	08- 10 APR 2019
31	DR. ANJALY M VARGHESE	REVISED BASIC COURSE WORKSHOP	WORKSHOP PARTICIPATION	18-20 JUN 2019


PRINCIPAL
Santhiram Medical College
NH-18, NANDYAL, Kurnool(Dist.)



SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL

NH-40, NANDYAL, Kurnool (Dist.), A.P. PH : 08514- 222203, 222480

CME & HANDS ON WORKSHOP ON PRINCIPLES OF MANAGEMENT OF TENDON INJURIES

Organized by : Department of Orthopaedics

CERTIFICATE

This is to certify that Dr. Y. PANDU RANGA RAO

Has participated as a Participant / Resource Person in the "CME & Hands on Workshop on Principles of Management of Tendon Injuries " Organized by Department of Orthopaedics, SRMC, Nandyal on 25th Nov, 2018.

AP Medical Council Granted 2 Credit Hours for this CME APMC/CME/195/2018-19

Dr. Yalamanchili Raja Rao
Chairman, A.P. Medical Council

Mr. K. Satyanarayana Murthy
Registrar, A.P. Medical Council

Dr. B. Chandratna
Medical Supdt. & Prof, SRMC

Dr. B. Someswara Reddy
Prof. & HOD, Dept. of Orthopaedics, SRMC

APPLICATION FOR REIMBURSEMENT

From

Dr. Y. Pandu Ranga Rao

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar~~ work shop at SRMC, Nandyal held on 25/11/2018 and I paid registration fee of Rs 200/- for the ~~conference/ seminar~~ work shop. I request you sir kindly reimburse the above amount of Rs 200/- at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



- 1) Conference/Seminar attended Certificate.

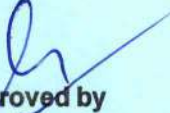
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 5/12/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses	200/-			
Dr. Y. panduranga Rao			200/-	
Payment towards reimbursement of Registration				
fee for attending workshop participation				
at SRMC dt: 25-11-2018.				
Bank :	Ch. No.	Date :		
In words <u>Two hundred only</u>				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL

NH-40, NANDYAL, Kurnool (Dist.), A.P. PH : 08514- 222203, 222480

CME & HANDS ON WORKSHOP ON PRINCIPLES OF MANAGEMENT OF TENDON INJURIES

Organized by : Department of Orthopaedics

CERTIFICATE

This is to certify that Dr. Sujith Deva Prasad.

Has participated as a Participant / Resource Person in the "CME & Hands on Workshop on Principles of Management of Tendon Injuries " Organized by Department of Orthopaedics, SRMC, Nandyal on 25th Nov, 2018.

AP Medical Council Granted 2 Credit Hours for this CME APMC/CME/195/2018-19

Dr. Yalamanchili Raja Rao
Chairman, A.P. Medical Council

Mr. K. Satyanarayana Murthy
Registrar, A.P. Medical Council

Dr. B. Chandranna
Medical Supdt. & Prof, SRMC

Dr. B. Someswara Reddy
Prof. & HOD, Dept. of Orthopaedics, SRMC

APPLICATION FOR REIMBURSEMENT

From

Dr. Smith Deva prasad

To

The Principal
Santhiram Medical College
Nandyal.AP

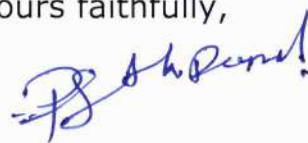
Dear Sir,

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

I Submit that I have attended ~~conference/seminar~~/work shop at SRMC, Nandyal held on 26/11/2018 and I paid registration fee of Rs 200/- for the ~~conference/ seminar~~/work shop. I request you sir kindly reimburse the above amount of Rs 200/- at an earliest.

Thanking you sir

Yours faithfully,



Enclosure

- 1) Conference/Seminar attended Certificate.

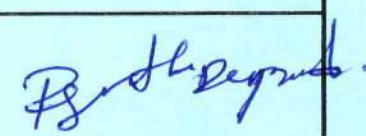
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 8/12/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	200/-			
Dr. Senth Devaraj			200/-	
payment towards reimbursement of				
Registration fee for attending workshop				
participation at SEMC-Nandyal.				
dt: 26/11/2018				
Bank : Ch. No. Date :				
In words Two hundred only.				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL

NH-40, NANDYAL, Kurnool (Dist.), A.P. PH : 08514- 222203, 222480

CME & HANDS ON WORKSHOP ON PRINCIPLES OF MANAGEMENT OF TENDON INJURIES

Organized by : Department of Orthopaedics

CERTIFICATE

This is to certify that Dr. B. Someswara Reddy

Has participated as a Participant / Resource Person in the "CME & Hands on Workshop on Principles of Management of Tendon Injuries" Organized by Department of Orthopaedics, SRMC, Nandyal on 25th Nov, 2018.

AP Medical Council Granted 2 Credit Hours for this CME APMC/CME/195/2018-19

Dr. Yalamanchili Raja Rao
Chairman, A.P. Medical Council

Mr. K. Satyanarayana Murthy
Registrar, A.P. Medical Council

Dr. B. Chandranna
Medical Supdt. & Prof, SRMC

Dr. B. Someswara Reddy
Prof. & HOD, Dept. of Orthopaedics, SRMC

APPLICATION FOR REIMBURSEMENT

From

Dr. B. Somanna 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~~ work shop at SKMC, Nandyal held on 27/11/2018 and I paid registration fee of Rs 200/- for the ~~conference/ seminar~~ work shop. I request you sir kindly reimburse the above amount of Rs 200/- at an earliest.

Thanking you sir

Yours faithfully,

B. Somanna

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 8/12/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	200/-			
Dr. B. Someswara Reddy			200/-	
Payment towards reimbursement of				
Registration fee for attending workshop				
participation at SEMC-Nandyal dt 27/11/18.				
Bank :	Ch. No.	Date :		
In words	Two hundred only			
Approved by (Chairman) Verified by (Auditors) Signed Sir				



SANTHIRAM MEDICAL COLLEGE & GENERAL HOSPITAL

NH-40, NANDYAL, Kurnool (Dist.), A.P. PH : 08514- 222203, 222480

CME & HANDS ON WORKSHOP ON PRINCIPLES OF MANAGEMENT OF TENDON INJURIES

Organized by : Department of Orthopaedics

CERTIFICATE

This is to certify that Dr. Mr. Mahendra Kumar Reddy

Has participated as a Participant / Resource Person in the "CME & Hands on Workshop on Principles of Management of Tendon Injuries " Organized by Department of Orthopaedics, SRMC, Nandyal on 25th Nov, 2018.

AP Medical Council Granted 2 Credit Hours for this CME APMC/CME/195/2018-19

Dr. Yalamanchili Raja Rao
Chairman, A.P. Medical Council

Mr. K. Satyanarayana Murthy
Registrar, A.P. Medical Council

Dr. B. Chandranna
Medical Supdt. & Prof, SRMC

Dr. B. Someswara Reddy
Prof. & HOD, Dept. of Orthopaedics, SRMC

APPLICATION FOR REIMBURSEMENT

From

Dr. M. 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~~/work shop at
.....SRMC Nandyal.....held on28/11/2018..... and I paid registration fee
of Rs200/-..... for the ~~conference/seminar~~/work shop. I request you sir
kindly reimburse the above amount of Rs200/-..... at an earliest.

Thanking you sir

Yours faithfully,

Enclosure



1) Conference/Seminar attended Certificate.

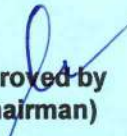
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 10/12/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses	200/-			
Dr. M. Mahendra Kumar Reddy			200/-	
Payment towards reimbursement of				
Registration fee for attending workshop				
participation at SRMC-Nandyal.				
dt: 28/11/2018				
Bank : Ch. No. Date :				
In words Two hundred only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



SVIMS SILVER JUBILEE LAPAROSCOPIC ONCOSURGICAL WORKSHOP-2018 (SSJLOW-2018)



23rd & 24th February 2018

DEPARTMENT OF SURGICAL ONCOLOGY

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES , TIRUPATI.

This is to Certify that

Dr. M. HINDUMATHI

Has Participated as Delegate in

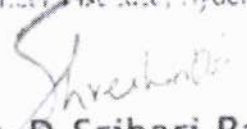
SVIMS Silver Jubilee Laparoscopic oncosurgical Work shop - 2018 (SSJLOW 2018)

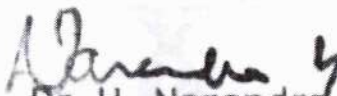
held on 23. & 24. February 2018 at Sri Venkateswara Institute of Medical Sciences, Tirupati. Andhra Pradesh

Medical Council has granted 4 CME Credit hours (vide letter no. APMC/CME/17/2018 dt. 8/2/18).

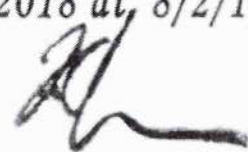

Dr. T. Subramanyeswar Rao
Medical Director

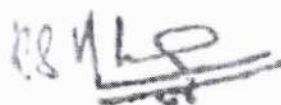
Basava Tarakan Indo American
Cancer Institute, Hyderabad.


Dr. D. Srihari Rao.
Observer, APMC


Dr. H. Narendra
Organizing Secretary


Dr. Y. Raja Rao
Chairman APMC


Dr. T.S. Ravikumar
Organizing Chairman


K. Satyanarayana Murthy
Registrar, APMC

APPLICATION FOR REIMBURSEMENT

From

Dr. M. Hindhumathi

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~~/work shop at SVIMS, Tirupathi held on 24/2/2018 to 25/2/2018 and I paid registration fee of Rs 1000/- for the ~~conference/~~ seminar/work shop. I request you sir kindly reimburse the above amount of Rs 1000/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. M. Hindhumathi,

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 5/3/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: <u>Seminar & workshop expenses</u>	<u>1000/-</u>			
<u>Dr. M. Hinduramathi</u>			<u>1000/-</u>	
<u>Payment towards reimbursement of</u>				
<u>Registration fee for attending workshop at</u>				
<u>SVSIMS. dt 24/2/2018 to 25/2/2018.</u>				
Bank :	Ch. No.	Date :		
In words <u>one thousand only</u>				
Approved by (Chairman) Verified by (Auditors) Dr. M. Hinduramathi. Signature				



AICOG 2018



61st All India Congress of Obstetrics & Gynaecology

Date: 17th-21st January, 2018 Venue: Janata Maidan, Bhubaneswar

Hosted by AOGO under the aegis of FOGSI

Certificate

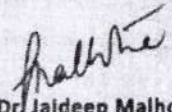
This Certificate is awarded to

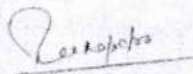
Dr. POTHIREDDY SRUTHI

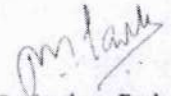
for having actively participated as a **FACULTY / DELEGATE**

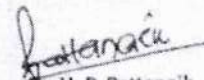
in the 61st AICOG held at Bhubaneswar, Odisha

(This Congress has been awarded 22 credit points by ICOG)


Dr. Jaideep Malhotra
President FOGSI


Dr. P. C. Mahapatra
Organising Chairperson


Dr. Jaydeep Tank
Secretary General, FOGSI


Dr. H. P. Pattanaik
Organising Secretary


Dr. Maya Padhi
Chairperson
Scientific Committee

APPLICATION FOR REIMBURSEMENT

From

Dr. pothireddy Sruthi

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar/work~~ shop at
SINED, NRI, Guntur... held on ...22/04/2018... and I paid registration fee
of Rs 1000/- for the ~~conference/seminar/work~~ shop. I request you sir
kindly reimburse the above amount of Rs 1000/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. Sruthi

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 5/5/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses	1000/-			
Dr. Pethiseddy Suthi			1000/-	
payment towards reimbursement of				
Registration fee for attending workshop				
Participation at SAMED-NRI OB&Gy Guntur				
dt 22/4/2018				
Bank : Ch. No. Date :				
In words <u>one thousand only</u>				
Approved by (Chairman) Verified by (Auditors) Signature				



Dr. N.T.R. University of Health Sciences, Vijayawada



Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation

Chinna Avutapalli, Gannavaram Mandal,
Krishna District - 521 286, A.P., India.

(Sponsors : Siddhartha Academy of General & Technical Education, Vijayawada)

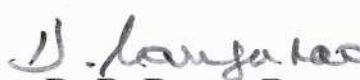


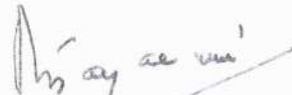
Certificate of Attendance

Workshop on Establishing BLS & Clinical Skills Lab

This is to certify that Dr. **SRIDEVI . B** has participated
as a Delegate in the **Workshop on Establishing BLS and Clinical Skills Lab** organised by Department of
Medical Education Unit held on 16th November 2018 at **Dr. Pinnamaneni Siddhartha Institute of Medical
Sciences & Research Foundation, Chinna Avutapalli.**


Dr. V. Kalyan Chakravarthy
Programme Co-ordinator
Workshop on Establishing
BLS & Clinical Skills Lab
Dr. PSIMS & RF


Dr. D. Ranga Rao
Coordinator
Medical Education Unit
Dr. PSIMS & RF


Dr. P.S.N. Murthy
Principal
Dr. PSIMS & RF


Dr. S. Appalanaidu
Registrar
Dr. NTR UHS
Vijayawada

APPLICATION FOR REIMBURSEMENT

From

Dr. 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~~ work shop at
Vijayawada.....held on 16/11/2018..... and I paid registration fee
of Rs 1000/- for the ~~conference/ seminar~~ work shop. I request you sir
kindly reimburse the above amount of Rs 1000/- at an earliest.

Thanking you sir

Yours faithfully,

Enclosure

Dr. Sridevi

- 1) Conference/Seminar attended Certificate.

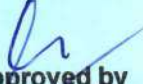
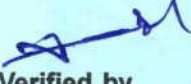
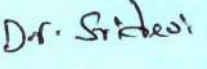
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 28/11/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	1000/-			
Dr. Sidevi. B.			1000/-	
Payment towards reimbursement of				
Registration fee for attending workshop				
Participation at RSIMS, RF Vijayawada.				
dt: 16/11/2018.				
Bank : Ch. No. Date :				
In words One thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



20th **napcon** 2018
National Conference on Pulmonary Diseases
29th November to 2nd December, 2018



Certificate

This is to certify that

Dr. P. Chakradhar

*has participated as Delegate / Faculty for the scientific programme
at the 20th National Conference on Pulmonary Diseases 2018 (NAPCON-2018)
held at Gujarat University Convention Centre, Ahmedabad
from 30th November to 2nd December 2018.*

Gujarat Medical Council has granted 9 / 10 credit hours to the Delegate / Faculty.

Rajesh Solanki
Dr. Rajesh Solanki
Organising Chairman
NAPCON 2018

Raj Bhagat
GMC Observer
NAPCON 2018

Tushar Patel
Dr. Raj Bhagat / Dr. Tushar Patel
Organising Secretary
NAPCON 2018

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~~ work shop at APSA, Kurnool held on 11/03/2018 and I paid registration fee of Rs 1000/- for the ~~conference/ seminar~~ work shop. I request you sir kindly reimburse the above amount of Rs 1000/- 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: 15/3/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses	1000/-			
Dr. P. Chakradhar			1000/-	
Payment towards reimbursement of				
Registration fee for attending workshop				
participation at APSA-Kurnool.				
dt: 11/3/2018				
Bank : Ch. No. Date :				
In words <u>one thousand only</u>				
Approved by (Chairman) Verified by (Auditors) P. Chakradhar Signature				



34th Annual Indian Society of Anaesthesiologists South Zone Conference

ISACON SOUTH 2018

7th to 9th September 2018, S.V. Medical College, Tirupati

This certificate is presented to

Dr. Sridevi. B

*Who has attended the Workshop as Delegate / as Faculty
at ISACON SOUTH 2018, Tirupati*

Topic Mechanical Ventilation

APMC awarded Two Credit hours - Workshop (APMC /CME/129/27.07.2018)



Prof. M Hanumantha Rao
Org. Chairman
ISACON SOUTH 2018



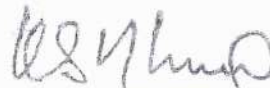
Dr. Madan M Reddy
Org. Secretary
ISACON SOUTH 2018



Prof. Alok Samnataray
Chair - Scientific
ISACON SOUTH 2018



Dr. Yalamanchili Raja Rao
Chairman - APMC



Dr. K Satyanarayana Murthy
Registrar - APMC



Dr. Jeevan Babu
Workshop Co-ordinator

APPLICATION FOR REIMBURSEMENT

From

Dr. Sridevi B

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/work~~ shop at
ISACON, Tirupath.....held on 7/9/2018 to 9/9/2018 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,

Dr. S. Sridevi

Enclosure

- 1) Conference/Seminar attended Certificate.

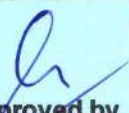
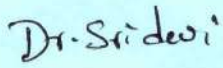
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 18/9/2018.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses	3000/-			
Dr. Sridevi. B			3000/-	
Payment towards reimbursement of				
Registration fee for attending ISACON				
conference participation at Tirupati				
dt: 7/9/2018 to 9/9/2018				
Bank : Ch. No. Date :				
In words Three thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



REGIONAL CENTRE FOR FACULTY DEVELOPMENT
Gandhi Medical College, Secunderabad, Telangana.
CURRICULUM IMPLEMENTATION SUPPORT PROGRAM

CERTIFICATE OF PARTICIPATION

This is to certify that Dr. M. HINDUMATHI
ASSOCIATE.....Professor, Department of... OBSTETRICS & GYNECOLOGY
of... SHANTIRAM MEDICAL COLLEGE, NANDYAL
has participated as delegate in the workshop on “**Curriculum Implementation Support Program**” held from 8th to 10th April 2019 at the MCI Regional Centre for Faculty Development, Gandhi Medical College, Secunderabad, Telangana.

Dr. O. SHRAVAN KUMAR
Principal

PRINCIPAL

Dated 10th April 2019 **GANDHI MEDICAL COLLEGE**
SECUNDERABAD

Dr. N.V.N. REDDY

Convener
CONVENER

MCI Regional Training Centre
for Medical Education Technology
Gandhi Medical College, Secunderabad

APPLICATION FOR REIMBURSEMENT

From

Dr. M. Hindumathi

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 8/11/19 to 10/11/19, 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. M. Hindumathi

Enclosure

- 1) Conference/Seminar attended Certificate.

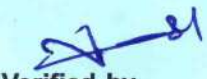
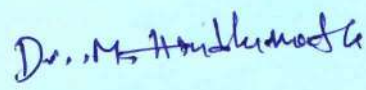
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 25/4/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses	2000/-			
Dr. M. Hindumathi			2000/-	
Payment towards reimbursement of				
Registration fee for attending curriculum				
Implementation support program at Gandhi				
dt: 8/4/2019 to 10/4/2019				
Bank :	Ch. No.	Date :		
In words: Two thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				

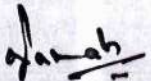


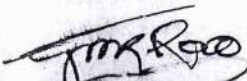
MEDICAL COUNCIL OF INDIA
REGIONAL CENTRE FOR FACULTY DEVELOPMENT
Gandhi Medical College, Secunderabad, Telangana.
CURRICULUM IMPLEMENTATION SUPPORT PROGRAM

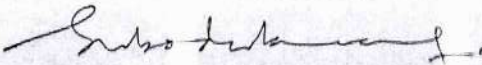


CERTIFICATE OF PARTICIPATION

This is to certify that *Dr. Mr. M. Anil Kumar*.....
.....*Assistant* Professor, Department of *Anatomy*.....
of.....
has participated as delegate in the workshop on **“Curriculum Implementation Support Program”** held from **25th to 27th June 2019** at **Santhiram Medical College, Nandyal, Kurnool Dist.**


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

Date: 27th June 2019

APPLICATION FOR REIMBURSEMENT

From

Mr. 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/work shop~~ at SRMC, Nandyal held on 25/6/19 to 27/6/19 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: 5/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Mr. M. Anil Kumar			2000/-	
Payment towards reimbursement of				
Registration fee for attending curriculum				
implementation support program workshop				
Participation at SRMC - Nandyal dt: 25/6/19 to 27/6/2019				
Bank : Ch. No. Date :				
In words: Two thousand only.				
 Approved by (Chairman)  Verified by (Auditors)  Signature				

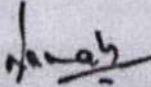


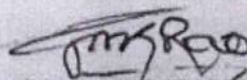
MEDICAL COUNCIL OF INDIA
REGIONAL CENTRE FOR FACULTY DEVELOPMENT
Gandhi Medical College, Secunderabad, Telangana.
CURRICULUM IMPLEMENTATION SUPPORT PROGRAM

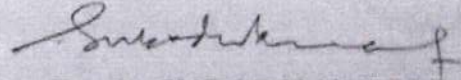


CERTIFICATE OF PARTICIPATION

This is to certify that Dr. *K. Durga Prasad*
.....Professor, Department of *Biochemistry*
of.....
has participated as delegate in the workshop on “**Curriculum Implementation Support Program**” held from **25th to 27th June 2019** at **Santhiram Medical College, Nandyal, Kurnool Dist.**


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

Date: 27th June 2019

APPLICATION FOR REIMBURSEMENT

From

Dr.K. Durga 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~~ work shop at SRMC Nandyal held on 25/6/19 to 27/6/19 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. Durga Prasad

Enclosure

- 1) Conference/Seminar attended Certificate.

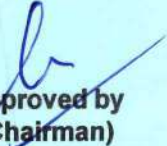
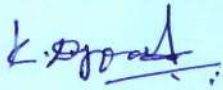
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 8/1/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. K. Durga prasad			2000/-	
Payment towards reimbursement of Registration fee for attending curriculum implementation support program at SRMC - Nandyal				
dt: 25/6/2019 to 27/6/2019				
Bank : Ch. No. Date :				
In words Two thousand Only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				

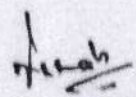


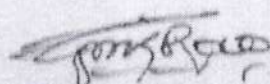
MEDICAL COUNCIL OF INDIA
REGIONAL CENTRE FOR FACULTY DEVELOPMENT
Gandhi Medical College, Secunderabad, Telangana.
CURRICULUM IMPLEMENTATION SUPPORT PROGRAM



CERTIFICATE OF PARTICIPATION

This is to certify that Dr. *Anjaly M. Varghese*.....
Assistant.....Professor, Department of *Pharmacology*.....
of.....
has participated as delegate in the workshop on **“Curriculum Implementation Support Program”** held from **25th to 27th June 2019** at **Santhiram Medical College, Nandyal, Kurnool Dist.**


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

Date: 27th June 2019

APPLICATION FOR REIMBURSEMENT

From

Angaly Maryvarghese.

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~~/work shop at SRMC, Nandyal held on 25/6/19 to 27/6/19 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,

Angaly Maryvarghese

Enclosure

- 1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 5/7/2019

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Angaly M. Varghese			2000/-	
Payment towards reimbursement of				
Registration fee for attending curriculum				
Implementation Support program at				
SMC - Nandyal dt: 25/6/2019 to 27/6/2019				
Bank : Ch. No. Date :				
In words Two thousand Only				
Approved by (Chairman) Verified by (Auditors) Signature				



MEDICAL COUNCIL OF INDIA

REGIONAL CENTRE FOR FACULTY DEVELOPMENT
Gandhi Medical College, Secunderabad, Telangana.



CURRICULUM IMPLEMENTATION SUPPORT PROGRAM

CERTIFICATE OF PARTICIPATION

This is to certify that Dr. K. Nagarajuna Reddy,
Assistant Professor, Department of General Surgery,
of

has participated as delegate in the workshop on "Curriculum Implementation Support
Program" held from 25th to 27th June 2019 at Santhiram Medical College, Nandyal,
Kurnool Dist.

Dr. M. JANAKI
MED Co-ordinator
Santhiram Medical College

Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College

Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

Date 27th June 2019

APPLICATION FOR REIMBURSEMENT

From

Dr. K. Nagarguna 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~~ work shop at
SKNC, Nandyal.....held on 25/6/19 to 27/6/19 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

K. N. Reddy.

1) Conference/Seminar attended Certificate.

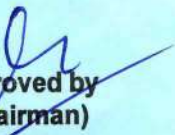
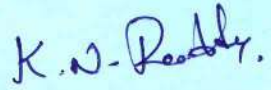
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 5/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses 2000/-				
Dr. K. Nagasirina Reddy			2000/-	
Payment towards reimbursement of				
Registration fee for attending crosscellim				
Implementation support program at SRMC				
Nandyal dt: 25/6/2019 to 27/6/2019				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



MEDICAL COUNCIL OF INDIA

REGIONAL CENTRE FOR FACULTY DEVELOPMENT

Gandhi Medical College, Secunderabad, Telangana.

CURRICULUM IMPLEMENTATION SUPPORT PROGRAM

CERTIFICATE OF PARTICIPATION

This is to certify that Dr. *J. Sarthiki*

..... Professor, Department of *Obstetrics & Gynaecology*

of.....
has participated as delegate in the workshop on "Curriculum Implementation Support Program" held from 25th to 27th June 2019 at Santhiram Medical College, Nandyal, Kurnool Dist.


PRINCIPAL
Santhiram Medical College
& General Hospital
NH-40, NANDYAL-518 501, Kurnool Dt. A.P.


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

Date: 27th June 2019

APPLICATION FOR REIMBURSEMENT

From

Dr. J. Karthiki

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/work shop~~ at SRME Nandyal.....held on 25/6/19 to 27/6/19 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

J. Karthiki

- 1) Conference/Seminar attended Certificate.

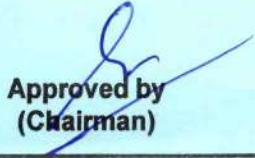
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 6/7/2019

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses 2000/-				
Dr. J. Karthiki			2000/-	
Payment towards reimbursement of				
Registration fee for attending curriculum				
Implementation support program at SEMC				
Nandyal dt: 25/6/2019 to 27/6/2019				
Bank : Ch. No. Date :				
In words Two thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



MEDICAL COUNCIL OF INDIA
REGIONAL CENTRE FOR FACULTY DEVELOPMENT
Gandhi Medical College, Secunderabad, Telangana
CURRICULUM IMPLEMENTATION SUPPORT PROGRAM

CERTIFICATE OF PARTICIPATION

This is to certify that Dr. S.A. Shanthi
Associate Professor, Department of Obstetrics & Gynecology

of
has participated as delegate in the workshop on "Curriculum Implementation Support
Program" held from 25th to 27th June 2019 at Santhiram Medical College, Nandyal
Kurnool Dist.


Dr. M. JANAKI
Sr. Co-ordinator
Gandhi Medical College


Dr. G.M. KRISHNA RAO
Dean
Santhiram Medical College

Dr. A. SUBODH KUMAR
Sr. Co-ordinator
Santhiram Medical College

APPLICATION FOR REIMBURSEMENT

From

Dr. A. Saritha .

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar/workshop~~ at SRMC Nandyal held on 25/6/19 to 27/6/19 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,

A. Saritha

Enclosure

- 1) Conference/Seminar attended Certificate.

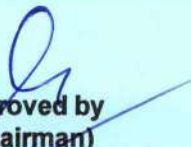
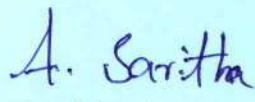
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 8/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. A. Saritha			2000/-	
payment towards reimbursement of				
Registration fee for attending Curriculum				
Implementation support program at				
SEMC - Nandyal dt: 25/6/2019 to 27/6/2019				
Bank : Ch. No. Date :				
In words Two thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.

Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *K. Sharma Das*.....

Professor, Department of Anatomy.....

*Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal
Kurnool Dist. from 18th to 20th June 2019.*

Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College

Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College

Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

APPLICATION FOR REIMBURSEMENT

From

Dr. K. Dharma Das.

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar~~/workshop at SRMC, Nandyal held on 18/6/19 to 20/6/19 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: 30/6/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. K. Phanna Dal			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at SRMC Nandyal				
dt: 18/6/2019 to 20/6/2019.				
Bank :	Ch. No.	Date :		
In words Two thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



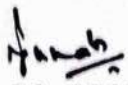
M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.



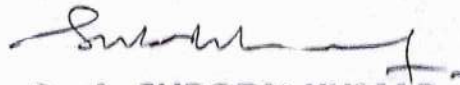
Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that *Dr. ...Mr. Anil Kumar M.*
Assistant Professor, Department of Anatomy
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

APPLICATION FOR REIMBURSEMENT

From

Mr. 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 SRMC Nandyal held on 18/6/19 to 20/6/19 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.

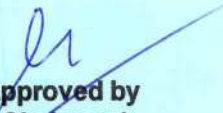
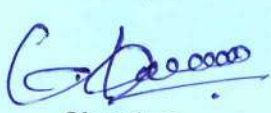
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 1/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminal & workshop expenses 2000/-	2000/-			
Mr. M. Anil Kumar			2000/-	
payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at SRMC-Nandyal				
dt: 18/6/2019 to 20/6/2019				
Bank : Ch. No. Date :				
In words Two thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.



Revised Basic Course Workshop in Medical Education Technologies

RBCW
2019

Certificate of Participation

This is to certify that Dr. *K. Durga Prasad*.....
Professor.....*Department of Biochemistry*.....
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.

Janaki
Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College

G.M. Krishna Rao
Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College

Subodh Kumar
Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

APPLICATION FOR REIMBURSEMENT

From

Dr. K. Durga 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 SRMC Nandyal held on 18/6/19 to 20/6/19, 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

K. Durga prasad

- 1) Conference/Seminar attended Certificate.

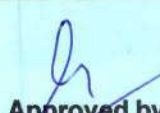
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 2/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. K. Durga Prasad			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at SRMC - Nandyal				
dt: 18/6/2019 to 20/6/2019.				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)  Verified by (Auditors)  Signature				

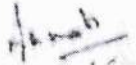


M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.

Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *Anjali M. Varghese*
Assistant Professor, Department of Pharmacology
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


PRINCIPAL
Santhiram Medical College
& General Hospital
NH-40, NANDYAL-518 501
Kurnool Dist, A.P.

Dr. A. SUBODH KUMAR
MEU Co-ordinator
Regional Centre, Gandh

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
SRMC Nandyal held on 18/6/19 to 20/6/19. 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,

Angaly Mary Varghese .

Enclosure

- 1) Conference/Seminar attended Certificate.

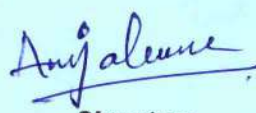
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 29/6/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Angaly M Varghese			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at SRMC-Nandyal				
dt: 18/6/2019 to 20/6/2019.				
Bank : Ch. No. Date :				
In words Two thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



MCI Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.

Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *Alfraz Fatima*
Professor, Department of Community Medicine
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.

Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College

PRINCIPAL

Dr. G.M. KRISHNA SARA
Santhiram Medical College

& General Hospital

MCI Observer
Regional Centre, GMC

Dr. A. SUBODH KUMAR



APPLICATION FOR REIMBURSEMENT

From

Dr. Afsar-fatima .

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar/workshop~~ at
SRMC, Nandyal....held on 18/6/19 to 20/6/19. 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,

Afsar-fatima

Enclosure

- 1) Conference/Seminar attended Certificate.

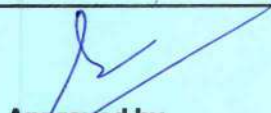
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 27/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	2000/-			
Dr. Afsar Fatima			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at SMC - Nandyal				
dt: 18/6/2019 to 20/6/2019.				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.



Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *Kishore Kumar Rokkam*
Assistant Professor, Department of Psychiatry

*Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.*

Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College

Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College

Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

APPLICATION FOR REIMBURSEMENT

From

Dr. Kishore Kumar

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar/workshop~~ at SRMC Nandyal held on 18/6/19 to 20/6/19 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.

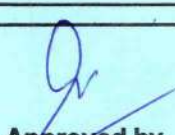
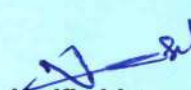
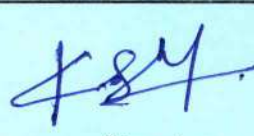
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 2/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses	2000/-			
Dr. Kishore Kumar			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at SRMC-Nandyal				
dt: 18/6/2019 to 20/6/2019.				
Bank : Ch. No. Date :				
In words Two thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.

Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *K. Nagarajuna Reddy*
Assistant Professor, Department of General Surgery
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

APPLICATION FOR REIMBURSEMENT

From

Dr. K. Nagarjuna 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 SRMC Nandyal held on 18/6/19 to 20/6/19 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. K. Nagarjuna Reddy

Enclosure

- 1) Conference/Seminar attended Certificate.

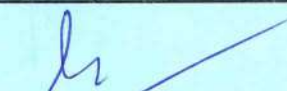
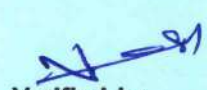
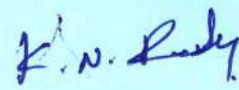
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 2/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses 2000/-				
Dr. K. Nagarajuna Reddy			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
BASIC course workshop at SRMC-Nandyal				
dt: 18/6/2019 to 20/6/2019				
Bank : Ch. No. Date :				
In words Two thousand only				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



MCI Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.

Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *J. Karthiki*
Professor, Department of Obstetrics & Gynaecology
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

PRINCIPAL
Santhiram Medical College
& General Hospital
H-40, NANDYAL-518 501, Kurnool Dist. A

APPLICATION FOR REIMBURSEMENT

From

Dr. J. Karthiki

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar~~/workshop at SRMC, Nandyal held on 18/6/19 to 20/6/19 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,

J. Karthiki

Enclosure

- 1) Conference/Seminar attended Certificate.

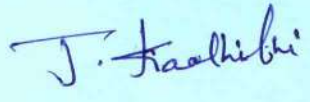
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 2/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	2000/-			
Dr. J. Kaalibhi			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at SRMC - Nandyal				
dt: 18/6/2019 to 20/6/2019				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.



Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *Y. Venugopala Sharma*
Professor, Department of Paediatrics
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.

Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College

Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College

Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

APPLICATION FOR REIMBURSEMENT

From

Dr. Y. Venugopal Sarma.

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar/workshop~~ at
SRMC Nandyal held on 18/6/19 to 20/6/19, 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.

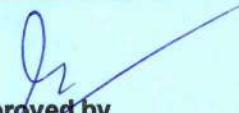
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 29/6/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: <u>Seminar & workshop expenses</u>	<u>2000/-</u>			
<u>Dr. Y. Venugopal Sarma</u>			<u>2000/-</u>	
<u>Payment towards reimbursement of</u>				
<u>Registration fee for attending Revised</u>				
<u>Basic course workshop at SRMC-Nandyal</u>				
<u>dt: 18/6/2019 to 20/6/2019</u>				
Bank : Ch. No. Date :				
In words <u>Two thousand only.</u>				
 Approved by (Chairman)  Verified by (Auditors)  Signature				

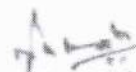


M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.

Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *A. Switha*.....
Associate Professor, Department of Obstetrics & Gynaecology,
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.


Dr. M. JANAKI

MCI Co-ordinator
Santhiram Medical College


Dr. G.M. KRISHNA RAO

Dr. G.M. KRISHNA RAO


Dr. A. SUBODH KUMAR

Dr. A. SUBODH KUMAR

APPLICATION FOR REIMBURSEMENT

From

Dr. A. Saritha

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 SRM Nandyal held on 18/6/19 to 20/6/19 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,

A. Saritha

Enclosure

- 1) Conference/Seminar attended Certificate.

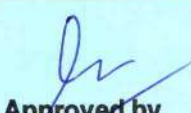
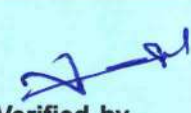
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 30/6/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop expenses	2000/-			
Dr. A. Saritha			2000/-	
Payment towards reimbursement of				
Registration fee for attending Revised				
Basic course workshop at SRMC-Nandyal				
dt: 18/6/2019 to 20/6/2019.				
Bank :	Ch. No.	Date :		
In words <u>Two thousand only.</u>				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



MEDICAL COUNCIL OF INDIA
REGIONAL CENTRE FOR FACULTY DEVELOPMENT
Gandhi Medical College, Secunderabad, Telangana.
CURRICULUM IMPLEMENTATION SUPPORT PROGRAM

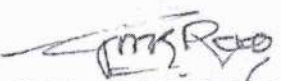


CERTIFICATE OF PARTICIPATION

This is to certify that Dr. *Y. Venugopala Sarma*.....
.....Professor, Department of *Paediatrics*.....
of.....
has participated as delegate in the workshop on “Curriculum Implementation Support Program” held from *24th* to *27th* June 2019 at Santhiram Medical College, Nandyal, Kurnool Dist.


Dr. M. JANAKI
MEU Co-ordinator
Santhiram Medical College

PRINCIPAL
Santhiram Medical College
& General Hospital
No. 40, NANDYAL-518 501
Kurnool Dist, A.P.


Dr. G.M. KRISHNA RAO
Principal
Santhiram Medical College


Dr. A. SUBODH KUMAR
MCI Observer
Regional Centre, GMC

APPLICATION FOR REIMBURSEMENT

From

Dr. Y. Venugopal Sharma.

To

The Principal
Santhiram Medical College
Nandyal.AP

Dear Sir,

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

I Submit that I have attended ~~conference/seminar/workshop~~ at SRMC, Nandyal....held on 25/6/19 to 27/6/19 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.

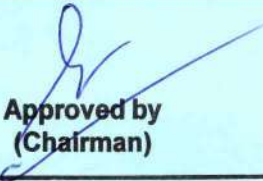
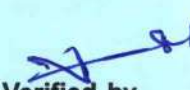
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 10/7/2019.

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. Y. Venugopal Sharma			2000/-	
Payment towards reimbursement of				
Registration fee for attending curriculum				
Implementation support program at SMC				
Nandyal. dt: 25/6/2019 to 27/6/2019				
Bank : Ch. No. Date :				
In words Two thousand only.				
 Approved by (Chairman)  Verified by (Auditors)  Signature				



RAICHUR INSTITUTE OF MEDICAL SCIENCES, RAICHUR



MEDICAL EDUCATION UNIT

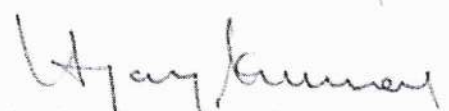
CERTIFICATE

This is to certify that

Dr. Vasant R. Chavan bearing Registration No. 31377 registered with Karnataka Medical Council, from RIMS, Raichur has participated as **Resource faculty** in the **Curriculum Implementation Support Program- Workshop** held from 02-05-2019 to 04-05-2019 at MEU- Raichur Institute of Medical Sciences, Raichur.

Karnataka Medical Council has granted 6 (Six) credit hours vide letter No. K.M.C/ C.M.E/ 186/ 2019 dated: 29-04-2019


Dr. Arvindkumar B. Sangavi
Co-ordinator, MEU


Dr. Gududur Ajay Kumar
Zonal Chairman
K.M.C. C.M.E Accreditation Committee


Dr. Basavaraj V. Peerapur
Dean cum Director
RIMS, Raichur

APPLICATION FOR REIMBURSEMENT

From

Dr. Vasanth R Chavan

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 Raichur.....held on 2/5/19 to 4/5/19.....and I paid registration fee of Rs 4300/- for the conference/ ~~seminar/workshop~~. I request you sir kindly reimburse the above amount of Rs 4300/- at an earliest.

Thanking you sir

Yours faithfully,

Enclosure

- 1) Conference/Seminar attended Certificate.

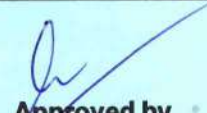
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 14-5-2019

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses	4300/-			
Dr. Vasanth R. Chavan			4300/-	
Payment towards - Reimbursement of				
Registration Fee For Attending JHMC				
BELGAVI KOPILON Conference at Raichur				
Dated: 2-5-2019 TO 4-5-2019				
Bank :	Ch. No.	Date :		
In words	Four Thousand and Three hundred only			
 Approved by (Chairman)  Verified by (Auditors) Signature				

Apollo Institute of Medical Sciences & Research, Hyderabad & Association of Medical Educationists

IX Annual Conference in Medical Education Technology

METCON 2019

"Quality Assurance in Medical Education"

Certificate of Participation

This is to certify that

Dr. Pasumarthi Sujith Devaprasad, Associate Professor of
Orthopaedics, Santhiramu Medical College, Nandyal.

has participated as a **DELEGATE** in the **IX Annual Conference in Medical Education Technology - METCON 2019** held on 5th & 6th January 2019 at Apollo Institute of Medical Sciences and Research, Hyderabad, Telangana.

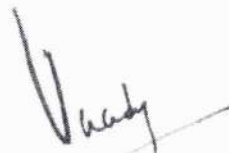
The Telangana State Medical Council (TSMC) has awarded 4 (Four) Credit Hours, (Vide letter No. TSMC/ CME/ 885/ 2018; dated- 15/12/2018)



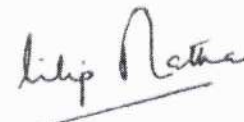
Dr. E Ravindra Reddy
Chairman
Telangana State Medical Council



Dr. Ch. Hanmantha Rao
Registrar
Telangana State Medical Council



Dr. N V N Reddy
President
Association of Medical Educationists



Dr. Dilip Mathai
Dean
AIMSR



Dr. M. Anuradha
Organizing Secretary
METCON 2019

APPLICATION FOR REIMBURSEMENT

From

Dr. pasumathni 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 Hyderabad.....held on 5/1/19 to 6/1/19...and I paid registration fee of Rs 4500/- for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 4500/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. Sujith Deva prasad

Enclosure

- 1) Conference/Seminar attended Certificate.

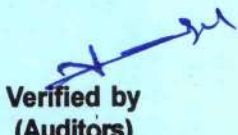
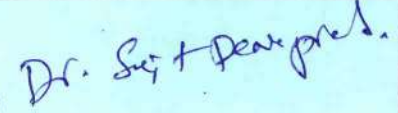
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 17-1-2019

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses	4500/-			
Dr. Patumathi Sushila Devi prasad			4500/-	
Payment towards - Reimbursement of				
Registration fee for Attending METCON				
Conference at Hyderabad. Dated: 5-1-2019				
to 6-1-2019				
Bank:	Ch. No.	Date:		
In words	Four Thousand and five hundred only -			
 Approved by (Chairman)  Verified by (Auditors)  Signature				



19-19 Add

MEDICAL COUNCIL OF INDIA
REGIONAL CENTRE FOR FACULTY DEVELOPMENT
Gandhi Medical College, Secunderabad, Telangana.
CURRICULUM IMPLEMENTATION SUPPORT PROGRAM

CERTIFICATE OF PARTICIPATION

This is to certify that Dr. S SREEDEVI
.....Professor, Department of MICROBIOLOGY
of SHANTIRAM MEDICAL COLLEGE, NANDYAL
has participated as delegate in the workshop on **“Curriculum Implementation Support Program”** held from 8th to 10th April 2019 at the MCI Regional Centre for Faculty Development, Gandhi Medical College, Secunderabad, Telangana.

Dr O. SHRAVAN KUMAR

Principal

PRINCIPAL

**GANDHI MEDICAL COLLEGE
SECUNDERABAD**

Dated 10th April 2019

Dr N.V.N. REDDY

Convener

CONVENER

**MCI Regional Training Centre
for Medical Education Technology
Gandhi Medical College, Secunderabad**

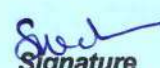
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 17/4/2018

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expending 2000/-				
Dr. J. Sree devi			2000/-	
Payment towards Reimbursement of				
Registration fee for Attending cumintan				
Implementation program at Secunthabad.				
From 8/12/2018 to 10/4/2018				
Bank : Ch. No. Date :				
In words Two thousand only -				
 Approved by (Chairman)  Verified by (Auditors)  Signature				

APPLICATION FOR REIMBURSEMENT

From

Dr. S. Sreedevi

Dept of Microbiology

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 medical College Sec Red held on 8/11/18 to 10/11/18 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.



M C I Regional Center for Medical Education Technologies
Gandhi Medical College, Secunderabad, Telangana.

Revised Basic Course Workshop in Medical Education Technologies

Certificate of Participation

This is to certify that Dr. *Anjali M. Varghese*
Assistant Professor, Department of Pharmacology
Santhiram Medical College has participated in the Revised Basic Course Workshop
in Medical Education Technologies, conducted by Gandhi Medical College, Regional
Centre in Medical Education Technology at Santhiram Medical College, Nandyal,
Kurnool Dist. from 18th to 20th June 2019.

[Signature]
Dr. M. JANAKI

MEU Co-ordinator

Santhiram Medical College

[Signature]
Dr. G.M. KRISHNA RAO

Principal

Santhiram Medical College

[Signature]
PRINCIPAL
Santhiram Medical College
& General Hospital
NH-40, NANDYAL-518 501
Kurnool Dist, A.P.

Dr. A. SUBODH KUMAR

MEU Officer
Regional Centre, GMR

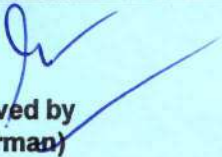
SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 27-6-2019

PARTICULARS	Debit		Credit	
	Rs.	Ps.	Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenditure 2000/-				
DR - Anjali Mary Varghese			2000/-	
Payment towards - Reimbursement of				
Registration fee for Attending Revised				
Basic course workshop at SRMC				
From 18-6-2018 TO 20-6-2018				
Bank : Ch. No. Date :				
In words Two Thousand only -				
 Approved by (Chairman)  Verified by (Auditors)  Signature				

APPLICATION FOR REIMBURSEMENT

From

Dr. Anjali 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 SRMC Nandyal held on 18/6/18 to 20/6/18 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

Anjali
Yours faithfully,

Enclosure

- 1) Conference/Seminar attended Certificate.