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

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	24TH & 25TH 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 & 9TH MARCH 2018
10	DR. M HINDUMATHI	CURRICULUM IMPLEMENTATION SUPPORT PROGRAM	WORKSHOP PARTICIPATION	8TH TO 10TH 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.)

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

PRINCIPAL
Santhiram Medical College
NANDYAL, Kurnool(Dist.)

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	25TH TO 27TH 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	Mr.K. Satyanarayana Murthy	Dr. B. Chandranna	Dr. B. Someswara Reddy
Chairman, A.P. Medical Council	Registrar, A.P. Medical Council	Medical Supdt. & Prof, SRMC	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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop expenses	200/-			
Dr. Y. pandaranga Rao			200/-	
Payment towards reimbursement of Registration fee for attending workshop participation at SRMC dt: 25-11-2018.				
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. 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	*Mr.K. Satyanarayana Murthy*	*Dr. B. Chandranna*	*Dr. B. Someswara Reddy*
Chairman, A.P. Medical Council	Registrar, A.P. Medical Council	Medical Supdt. & Prof, SRMC	Prof.& HOD, Dept.of Orthopaedics, SRMC

APPLICATION FOR REIMBURSEMENT

From

Dr. Swith 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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	200/-			
Dr. Sujith Deva prasad			200/-	
Payment towards reimbursement of Registration fee for attending workshop participation at SRMC-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	Mr. K. Satyanarayana Murthy	Dr. B. Chandranna	Dr. B. Someswara Reddy
Chairman, A.P. Medical Council	Registrar, A.P. Medical Council	Medical Supdt. & Prof, SRMC	Prof.& HOD, Dept.of Orthopaedics, SRMC

APPLICATION FOR REIMBURSEMENT

From

Dr. B. Someswar 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 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 Sreenu

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 Rs.	Ps.	Credit 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 SRMC-Nandyal dt 27/11/18.				
Bank : Ch. No. Date :				

In words Two hundred Only

Approved by (Chairman)

Verified by (Auditors)

Si

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. M. 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	*Mr. K. Satyanarayana Murthy*	*Dr. B. Chandranna*	*Dr. B. Someswara Reddy*
Chairman, A.P. Medical Council	Registrar, A.P. Medical Council	Medical Supdt. & Prof, SRMC	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 on .....28/11/2018..... 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: 10/12/2018.

PARTICULARS	Debit Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & work shop 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 Tarakam 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 SVIIMS, 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 1,000/- 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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	1000/-			
Dr. M. Hindumathi			1000/-	
Payment towards reimbursement of				
Registration fee for attending workshop at				
SVRIMS. dt 24/2/2018 to 25/2/2018.				
Bank : Ch. No. Date :				

In words one thousand only

Approved by (Chairman)

Verified by (Auditors)

Dr. M. Hindumathi.

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	Dr P. C. Mahapatra	Dr. Jaydeep Tank	Dr. H. P. Pattanaik	Dr. Maya Padhi
President FOGSI	Organising Chairperson	Secretary General, FOGSI	Organising Secretary	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,

P. 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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	1000/-			
Dr. Pothireddy Sruthi			1000/-	
Payment towards reimbursement of Registration fee for attending workshop Participation at SIMED-NRI OB&GY Guntur. dt 22/4/2018				
Bank : Ch. No. Date :				

In words One thousand only

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)

1986

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,

Dr. Sridevi

Enclosure

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	1000/-			
Dr. Sidevi. B.			1000/-	
Payment towards reimbursement of				
Registration fee for attending workshop				
Participation at PSJMSE,RF at Vijayawada.				
dt: 16/11/2018.				
Bank : Ch. No. Date :				

In words One thousand only

Approved by (Chairman)

Verified by (Auditors)

Dr. Sridevi

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.

Dr. Rajesh Solanki
Organising Chairman
NAPCON 2018

GMC Observer
NAPCON 2018

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 ..10001-.... for the ~~conference/ seminar~~/work shop. I request you sir kindly reimburse the above amount of Rs 10001- ~~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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & 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 One thousand only

Approved by (Chairman)

Verified by (Auditors)

P. Chakradhar.

Signature

ISACON SOUTH 2018
34th ANNUAL INDIAN SOCIETY OF ANAESTHESIOLOGISTS SOUTH ZONE CONFERENCE
7th-9th SEPTEMBER TIRUPATI

WORKSHOP

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~~k 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~~k shop. I request you sir kindly reimburse the above amount of Rs 3000/- at an earliest.

Thanking you sir

Yours faithfully,

Dr. Sridevi

Enclosure

1) Conference/Seminar attended Certificate.

SANTHIRAM MEDICAL COLLEGE

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

J.V.No: **JOURNAL VOUCHER** Date: 18/9/2018.

PARTICULARS	Debit Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & 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)

Dr. Sridevi

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. 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
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

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 8/4/19 to 10/4/19. 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. 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 Rs.	Debit Ps.	Credit Rs.	Credit Ps.
HEAD OF ACCOUNT: Seminar & 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)

Dr. M. Hindumathi

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 Rs.	Ps.	Credit 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 2,000/- at an earliest.

Thanking you sir

Yours faithfully,

K Durga

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & 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)

K. Durga

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

Anjaly 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,

Anjaleue

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & work shop expenses	2000/-			
Angely M. Varghese			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. K. Nagarjuna 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
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. 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~~/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,

K. N. Reddy.

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminars & Workshop Expenses	2000/-			
Dr. K. Nagarjuna Reddy			2000/-	
Payment towards reimbursement of				
Registration fee for attending Counselling				
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)

K. N. Reddy.

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. Karthiki .....

.....*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 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,

J. Karthiki

Enclosure

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. J. Karthiki			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)

J. Karthiki

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. A. Saritha

Associate Professor, Department of Obstetrics & Gynaecology

of .....

has participated as delegate in the workshop on **"Curriculum Implementation Suppor**

Program" *held from 25th to 2nd June 2019 at* Santhiram Medical College, Nandy

Kurnool Dist.

Dr. M. JANAKI

Co-ordinator

Medical College

Dr. G.M. KRISHNA RAO

Principal

Santhiram Medical College

Dr. A. SUBODH KU

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	2000/-			
Dr. A. Savitha			2000/-	
Payment towards reimbursement of				
Registration fee for attending curriculum				
Implementation support program at				
SPMC - Nandyal dt: 25/6/2019 to 27/6/2019				
Bank : Ch. No. Date :				

In words Two thousand only

Approved by (Chairman)

Verified by (Auditors)

A. Savitha

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. Dharma Das

Professor, Department of Anatomy,

Santhiram Medical College has participated in the Revised Basic Course Worksho in Medical Education Technologies, conducted by Gandhi Medical College, Regiona Centre in Medical Education Technology at Santhiram Medical College, Nandya 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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. K. Dharma Raj			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.Anilkumar

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	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.

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. 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,

K. Durga

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 Rs.	Ps.	Credit 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)

K Durga prasad

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. Anjaly 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
MCI Observer
Regional Centre, Delhi

APPLICATION FOR REIMBURSEMENT

From

Anjaly 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~~/work shop. I request you sir kindly reimburse the above amount of Rs 2000/— at an earliest.

Thanking you sir

Yours faithfully,

Anjaleena.

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminars & workshop Expenses	2000/-			
Anjaly 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)

Anjaleene
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. Afsar 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

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

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

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

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: 2/7/2019.

PARTICULARS	Debit Rs.	Ps.	Credit 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 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)

Approved.

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~~/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: 2/7/2019.

PARTICULARS	Debit Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & work shop 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. Nagarjuna 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,

K. N. 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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & work shop Expenses	2000/-			
Dr. K. Nagarjuna Reddy			2000/-	
Payment towards reimbursement of Registration fee for attending Revised Basic course work shop 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)

K. N. Reddy

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. ...J. Kavithriki.....

.....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

PRINCIPAL
Santhiram Medical College
& General Hospital
NH-40, NANDYAL-518 501, Kurnool Dt. 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. 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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & work shop Expenses	2000/-			
Dr. J. Kasthiki			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)

J. Kasthiki

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 Sarma.....

.....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 Technologies at Santhiram Medical College, Nandyal, Kurnool Dist. from 18th to 20th June 2018.

PRINCIPAL
Santhiram Medical College & General Hospital
NANDYAL-518 502
Kurnool Dist., 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

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/semina~~r/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: 29/6/2019.

PARTICULARS	Debit Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. Y. Venugopal Sarma			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. A. Savitha
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
MEU Co-ordinator
Santhiram Medical College

Dr. G.M. KRISHNA RAO

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 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,

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & 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 Two thousand only.

Approved by (Chairman)

Verified by (Auditors)

A. Saritha

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.***

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

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 Rs.	Ps.	Credit 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 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

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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminars/Workshop Expenses	4300/-			
Dr. Vasanth R Chavan			4300/-	
payment towards - Reimbursement of				
Registration Fee For Attending JHMC				
BELGAVI KOPICON 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

45 of 2016

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, Santhiram 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. pasumarthi 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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & Workshop Expenses	4500/-			
Dr. Parthasarthi Sujith Deva 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)

Dr. Sujith Deva prasad.

Signature

18-19 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 Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. S. Sree devi			2000/-	
payment towards Reimbursement of				
Registration fee for Attending curriculum				
Implementation Program at Secunderabad.				
From 8/4/2018 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, Secbad held on 8th to 10th '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.

18-19 Add

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. Anjaly 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.

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

SANTHIRAM MEDICAL COLLEGE

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

J.V.No:

JOURNAL VOUCHER

Date: 27-6-2019

PARTICULARS	Debit Rs.	Ps.	Credit Rs.	Ps.
HEAD OF ACCOUNT: Seminar & workshop Expenses	2000/-			
Dr. Anjaly 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 15/6/18 to 20/6/18 and I paid registration fee of Rs 20000/- for the conference/ seminar/workshop. I request you sir kindly reimburse the above amount of Rs 20000/- at an earliest.

Thanking you sir

Anjali

Yours faithfully,

Enclosure

1) Conference/Seminar attended Certificate.