

Paid out no 19
2019

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

4298
Date 4/12/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. Anuj Chandak
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	46th IPS Mangalore conference
5	Dates of the conference	15th to 18th Nov 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	<input checked="" type="checkbox"/>
7	Title of Presentation	Prosthetic & Implant support
8	Details of amount requested	
	i) Registration fees:	10,000/-
	ii) Travel:	10,070/-
	iii) Accommodation	
	iv) Total	20,070/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

Anuj
Signature of staff member
Date: 04/12/2018

Umesh
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for conference expenses reimbursement of Rs 15,000/-

Chairperson Research Committee
Umesh

Sanctioned

Dean

Umesh

Enclosure: Invitation letter as guest speaker/paper presentation acceptance where applicable

Prof. *Umesh*
Dept. of Prosthodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

for Dr. Kolhe

6211

Rec'd out no 18 187 / 2205tho / 2018
2019

Dept. of Prosthodontics
VSPM's Dental College
Nagpur

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Invnt No. 4301
Date 4/12/18
- VSPM's Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	<u>Dr. Neelam A. Pande</u>
2	Designation	<u>Professor</u>
3	Department	<u>Prosthodontics, VSPM, DCRC</u>
4	Name of Conference	<u>46th IPS National Conference</u>
5	Dates of the conference	<u>15th to 18th November 2018</u>
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	<u>Faculty Presentation (Oral)</u>
7	Title of Presentation	<u>Human Engineering: A new wave association of student</u>
8	Details of amount requested	
	i) Registration fees:	<u>Rs. 10,000/- only.</u>
	ii) Travel:	<u>Rs. 10,000/- only.</u>
	iii) Accommodation	<u>Rs. 2,750/- only.</u>
	iv) Total	<u>Rs. 22,750/- only.</u>
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	<u>NO, not taken.</u>

* Documents attached

In hereby declare that I have not received any funds for the same conference from any other agency

(Dr. Neelam A. Pande)
Signature of staff member
Date: 03/12/18

Signature of HOD
(Dr. Vishal M. Ravde)

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chamman Rane
Meeth

Chairperson, Research Committee
Recommended for conference expenses reimbursement of Rs 20,000/-

Sanctioned
Dean Meeth

Enclosure: Invitation letter as guest speaker/paper presentation acceptance where applicable

Professor & Head
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

1007



Journal Voucher

No. : JAN19-49

Dated : 22-Jan-2019

Particulars		Amount
Research & Development Expenses	Dr 9,500.00	
To Salary & Allowances Teaching (J.G.)		9,500.00
On Account of :		
6339 9500 Reimburment of conference exp, Pedocon 40th National conference, Nagpur on 24th to 26th Oct. 18 Dr. Gagandeep Lamba		
		₹ 9,500.00
		₹ 9,500.00

Authorised Signatory

[Signature]
22/1/19

[Signature]

Peds out no 31

The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

2018 No. 4092
Date 2/11/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	DR. GAGANDEEP LAMBA
2	Designation	READER
3	Department	PEDIATRIC AND PREVENTIVE DENTISTRY
4	Name of Conference	PEDOCON 2018
5	Dates of the conference	24-26 OCT 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	ORAL PRESENTATION FACULTY
7	Title of Presentation	MINIMUM INHIBITORY CONCENTRATION OF THE PLANT EXTRACT COMBINATION AGAINST STREPTOCOCCUS MUTANS - AN IN-VITRO STUDY
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	9500/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

Gilbe
Signature of staff member
Date: 2/11/18

Gilbe
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairman Research
Wadhwa

Chairperson, Research Committee
Recommended for conference expense reimbursement of Rs 9500/-

Sanctioned

Dean
Ace Wadhwa

Enclosure: Invitation letter as guest speaker/ professor & identification acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center

4339

Repts out no 30
2019

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Invoice No. 4223
Date 28/11/18

R.C. Form 2

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. MUNI Motwani
2	Designation	Prof & HOD
3	Department	OMR
4	Name of Conference	NCIPE 2019
5	Dates of the conference	15-17 Nov 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Moderator
7	Title of Presentation	
8	Details of amount requested	
	i) Registration fees:	Rs 3500/-
	ii) Travel:	
	iii) Accommodation	
	iv) Total	Rs. 3500/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

Muni
Signature of staff member
Date: 28/11/18

Phili
Signature of HOD
Professor & HOD
Dept. of Oral Medicine & Radiology
VSPM Dental College & Research Centre
Nagpur.

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairman Research
Uday

Chairperson, Research Committee
Recommended for conference expenses
reimbursement of Rs 2019/-

Sanctioned
VSPM'S Dean
Res. Dean
HOD

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Uday
Professor & Head
Dept. of Perio-dontics & Implantology
VSPM Dental College & Res. Center

Acc
Uday

-415



Journal Voucher

No. : JAN19-51

Dated : 22-Jan-2019

Particulars		Amount
Research & Development Expenses	Dr	12,000.00
To Salary & Allowances Teaching (UG)		12,000.00
		₹ 12,000.00
		₹ 12,000.00

On Account of:
6938 12000 Reimburment of
conference exp, National
Conference of 53rd IOC At. Kochi
on 7th to 9th Dec. 18 Dr. Himija
Karia

Authorised Signatory

[Signature]
22/1/19

[Signature]

17/12/18
2019

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur,
Through: Research Committee

Inward No. 4396
Date 18/12/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. HIMIJA KARIA
2	Designation	Sr. Lecturer
3	Department	ORTHODONTICS.
4	Name of Conference	53 rd IOC
5	Dates of the conference	7-9 Dec 2018.
6	Oral/ Poster presentation (as presenter/ guest speaker/ faculty)	
7	Title of Presentation	Assessment of knowledge about Ocular Health among medical practitioners.
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	11,800/- 7,746/- 9000/- 28,546 Total.
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO.

In hereby declare that I have not received any funds for the same conference from any other agency

Himija Karia
Signature of staff member
Date: 11/12/18

M. K. ...
Signature of HOD
Dept. of Orthodontics

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for Conference expenses
Reimbursement of Rs 12,000/-

Chairman Research Committee Uddle
Sanctioned

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Prof. ...
Professor & Head
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Cen.
NAGPUR

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

6935

Rec'd out no 20
2019

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Form No. 4297
Date 4/12/2018
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. Tushar Mawade
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	46 th Indian Prosthodontic Society conference
5	Dates of the conference	15 to 18 th November 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Faculty paper
7	Title of Presentation	simplified technique for oral maxillary fabrication & clinical report
8	Details of amount requested	
	i) Registration fees: —	— 10,000/-
	ii) Travel: —	— 10,070/-
	iii) Accommodation: —	—
	iv) Total	— 20,070/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: 4/12/2018

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for Conference expenses
reimbursement of Rs 15,000/-

Chairperson Research Committee
Mawade

DEAN
Sanctioned
Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

1714



Journal Voucher

No : JAN19-52

Dated : 22-Jan-2019

Particulars		Amount
Research & Development Expenses	Dr 15,000.00	
To Salary & Allowance Teaching (i.c.)		15,000.00
On Account of : 1778 15000 Reimburment of conference exp, National Conference of IAOMR At Udaipur on 23th to 25th Nov. 18 Dr. Tapasya Karemore		
		₹ 15,000.00
		₹ 15,000.00

Authorised Signatory

[Signature]
22/1/19

[Signature]

Period out no $\frac{21}{2019}$

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 112/17
Date 29/11/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Tapasya Karamore
2	Designation	Reader
3	Department	Oral Med. & Radiology
4	Name of Conference	IADMR 2018
5	Dates of the conference	23-25 Nov. 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Faculty paper presentation
7	Title of Presentation	Cancer awareness module
8	Details of amount requested: i) Registration fees: ii) Travel: iii) Accommodation iv) Total	8000/- 15,160/- - 23,160/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No.

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: 27/11/2018

Signature of HOD: MOD
Dept. of Oral Medicine & Radiology
VSPM Dental College & Research Centre
Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for conference expenses
Reimbursement of Rs 15,000/-

Chaitanya
Ramesh Chitambar
11/11/18
Sanctioned
Dean
Ace
11/11/18

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Professor 4/11/18
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
Nagpur

1778

Perit's own No 29
2019

Invoice No. 4213
Date 20/11/18
VSPM'S Dental College

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Mukta Motwani
2	Designation	Prof x HOD
3	Department	OMR
4	Name of Conference	National IADR Conf Udaipur
5	Dates of the conference	23-25 th Nov '18
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Faculty
7	Title of Presentation	Anchorage Methods
8	Details of amount requested	
	i) Registration fees:	
	ii) Travel:	Rs. 15,160/-
	iii) Accommodation	2621/-
	iv) Total	Rs. 17,781/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: 21/11/18

Signature of HOD
Dept. of OMR
VSPM Dental College

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for Conference expenses
Reimbursement of Rs 17781/-

Chairman Research
- [Signature]
DEAN
VSPM'S Dental College
Research Sanctioned
Hingna Road, Nagpur
Dean Ace
[Signature]

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Research committee

-915

Cons: 6012 933/22-11-18

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7-019 R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 4184
Date 22/11/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Rajiv Khode
2	Designation	Senior Lecturer
3	Department	Conservative Dentistry & Endodontics
4	Name of Conference	33 rd IACDE National Conference 2018, Vijaywada
5	Dates of the conference	16 th to 18 th November 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation (as presenter)
7	Title of Presentation	Endodontic management of permanent maxillary second molar with single root and rare root canal configuration. - Won 1 st Prize
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	Rs. 8000/- Rs. 2006/- Rs. 4480/- Rs. 14,486/-
9	Have you availed any amount earlier in the calendar year for conference; if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

Handwritten signature

Signature of staff member
Date: 22/11/2018

Handwritten signature

Signature of HOD

HOD OF THE DEPARTMENT
OF CONSERVATIVE DENTISTRY
VSPM'S DENTAL COLLEGE & RESEARCH
CENTRE, NAGPUR - 19 (M.S.)

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson Research Committee
Handwritten signature

Chairperson, Research Committee
Recommended for conference expenses reimbursement of Rs 12000/-

Handwritten signature

Sanctioned

Dean *Handwritten signature*

Enclosure: Invitation letter as guest speaker/ or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Professor & Head
Dept. of Periodontics & Implantology
VSPM Dental College & Research Center
NAGPUR

6937

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2018

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 4183
Date 22/11/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. VANDANA KUKANE
2	Designation	READER
3	Department	CONSERVATIVE DENTISTRY
4	Name of Conference	55 th ANNUAL NATIONAL CONFERENCE
5	Dates of the conference	16, 17, 18 NOV. 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	PAPER PRESENTATION
7	Title of Presentation	Delay - explanation of accident Permanents Contact Contact
8	Details of amount requested	8000
	i) Registration fees:	2578
	ii) Travel:	4480
	iii) Accommodation	15,058
	iv) Total	
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	—

In hereby declare that I have not received any funds for the same conference from any other agency

Nutan
Signature of staff member
Date: 22/11/2018

HOD Signature of HOD
DEPARTMENT OF CONSERVATIVE
DENTISTRY
VSPM'S DENTAL COLLEGE
CENTRE, NAGPUR

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for conference expenses
reimbursement of Rs 15000/-

Chairman Research
Committee
Mishra
Sanctioned

Enclosure: Invitation letter as guest speaker/ poster presentation acceptance where applicable
Dept. of Periodontics & Implant
VSPM Dental College & Res. Ctr.

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of the return from the conference to Research Committee along with copy of prior permission for availing grant.

-420



Journal Voucher

No. : JAN19-39

Dated : 22-Jan-2019

Particulars		Amount
Revenue & Development Expense	Dr 15,000.00	
To Salary & Allowance Faculty (UG)		15,000.00
On Account of : 2053 15000 Reimburment of conference exp 43rd Annual conference of AOMSI At Chennai on 11th to 13th Oct 18 Dr. Kshitiz Bang		
		₹ 15,000.00
		₹ 15,000.00

Authorised Signatory

[Handwritten Signature]
22/1/19

[Handwritten Signature]

VSPM'S DCRC / O.S. / 201 / 2018

No Out Put / 26 / 2019
Dt 5/11/2019

To,

Dear,

VSPM'S DCRC,

Nagpur.

Through: Research Committee

Inward No. 3895
Date 22/10/18
VSPM's Dental College

REQUEST FOR REIMBURSEMENT FOR CONFERENCE / WORKSHOP

1	Name of Teaching Staff Members:	Dr Kshitij Bang
2	Designation	Reader
3	Department	Oral and maxillofacial surgery
4	Name of Conference/ workshop	43 rd Annual conference of ADMSI
5	Dates of the conference/ workshop	10 th to 13 th oct 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty/ workshop participant	Oral paper presentation And workshop on hair transplant
7	Title of Presentation:	Zygomatic complex fracture- our experience
8	Details of amount requested:	
	i) Registration fees conference:	10500
	ii) Registration fees workshop:	7500
	iii) Travel:	8348
	iv) Accommodation:	7713
	v) Total	34061
9	Have you availed any amount earlier in the calendar year for conference / workshop: if yes, amount.....	no

Recommended for conference expenses reimbursement. Rs 15,000/-

[Signature]
11/11/19
Asst. Prof. & Res. Officer

[Signature]

Dr. RAMAKRISHNA SHENOI
(MDS OMFS)
Vice Dean & Professor
VSPM DENTAL COLLEGE

2018



Journal Voucher

No. JAN19-40

Dated : 22-Jan-2019

Particulars		Amount	
Research & Development Expenses	Dr	20,000.00	
To Salary & Allowance Teaching (UG)			20,000.00
		₹ 20,000.00	₹ 20,000.00

On Account of :

0002 20000 Reimbursement of
conference exp XXVII National
Conference At Amritsar on 16th to
18th Nov. 18 Dr. Alka Dive

Authorised Signatory

[Signature]
22/1/19

Wade

Paid out no 23
2019

Inward No. 4199
Date 26/11/18
VSPM's Dental College

R.C. Form :

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr Alka Dive
2	Designation	Prof & Head
3	Department	Oral Path. & Micro
4	Name of Conference	XXVII National IAOMP
5	Dates of the conference	16 th - 18 th Nov 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Poster presentation
7	Title of Presentation	Oral Field cancerization
8	Details of amount requested	
	i) Registration fees;	16,000/-
	ii) Travel;	12,252/-
	iii) Accommodation	
	iv) Total	
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	28,252/-

In hereby declare that I have not received any funds for the same conference from any other agency

Anne
Signature of staff member
Date 24/11/18

Ac
Signature of HOD
Dr (Mrs.) ALKA DIVE

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Department of Oral & Maxillofacial Pathology
VSPM's Dental College & Research Centre
Nagpur - 441102

Chairperson, Research Committee
**Recommended for conference expenses
reimbursement of Rs 28,000/-**

*Chairperson Research
Committee
Umesh*

Sanctioned
Dean *Ac*

Enclosure: Invitation letter as guest speaker, paper presentation acceptance where applicable

Ac
Professor & Head
Dept of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.



Journal Voucher

No. : JAN19-36

Dated : 22-Jan-2019

Particulars		Amount
Research & Development Expenses	Dr	9,500.00
To Salary & Allowance Teaching (UG)		9,500.00
On Account of :		
6732 9500 Reimburment of conference exp Pedocon 40th ISPPD conference, Nagpur on 24th to 26th Oct 18 Dr. Kavita Hotwani		
		₹ 9,500.00
		₹ 9,500.00

Authorised Signatory

[Signature]
2-21

[Signature]

Paid out no 33
2019

Inward No. 1006
Date 31/10/18
VSPM

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr.Kavita Hotwani
2	Designation	Senior lecturer
3	Department	Pediatric and preventive dentistry
4	Name of Conference	PEDOCON 40 th ISPPD conference, Nagpur
5	Dates of the conference	24 th -26 th Oct 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral paper presentation
7	Title of Presentation	Content analysis of mobile health apps for oral hygiene motivation and training in children
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	Rs.9500 - - Rs.9500
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

KH
Signature of staff member
Date 30/10/18

[Signature]
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Secretary, Research Committee

Recommended for conference expenses reimbursement of Rs 9500/-

Research Committee
Wadh

Sanctioned

Dean

Wadh

Wadh

Enclosure: Invitation letter as guest speaker/poster presentation acceptance where applicable

Note:

- 1) Staff members should submit along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Professor & Head
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR
31/10/18
Sourashilto Research committee

132

No out/Petro/35/2019
 dt 5/11/2019

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

Inward No. 4011
 Date 5/11/18
 VSPM Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES

1	Name of Teaching Staff Member	Dr. Devendra Nagpal
2	Designation	Professor and Head
3	Department	Pedodontia
4	Name of Conference	Pedocon 40 th ISPPD National
5	Dates of the conference	24 th -26 th Oct 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation
7	Title of Presentation	Comparative evaluation of the remineralizing effect of dentifrices with varying concentrations of fluoride on artificial carious lesion using scanning electron microscopy (SEM) and surface microhardness.
8	Details of amount requested v) Registration fees: vi) Travel: vii) Accommodation viii) Total	i) 9500/ 9500/
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

I hereby declare that I have not received any funds for the same conference from any other agency.

[Signature]
 Signature of staff member
 Date: 1/11/2018

[Signature]
 Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for conference expenses reimbursement
 Rs 9500/-

[Signature]
 5/11/18

Head of Department
 Dept. of Pedodontics & Implantology
 VSPM Dental College & Res. Center
 Nagpur

[Signature]
 Chairman
 Research Centre
 Uest

Sanctioned
 - Acc
 Dean *[Signature]*

[Signature]
 2000

Revised via 22
2019

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

ward No. 4200
Date 26/11/18
VSPM's Dental College

R.C. Form

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Shubhangi Khandekar
2	Designation	Professor (Bridges)
3	Department	oral Pathology & microbiology
4	Name of Conference	XXVII National IAOHP
5	Dates of the conference	16th - 18th November 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Poster Presentation
7	Title of Presentation	Autoimmune Blistering vesiculobullous Diseases
8	Details of amount requested	
	i) Registration fees:	> 16000
	ii) Travel:	> 12,252
	iii) Accommodation	
	iv) Total	28,252/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

S.P. Khandekar
Signature of staff member
Date: 24/11/2018

Ar 24/11/18
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for Conference expenses reimbursement of Rs. 20,000/-

Ar

Professor & Head
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
N-CENTR

Chairman Research Committee
Ar
Sanctioned
Dean Ar
Ar

Enclosure: Invitation letter as guest speaker/Oral or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Revised ms 25
2018

Dept. of Prosthodontics
VSPM's Dental College
Nagpur

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

4189
22/11/18

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Sate Deshpande
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	NCHPE 2018
5	Dates of the conference	15-17 Nov.
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	PCW & poster
7	Title of Presentation	Leadership workshop module
8	Details of amount requested i) Registration fees: 4000/- ii) Travel: iii) Accommodation iv) Total	
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	Yes 12,000/-

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: 11/11/18

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairman Research
Medh
Sanctioned
Dean

Chairperson, Research Committee
Recommended for conference expenses
reimbursement of Rs 3000/-

Enclosure: Invitation letter as guest speaker/paper of poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Dpt. of Prosthodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

5018

Paid out No 28

Inward No. 2219
Date 27/11/18
VSPM's Dental College

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Appeksha Dhole (Balponde)
2	Designation	Professor
3	Department	Oral Medicine & Radiology
4	Name of Conference	NCHPE-2018
5	Dates of the conference	16 th -17 th Nov. 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Paper Presentation
7	Title of Presentation	Assessment of V&T learning skill after simulation based teaching in oral medicine using SOPs method.
8	Details of amount requested	
	i) Registration fees:	3500/-
	ii) Travel:	500
	iii) Accommodation	
	iv) Total	3500+500=4000/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	

I hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: 27/11/18

Signature of HOD
Prof. Dr. A. Dhole
Dept. of Oral Medicine & Radiology
VSPM Dental College & Research Centre
Nagpur.

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairman Research
VSPM
DEAN
VSPM's DCRC
Research Centre, Hingna Road,
Nagpur-440019
Sanctioned
Acc. Medh

Chairperson, Research Committee
Recommended for Conference expenses
Reimbursement of Rs. 4000/-

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

1866

No-Perio/ 24/ 2019
 dt 5/11/2019

R.C. Form 2

To,
 The Dean,
 VSPMS DCRC,
 Nagpur.
 Through: Research Committee

Inward No. 4072
 Date 21/11/18

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. Purva Chaudhari
2	Designation	Reader
3	Department	Pediatric and preventive dentistry
4	Name of Conference	Pedocon 40 th ISPPD National
5	Dates of the conference	24 th -26 th Oct 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation
7	Title of Presentation	Dental esthetics from children's perspective
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	i) 9500/ rupees
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount...	No

In hereby declare that I have not received any funds for the same conference from any other agency

Chaudhari
 Signature of staff member
 Date: 11/01/2018

Sharma
 Signature of HOD

Chairman Research Committee
Wadhwa

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for conference expense reimbursement
Rs 9500/-

Sanctioned

Dean

Wadhwa

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit bills along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

R.C. Form 3

To,

5922



Journal Voucher

No. : JAN19-43

Dated : 22-Jan-2019

Particulars		Amount	
Research & Development Expenses	Dr	5,500.00	
To Salary & Honoraria Teaching (U.G.)			5,500.00
		₹ 5,500.00	₹ 5,500.00

On Account of:

1171 5500 Reimburment of
 conference exp, NCHPE National
 Conference, Nagpur on 15th to
 16th Nov. 18 Dr. Jayashree
 Chahande

Authorised Signatory

[Signature]
 22/1/19

[Signature]

Rec'd out no 24
2019

Dept. of Prosthodontics
VSPM's Dental College
Nagpur
R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Jaishree Chakrade
2	Designation	Lecturer
3	Department	Prosthodontics
4	Name of Conference	NCHPE 2018
5	Dates of the conference	15 th -17 th November 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Poster presentation
7	Title of Presentation	Self-assessment of study skills in dental students - a survey
8	Details of amount requested	
	i) Registration fees:	Rs. 5500/-
	ii) Travel:	-
	iii) Accommodation:	-
	iv) Total	Rs. 5500/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

(Signature)

Prof & Dr. *(Signature)*
Signature of HOD

Signature of staff member
Date: 22/11/2019

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for conference expenses
Reimbursement of Rs 5500/-

Acc
(Signature)
Sanctioned
Dean

Enclosure: Invitation letter as guest speaker/presentation acceptance where applicable

Note:

- Staff members should submit this form along with relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

x1



Journal Voucher Voucher

No. : 19

Dated : 30-Nov-2018

Particulars	Dr		Amount
Research & Development Expenses		30,000.00	
To: Salary & Allowance Teaching (UG)			30,000.00
		₹ 30,000.00	₹ 30,000.00

On Account of :
6741 30000 Reimbursement of
International conference
Modalities in MPDS at Dubai on
13th to 14th Aug 18 Dr. Smriti
Jagdhari

Authorised Signatory

Out No. / Period 271 / 2018
 Dt 17/10/2018

R.C. Form 2

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

Invoice No. 3450
 Date 15/10/18
 VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Smriti Jagtap
2	Designation	Sr Lecturer
3	Department	Oral medicine & Pathology
4	Name of Conference	35 th International Conference
5	Dates of the conference	19 th to 14 th
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	
7	Title of Presentation	Different T17 antibodies in MPD
8	Details of amount requested	
	i) Registration fees: 27	27,876
	ii) Travel:	27,666
	iii) Accommodation	
	iv) Total	55,542 Rs
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
 Signature of staff member
 Date: 18/10/18

[Signature]
 Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairman
 Research Committee
[Signature]

Chairperson, Research Committee
 Submitted with recommendation to Honble Chairman for approval of conference expenses reimbursement not exceeding Rs 20,000/-
[Signature]

Sanctioned
 Rs 20,000/-
 H. Vable
 Dean
 Chairman Sir
[Signature]

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
 1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

6741
 Forwarded to Chairperson, Research committee
[Signature]

copy/109

out No. / Ref No / 269 / 2018
Dt. 17/10/2018

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 3887
Date 12/10/18
VSPM's Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Pratima R. Shenoi
2	Designation	Professor & HOD
3	Department	Conservative Dentistry & Endodontics
4	Name of Conference	11 th IFEA, Seoul, South Korea
5	Dates of the conference	4 th - 8 th Oct 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	
7	Title of Presentation	Quantitative analysis of dentin smear layer face of luted fibre post after active & passive irrigation A confocal study
8	Details of amount requested	
	i) Registration fees: USD 420 -	30,981
	ii) Travel:	44,932
	iii) Accommodation	11,319
	iv) Total	87,232
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

I hereby declare that I have not received any funds for the same conference from any other agency

Pratima R. Shenoi
Signature of staff member
Date: / /

Pratima R. Shenoi
Signature of HOD

HOD OF THE DEPARTMENT
REIMBURSEMENT OF CONFERENCE EXPENSES
VSPM'S DENTAL COLLEGE & RESEARCH
CENTRE, NAGPUR - 19 (M.S.)

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson
Research Committee
According to policy
Sanctioned
Uleah

Chairperson, Research Committee
Submitted a recommendation to Hon'ble Chairman for
approval of conference expenses reimbursement not
exceeding Rs 30,000/-

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.
to Hon'ble Chairman for approval
Uleah

Chairman
Remditchant, VSPM Academy of Higher Education

20



Journal Voucher Voucher

No. : 21

Dated : 30-Nov-2018

Particulars	Dr	Amount
Research & Developent Expense	30,000.00	
To Salary & Allowance Teaching (U.S.)		30,000.00
	₹ 30,000.00	₹ 30,000.00

On Account of:
1639 30000 Reimbursement of
International conference 11th
IFEA, at South Korea on 4th to 8th
Oct 2018 Dr. Chetna Makade

[Handwritten Signature]
30/11

Authorised Signatory

[Handwritten Signature]

DONES
MGS
FB
10/11/18

cut No. H210/268/2018
Dt. 17/10/2018

13/10/18

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Invoice No. 3888
Date 12/10/18
VSPM's Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. CHETANA MAKADE
2	Designation	ASSOCIATE PROFESSOR
3	Department	CONSERVATIVE DENTISTRY & ENDODONTICS
4	Name of Conference	12 th IFEA, World Endodontic Congress
5	Dates of the conference	4 th - 7 th Oct 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation
7	Title of Presentation	Antimicrobial activity of herbal extract & oils against common endodontic pathogens using MBC/MSC Ratio
8	Details of amount requested	USD 720 → 30,981 = 00 14,332 = 00 11,319 = 00 87,232 = 00
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

I hereby declare that I have not received any funds for the same conference from any other agency

Ch. Makade
Signature of staff member

Date: 12/10/2018

Shinai
Signature of HOD

Signature of HOD

HOD OF THE DEPARTMENT
DEPARTMENT OF CONSERVATIVE DENTISTRY
VSPM'S DENTAL COLLEGE & RESEARCH
CENTRE, NAGPUR - 19 (M.S.)

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Submitted a recommendation to Honible Chairman
for approval of conference expenses reimbursement
not exceeding Rs 30,000/-

Chetana Makade
As per Policy
Week
Sanctioned

Sanctioned

DEAN

VSPM'S Dental College & Research Centre
Nagpur
Phone: 440219

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

for Remark
Chairman

Recom. Sub. to Honible chairman SM for approval

1639

Voucher Voucher

Dated : 23-Oct-2018

No. : 11

Particulars	Dr	Cr	Amount
To Salary	15,000.00		15,000.00
On Account of			
Dr. 2000/-			
No. 24 National			
to 5th			
to 2015			
Shri. Turner			
	₹ 15,000.00	₹ 15,000.00	

Authorised Signatory

[Handwritten Signature]
22/10

[Handwritten Signature]

out No. / Perio / 266 / 2018
 Dt. 17/10/2018.

R.C. Form 2

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. TUSHAR SHRIRAO
2	Designation	Reader
3	Department	Periodontics
4	Name of Conference	43 rd National Conference ISP
5	Dates of the conference	5-7 OCTOBER 2018 Chandigarh
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	ORAL Presentation
7	Title of Presentation	GRAFT with GRAFT.
8	Details of amount requested: i) Registration fees: ii) Travel: iii) Accommodation iv) Total	- R. 10,230/- - R. 10,355/- R. 20,585/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No.

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
 Signature of staff member
 Date: 15/10/18

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for reimbursement of conference expenses not exceeding Rs. 15,000/-

[Signature]
 Sanctioned

[Signature]
 Professor & Head

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

DEAN
 VSPM'S Dental College &
 Research Centre, Igdoh Hills,
 Nagpur

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.



267/2018
2018

Research Voucher Voucher

No. : 267/2018

Dated : 23-Oct-2018

Particulars	Amount
Research Voucher	Dr 20,000.00
To Salary	20,000.00
₹ 20,000.00 ₹ 20,000.00	

On Account of:

Dr 20,000.00 Reimbursement of
No. 24 National
an. 5th
to 5th
Kol

NSES(after attending)

A. K. Kulkarni
Professor
Odontology
National Conference, Chandigarh
7th Oct. 2018.
presentation
data in UKDH patients
230,
234
464 = 100
any other agency

Authorized Signatory

[Signature]
23/10

Signature of HOD

Recommended for reimbursement of Conference expenses not exceeding Rs. 20,000/-

[Signature]
15/10/18

[Signature]
Sanctioned
DEAN

VSPM'S Dental College & Research Centre, Digidig Hill, Hingna Road, Nagpur-460019

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

[Signature]

outb / Petio / 267 / 2018
 Dt 11/10/2018

R.C. Form 2

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. R. A. Kothare
2	Designation	Professor
3	Department	Periodontics
4	Name of Conference	43rd International Conference, Chandigarh
5	Dates of the conference	5th - 7th Oct. 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Paper presentation
7	Title of Presentation	Left ventricular Mass evaluation in CKD patients in chronic periodontitis
8	Details of amount requested	
	i) Registration fees:	Rs. 10,230,
	ii) Travel:	Rs. 11,234
	iii) Accommodation	
	iv) Total	Rs. 21464 = 00
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

I hereby declare that I have not received any funds for the same conference from any other agency

R. Kothare
 Signature of staff member
 Date: 15/10/18

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for reimbursement of conference expenses not exceeding Rs. 20,000/-

Acc. Wealth
 Sanctioned
 DEAN

VSPM'S Dental College & Research Centre, Hingna Road, Nagpur-441114
 Phone: 2611-44019

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Voucher Voucher

No. :

Dated : 23-Oct-2018

Particulars		Amount
Research & Development Centre	Dr	30,000.00
To Salary & Honorarium		30,000.00
On Accr		
Dr	Reimbursement of	
Int	each Midcoms	
20/10/18	upto 28th	
April 18	Dr. Ramesh Shendol	
		₹ 30,000.00
		₹ 30,000.00

[Handwritten Signature]
 43710

Authorized Signatory

[Handwritten Signature]

Acct No. PERO/272/2018
 DA 17/10/2018

R.C. Form 2

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr Ramakrishna Shenoj
2	Designation	Prof & Head, Vice Dean
3	Department	D RIFS
4	Name of Conference	MIDCOMIS (International)
5	Dates of the conference	26 th - 28 th April 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	
7	Title of Presentation	Trigeminal neuralgia
8	Details of amount requested	
	i) Registration fees:	₹1500/-
	ii) Travel:	29772/-
	iii) Accommodation	38772/-
	iv) Total	
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
 Date: 1/9/18

[Signature]
Dr. RAMAKRISHNA SHENOJ
 (MDS, OMFS)
 Vice Dean & Professor.....
 VSPM DENTAL COLLEGE
 NAGPUR.

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

[Signature]
 Sanctioned

Chairperson, Research Committee

Submitted & recommendation to Hon'ble Chairman for approval of sub-cent. expenses reimbursement not exceeding Rs 30,000/-

DEAN
 VSPM'S Dental College &
 Research Centre, Dindori Hills,
 Nagpur-440012

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Receipt Voucher

No. : 77

Dated : 23-Oct-2018

Particulars		Amount
From: Government	Dr	15,000.00
To: Salary		15,000.00
		₹ 15,000.00
		₹ 15,000.00

On Account of:

50000/- reimbursement of
National
LAT 2018 at
Vijayawada
2018

Authorized Signatory

[Handwritten Signature]
22/10

[Handwritten Signature]

Inward No. 3519 out No/Recd / 273 / 2018
 Date 28/8/18 Dt 17/10/2018
 VSPM'S Dental College

R.C. Form 2

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Anurag Chondhary
2	Designation	Reader
3	Department	Oral Medicine & Radiology
4	Name of Conference	National DDMR PG Convention
5	Dates of the conference	24-25 August 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Paper presentation
7	Title of Presentation	CBCT Report of 2 Cases Fibrous Lesion
8	Details of amount requested	
	i) Registration fees:	= 6500/-
	ii) Travel:	= 8587/-
	iii) Accommodation	
	iv) Total	= 15087/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

I hereby declare that I have not received any funds for the same conference from any other agency

A Chondhary
 Signature of staff member
 Date: 28/08/2018

Mali
 Signature of HOD
 Professor & HOD
 Dept. of Oral Medicine & Radiology
 VSPM Dental College & Research Centre
 Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairman Research Committee
Udell

Chairperson, Research Committee
 Recommended for reimbursement of Conf. expenses not exceeding Rs. 1,50,000/-

Sanctioned
 DEAN
 VSPM'S Dental College & Research Centre, Dignoh Hill, Hingna Road, Nagpur-440015

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
 1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Recd. Remarks of
 Research Committee

Receipt Voucher

No. : 21

Dated : 23-Oct-2018

Particulars	Dr	Amount
To Salary	12,000.00	12,000.00
₹ 12,000.00		₹ 12,000.00

On Account of:
7 0000 1000 sursement of
N 10000 1000 National
10 1000 1000 2018 at
Vij 1000 1000 1000 Aug
201 1000 1000 1000

[Handwritten Signature]
23/10

Authorised Signatory

[Handwritten Signature]

Inward No. 2424
 Date 22/8/18
 VSPM's DCRC

Out No. / Fxio / 274 / 2018
 dt - 17/8/2018

R.C. Form 2

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Apurva Mohite
2	Designation	Senior Lecturer
3	Department	Oral Medicine & Radiology
4	Name of Conference	National IAOMR Plr Convention - 18
5	Dates of the conference	24th & 25th August 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Paper presentation - Faculty
7	Title of Presentation	An unusual case of maxillary osteomyelitis in a young female
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	i) 6500 Rs/- ii) 9509 Rs/- $\rightarrow 8490 + 1000 = 9490$ iii) 4012 Rs/- $\rightarrow 20,021$ iv) Total $\rightarrow 20,021$ Rs/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount..... NO	NO

In hereby declare that I have not received any funds for the same conference from any other agency

A Mohite
 Signature of staff member
 Date: 27/8/2018

Ali
 Signature of HOD
 Dept. of Oral Medicine & Radiology
 VSPM's DCRC & Research Centre
 Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
 Recommended for reimbursement of conf. expenses not exceeding Rs 12000/-

Chairman Research
Uckle
 VSPM Sanctioned
 Research Committee
 Hingna, Nagpur
 Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
 1) Staff members should submit this form along with all relevant bills and documents within 10 days of the return from the conference to Research Committee along with copy of prior permission for availing grant.

Journal Voucher Voucher

No. 41

Dated : 28-Aug-2018

Particulars	Dr	Amount
Research & Development Expenses	15,000.00	
To Cash & Research Institute (UG)		15,000.00

On Account of :

5035 15000 Reimbursement of
National conference IPS PG
Convention on 6th to 8th July
2018 Dr Rajlaxmi Banerjee

₹ 15,000.00 ₹ 15,000.00

Authorised Signatory

[Handwritten Signature]
28/8

[Handwritten Signature]

Perts out no 245
2018

Page no 5035

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Invoice No. 5108
Date 12/07/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Kajlakshmi Banerjee
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	IPS PG Convention
5	Dates of the conference	6 - 8 th July
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Faculty for the conference
7	Title of Presentation	Post Op - An Update
8	Details of amount requested	
	i) Registration fees:	4101/-
	ii) Travel:	16989/-
	iii) Accommodation	
	iv) Total	21,084/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
Signature of staff member
Date: 12/6/18

[Signature]
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Reimbursement for conference exp.
recommended (Rs 21000/-)

All pay
[Signature]
Sanctioned

DEAN
VSPM'S Dental College
Nagpur

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance form where applicable

Journal Voucher Voucher

No 40

Dated : 28-Aug-2018

Particulars		Amount
Research & Development Expense	Dr	12,559.00
To Salary & Bonus (Dr)		12,559.00

On Account of:

5018 12559 Reimbursement of
National conference 20th IPS PG
Convention at Chennai on 6th to
8th July 17 Dr. Saee
Deshpande

₹ 12,559.00 ₹ 12,559.00

[Handwritten Signature]
28/8

Authorised Signatory

[Handwritten Signature]

Peris out no 249
2018

Dept. of Prosthodontics
VSPM'S Dental College
Nagpur

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

3191
10/07/18
VSPM'S DCRC

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Jay Deshpande
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	20 th IPS PG Convention
5	Dates of the conference	6-8 July 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Guest speaker
7	Title of Presentation	Occlusal splines for TMD
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	4357 8202 - 12559/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
Signature of staff member
Date: 9/7/2018

[Signature]
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Acc
[Signature]
Sanctioned
15/8/18

Chairperson, Research Committee
Approved for reimbursement of
conference expenses (Rs 12559/-)

[Signature]
14/8/18

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance when applicable

DEAN
VSPM'S Dental College &
Research Centre, D. J. Somaiya
Nagpur-480015

Forwarded to

5018

Journal Voucher

No. : JUN18-4

Dated : 1-Jun-2018

Particulars	Amount
Research & Development Expenses	20,000.00
To: Salary & Allowance Teaching (D/G)	20,000.00

On Account of :

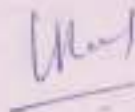
0020 20000 Reimburment of
National conference APEC 2017
at Delhi on 5th to 8th April 17 Dr.
Pratima Sherol

₹ 20,000.00 ₹ 20,000.00



Authorised Signatory


01/06/18



To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

R.C. Form 2

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr Pratima Ishenoi
2	Designation	Professor & HOD
3	Department	Conservative Dentistry & Endo
4	Name of Conference	APEC 2017 (International conferece)
5	Dates of the conference	5-8 th April 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty.	Oral presentation
7	Title of Presentation	Is electronic WLD affected from electromagnetic interference from cell phone.
8	Details of amount requested	
	i) Registration fees:	22,000/-
	ii) Travel:	
	iii) Accommodation	4,660/-
	iv) Total	26,660/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	26,660/- No

I hereby declare that I have not received any funds for the same conference from any other agency

Ishenoi

Signature of staff member
Date: 12/12/18

Ishenoi

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for reimbursement for
~~international~~ National conference expenses (Mar 17) (Rs 20000/-)

Acc pay
Pl. pay
Wadh

Sanctioned
DEAN

VSPM'S Dental College &
Research Centre, Dignesh Path,
Nagpur Road, Nagpur-440014

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Chitansu Makade
2	Designation	Associate Professor
3	Department	Conservative Dent & Endo
4	Name of Conference	APEC 2019 (International)
5	Dates of the conference	
6	Oral/Poster presentation (as presenter)/ guest speaker/ faculty	By electronic WL Determination app from electronic magnetic int. pres. of
7	Title of Presentation	assessment of antibacterial activity of intracanal medication
8	Details of amount requested	
	i) Registration fees:	22,000/-
	ii) Travel:	
	iii) Accommodation	4,660/-
	iv) Total	26,660/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	26,660/- No -

I hereby declare that I have not received any funds for the same conference from any other agency

C. Makade
Signature of staff member
Date 28/12/2018

Bhonor.
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for reimbursement for
~~international~~ national conference expenses (Rs. 26,660/-)

28/12/18

All pay
Pt. Vilech
Sanctioned

DEAN
VSPM Dental College &
Hospital

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

1639

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 2352
Date 31.05.18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Rajesh Kumbhar
2	Designation	Professor.
3	Department	Conservative Dentistry
4	Name of Conference	APEC - Delhi 2017
5	Dates of the conference	5-8 April 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	faculty.
7	Title of Presentation	top mediated tooth movement application of force gene for rapid habit at F. metabolism in tooth movement
8	Details of amount requested	
	i) Registration fees:	12,000/-
	ii) Travel:	9,400/-
	iii) Accommodation	
	iv) Total	21,400/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO.

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]

Signature of staff member
Date: / /

HOD OF THE DEPARTMENT
DEPARTMENT OF CONSERVATIVE DENTIST
VSPM'S DENTAL COLLEGE & RESEARCH
CENTRE, NAGPUR - 19 (M.S.)
[Signature]

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for reimbursement for ~~international~~ National
conference expensy (Rs 15,000/-)
[Signature]
31/5/18

Acc
[Signature]
Sanctioned
DEAN

VSPM'S Dental College &
Research Centre, Dighod Hills
Hingna Road, Nagpur-440015
Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.



Journal Voucher

No : JUN18-1

Dated : 1-Jun-2018

Particulars		Amount
Research & Development Expenses	Dr 12,000.00	
To Salary & Allowance Teaching (2018)		12,000.00
On Account of:		
6937 12000 Reimburment of National conference APEC 2017 at Delhi on 5th to 8th April 17 Dr. Rajiv Khode		
		₹ 12,000.00
		₹ 12,000.00

Authorised Signatory

[Signature]
01/6/18

[Signature]

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 2362
Date 3/04/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. RAJIV T. KHOPE
2	Designation	SR. LECTURER.
3	Department	CONSERVATIVE DENTISTRY - ENDO.
4	Name of Conference	APEC 2017, DELHI (INTERNATIONAL CONF.)
5	Dates of the conference	5 th - 8 th APRIL 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	ORAL PRESENTATION
7	Title of Presentation :-	EVALUATION OF EFFECT OF DIFFERENT MICROFILM INFECTION CENTRAL OVERCAP BY LIGHT INTENSITY OF LCD & MICROWAVE CURED COMPOSITE - AN IN VITRO STUDY
8	Details of amount requested	
	i) Registration fees:	12,000/-
	ii) Travel:	8,782/-
	iii) Accommodation	5,835/-
	iv) Total	<u>26,617</u>
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

I hereby declare that I have not received any funds for the same conference from any other agency

[Signature]

Signature of staff member
Date: / /

[Signature]

Signature of HOD
HOD OF THE DEPARTMENT
DEPARTMENT OF CONSERVATIVE DENTISTRY
DENTAL COLLEGE & RESEARCH
CENTRE, NAGPUR - 19 (M.S.)

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for reimbursement for ~~international~~ conference expenses (Rs. 26,617)

[Signature]

[Signature]

Sanctioned

DEAN
VSPM'S Dental College &
Research Centre, Sigdoh Hills
Hingna Road, Nagpur-440019

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

6937



Journal Voucher

No : APR18-35

Dated : 30-Apr-2018

Particulars		Dr	Cr	Amount
Research & Development Expenses			30,000.00	
To Salary & Allowance Teaching (D.D.)				30,000.00
New Ref APR18-35	30,000.00 Cr			

On Account of :
5357 30000 Reimburment of
conference exp World
immunology Congress In Dubai
14-15th Dec. 17 Dr. Rohit
Mohari

₹ 30,000.00 ₹ 30,000.00 ✓

Authorised Signatory

[Signature]
30/4/18

[Signature]

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 5582
Date 20/12/17
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Rohit B. Moharik
2	Designation	Sr. Lecturer
3	Department	Oral Pathology
4	Name of Conference	World Immunology Congress
5	Dates of the conference	Dec 14-15, 2017 Dubai
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	presenter / special talk
7	Title of Presentation	1) Molecular biology of oral cancer and role of cyclin D1 in its pathogenesis 2) Tobacco and Immunology - A crosslink. A review
8	Details of amount requested	
	i) Registration fees:	13,500/- (300 USD)
	ii) Travel:	16,132/- (872 AED)
	iii) Accommodation	
	iv) Total	35,632/- (Thirty five thousand six hundred and thirty two only)
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

I hereby declare that I have not received any funds for the same conference from any other agency

R. B. Moharik
Signature of staff member
Date: 17/12/17

Anirve
Signature of HOD
Dr. (Mrs.) AIKA DIVE
Professor & Head

For Office Use Department of Oral & Maxillofacial Pathology
VSPMS Dental College & Research Centre

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Forwarded to Hon'ble Secretary with
recommendation for grant as travel grants
(Max. amt. Rs. 30,000/-)

Recem.
Sub to Hon'ble chairman
for review grant
Sanctioned
DEAN

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Approved to 30,000/-

Research committee, chairperson, Remark Pt.

17

Recd. dated 22/3/2018

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 1595
Date 19/3/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Apeel Singh Phole (Balpanda)
2	Designation	Professor
3	Department	Oral medicine & Radiology
4	Name of Conference	International Dental Conf. 2018, Chennai
5	Dates of the conference	16th-17th March 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Faculty Paper Presentation
7	Title of Presentation	Atorvastatin assessment - A comparative study
8	Details of amount requested	
	i) Registration fees:	7228
	ii) Travel:	3940
	iii) Accommodation	4333
	iv) Total	15499
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount...	Yes for the year 2017 for Rs 10,000/-

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: 19/3/18

Signature of HOD
Professor & HOD
Dept. of Oral Medicine & Radiology
VSPM Dental College & Research Centre
Nagpur.

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for reimbursement of conference expenses
Prof. Phole

Chairman, Research Committee
All pay
Sanctioned
DEAN
VSPM's Dental College & Research Centre, Dhadoli Hills, Hingana Road, Nagpur-440019

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

1866

Journal Voucher

No : APR18-32

Dated : 30-Apr-2018

Particulars		Amount
Research & Development Expenses	Dr. 15,494.00	
To Salary & Allowance Teaching (U.G.) New Ref APR18-32	15,494.00 Cr	15,494.00

On Account of :

5415 15494 Reimburment of
conference exp International
Dental Conf. 18 on 16-17th March
18 - Dr. Mukta Motwani

₹ 15,494.00

₹ 15,494.00

[Signature]
30/4/18

Authorised Signatory

[Signature]

Perio. oral No. 225
2018

R.C. Form 2

Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Forward No. 1534
Date 19/3/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Mukta Motwani
2	Designation	Prof & HoD
3	Department	OMR
4	Name of Conference	International Dental Conf 2018
5	Dates of the conference	16-17 March 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Guest Speaker
7	Title of Presentation	Role of USG in Dentistry
8	Details of amount requested	
	i) Registration fees:	Rs 7228.00
	ii) Travel:	Rs 3933.00
	iii) Accommodation	Rs 4333.00
	iv) Total	Rs 15494.00
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No.

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member

Date: 19/3/2018

Signature of HOD

Dept. of Oral Maxillofacial Radiology
VSPM Dental College & Research Centre
Nagpur.

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for reimbursement of conference expenses -

Professor & Head
Department of Oral Maxillofacial Radiology

Rs 15494/-

(fifteen thousand four hundred ninety four)

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Sanctioned
DEAN

VSPM'S Dental College & Research Centre
Nagpur.

Chairman
Research C
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Mekha

Perio outb. 226
2018

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 1495
Date 14/3/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Tapasya V. Karamore
2	Designation	Reader.
3	Department	Oral Med. & Radiology
4	Name of Conference	IDC 2018, Bhubaneswar
5	Dates of the conference	9-11 Feb 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Guest Speaker
7	Title of Presentation	CBCT- Clinical Implications
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	1660 Rs- 4551 Rs- 6798 Rs- 13009 Rs-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No.

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
Signature of staff member
Date: 2/3/18

[Signature]
Signature of HOD
Professor & HOD
Oral Med. & Radiology
VSPM Dental College & Research Cent.

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for reimbursement of conference expenses.

[Signature]
Professor of Oral Med. & Radiology
Rs 13009/-
(Thirteen thousand nine hundred)

[Signature]
Sanctioned
Remaind
Acc Pay

VSPM'S Dental College & Research Centre
Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

178

Journal Voucher

No. : APR18-30

Dated : 30-Apr-2018

Particulars		Amount
Research & Development Expenses	Dr	19,500.00
To Salary & Allowances Teaching (U/G) New Ref. APR18-30	19,500.00 Cr	19,500.00
		₹ 19,500.00
		₹ 19,500.00 ✓

On Account of:
0012 19500 Reimburment of
conference exp 42th annual
congress of AOMSI on 16-18th
Nov. 17 Dr. S.R. Shenoi

Authorised Signatory

Be
30/4/18

Uday

Perio out No. $\frac{227}{2018}$

To,
The Dean,
VSPM'S DCRC,
Nagpur.

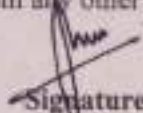
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. SR Shenoi
2	Designation	Prof
3	Department	Oral and Maxillofacial Surgery
4	Name of Conference	42 nd Annual Congress of AOMSI
5	Dates of the conference	16-18 th Nov 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Conference Chairman
7	Title of Presentation	To Evaluate the efficacy of Physics concept in evaluation of lower molar.
8	Details of amount requested i) Registration fees: <input checked="" type="checkbox"/> ii) Travel : iii) Accommodation: <input checked="" type="checkbox"/> iv) Total : 19,500/-	Combo Registration 19500/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

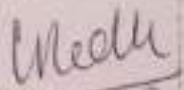
Signature of staff member
Date: 19/01/2018


Signature of HOD

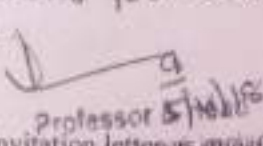
For Office Use

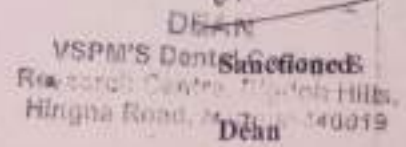
Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Acc pay



Chairperson, Research Committee
Recommended for reimbursement of conference expenses

Professor  : Rs 19500/-
(Rupees Nineteen thousand
five hundred only)

DEAN
VSPM'S Dental
Research Centre, 
Hingna Road, Nagpur-440019
Sanctioned
Dean

Enclosure: Invitation letters as guest speaker/paper or poster presentation acceptance where applicable

2012

Journal Voucher

No. : APR18-36

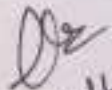
Dated : 30-Apr-2018

Particulars		Amount
Research & Development Expenses	Dr 30,000.00	
For Salary & Allowance Teaching (B.G.) New Retd APR18-36	30,000.00 Cr	30,000.00

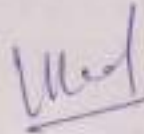
On Account of :

8411 30000 Reimburment of
conference exp, National Cancer
Research Conf. Uk on 5-6th Nov
17 Dr. Shruti Bhargava

₹ 30,000.00 ₹ 30,000.00


30/4/18

Authorised Signatory



Peris out no $\frac{181}{2017}$

R.C. Form-2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 5288
Date 16/11/17
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Ganti Bhargava
2	Designation	Sr. Lecturer
3	Department	OTR.
4	Name of Conference	National Cancer Research Conf. UK
5	Dates of the conference	5-8 Nov 2017.
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	1. Oral 1. Poster 1. ^{not} invited.
7	Title of Presentation	Influence of Celebrity endorsements & ...
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	Rs. 23000/- (250 £). ^{only 1 year} Rs. 44217 + Rs. 2000 → Rs. 46000 Rs. 8400 Total - Rs. 77617.
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

27/12

Signature of staff member Ganti B.
Date: 16/11/2017

Signature of HOD
Dep. of Oral Medicine & Radiology
VSPM Dental College & Research Centre
Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Applicant fulfills criteria for International Chairperson, Research Committee Conference reimbursement forwarded to Honble Secretary for useful sanction

Sub to Reem, Honble Secretary for approval
Ullal

Sanctioned

Dean

Rs. 3000/-
Permissible amount
1/2/18

(50% of Registration & travel amount not exceeding Rs 30,000/-)

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note: 17/11/18
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Centre

1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Rs. 30,000/- approved

Research committee Remark

Sub to Honble Chairman for approval to research

Journal Voucher

No. : APR18-37

Dated : 30-Apr-2018

Particulars		Amount
Research & Development Expenses	Dr	20,000.00
To Salary & Allowance Teaching (SS)		20,000.00
New Ref: APR18-37	20,000.00 Cr	
On Account of :		
1512 20000 Reimburment of conference exp. 71st Indian Dental Conference, Bhavaneshwar on 5-11th Feb 18 Dr. Abhay Kolte		
		₹ 20,000.00
		₹ 20,000.00 ✓

Dr
30/4/18

Authorised Signatory

Ukay

Pento out no $\frac{216}{2018}$


1274
21/2/18

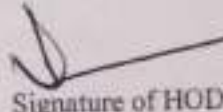
To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Abhay Kolte.
2	Designation	Professor & HOD.
3	Department	Periodontics
4	Name of Conference	7 th Indian Dental Conf, ^{Bhubaneswar}
5	Dates of the conference	9-11 Feb. 2018.
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Guest speaker
7	Title of Presentation	Soft tissue augmentation.
8	Details of amount requested i) Registration fees: Rs 4300=00. ii) Travel: Rs 13479=00. iii) Accommodation iv) Total Rs 20779=00 <	Rs 20779=00.
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No.

In hereby declare that I have not received any funds for the same conference from any other agency

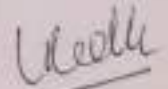

Signature of staff member
Date 14/2/18


Signature of HOD 14/2/18
Professor & Head
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for reimbursement of
conference expenses (Rs 20,000/-)


Professor & Head DEAN
Sanctioned
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

1512

Peris out no 212
2018

1238
19118

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 5712
Date 29/1/18
VSPM Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr.Kavita Hotwani
2	Designation	Senior lecturer
3	Department	Pediatric and preventive dentistry
4	Name of Conference	MUHS state level research conference
5	Dates of the conference	16-01-18
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral presentation
7	Title of Presentation	Finite element stress analysis of pediatric zirconia crown
8	Details of amount requested	
	i) Registration fees:	Rs. 1500
	ii) Travel:	Rs.2000
	iii) Total	Total - Rs.3500
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date 25/1/18

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Secretary, Research Committee

Recommended for reimbursement of conference expenses

Professor & Head

Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

All
Wadhwa

Sanctioned
DEAN

VSPM Dental College & Res. Center
Dean
Doh Hills,
NAGPUR

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

5732 Forwarded TO, Research committee, Remark
Weshmuth



Journal Voucher

No. : APR18-38

Dated : 30-Apr-2018

Particulars		Amount
Research & Development Expenses	Dr	12,000.00
To: Grant Income - Income USI		12,000.00
New Ref. APR18-38	12,000.00 Cr	

On Account of:
5922 12000 Reimbursement of
conference exp. 15th National
ISPD Confention on 8-10th Feb
18 Dr. Purva Choudhari

₹ 12,000.00 ₹ 12,000.00 ✓

Authorised Signatory

Dr
30/4/18

LLG-1

Investment No. 1226
 Date 12/18

Perto out no $\frac{218}{2018}$

R.C. Form 2

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

Inward No. 1032
 Date 20/02/18
 VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. PURVA CHAUDHARI TELNE
2	Designation	Senior Lecturer
3	Department	Pedodontics & Preventive Dent
4	Name of Conference	15 th National ISPPD convention
5	Dates of the conference	8 th Feb to 10 th Feb 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Poster presentation
7	Title of Presentation	Changing trends in dental office designing
8	Details of amount requested	
	i) Registration fees:	7000/-
	ii) Travel:	2600/-
	iii) Accommodation	5000/-
	iv) Total	14,600
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	

In hereby declare that I have not received any funds for the same conference from any other agency

(Signature)
 Signature of staff member
 Date 20/2/18

(Signature)
 Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Recommended for reimbursement of conference expenses (Rs 12000/-)

(Signature)
 Professor & Head
 Dept. of Periodontics & Implantology
 VSPM Dental College & Res. Ctr.
 Nagpur
 Sanctioned
 DEAN
 VSPM'S Dental College & Res. Ctr.
 Nagpur

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

5922

Journal Voucher

No. : APR18-40

Dated : 30-Apr-2018

Particulars	Dr	Cr	Amount
Research & Development Expenses		12,000.00	
To Salary & Allowance Teaching (D.D.) New Ref: APR18-40	12,000.00		12,000.00

On Account of:

0003 12000 Reimburment of
conference exp, IDC 2018 on 9
-11th Feb 18 Dr Manjusha
Pradhan

₹ 12,000.00 ₹ 12,000.00

Authorised Signatory

[Signature]
30/4/18

[Signature]

Inward No. 1225 Peris out no 217
 D-to 21/2/18 2018

K.C.F.

To
 The Dean,
 VSPM'S DCRC,
 Nagpur,
 Through: Research Committee

Inward No. 1031
 Date 20/02/18
 VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. Manjusha S. Pradhay
2	Designation	Lecturer
3	Department	Conservative & Endodontics
4	Name of Conference	SDC 2018
5	Dates of the conference	9th to 11th Feb 2018
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	paper presentation
7	Title of Presentation	Assessment of pressure & level Run out Syndrome among push
8	Details of amount requested	
	i) Registration fees:	1600/-
	ii) Travel:	6950/-
	iii) Accommodation + food	5857 + 2875 = 8732/-
	iv) Total	17,282/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	

In hereby declare that I have not received any funds for the same conference from any other agency

Manjusha S. Pradhay
 Signature of staff member
 Date 24/2/2018

Manoj
 Signature of HOD
 HOD OF THE DEPARTMENT
 DEPARTMENT OF CONSERVATIVE DENT
 VSPM'S DENTAL COLLEGE & RESEAR
 CENTRE, NAGPUR - 19 (M.S.)

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for reimbursement of
 conference expenses (Rs 17000/-)

Manoj
 Professor & Head DEAN
 Dept. of Periodontics
 VSPM'S Dental College
 Nagpur
 Sanctioned
 Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of return from the conference to Research Committee along with copy of prior permission for availing grant.

Journal Voucher

No : APR18-34

Dated : 30-Apr-2018

Particulars		Amount
Research & Development Expenses	Dr	30,000.00
To Salary & Allowance Teaching (1/1)		30,000.00
New Ref: APR18-34	30,000.00 Cr	
		₹ 30,000.00
		₹ 30,000.00 ✓

On Account of:

0024 30000 Reimburment of
conference exp 39th Asia Pacific
Dental Congress on 22-25th May
17 in Macau Dr. Usha Radke

[Signature]
30/4/18

3
Authorised Signatory

[Signature]

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 713
Date 25/02/18
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Usha Radke
2	Designation	Dean, HOD, Dept. of Prosthodontics
3	Department	Prosthodontics
4	Name of Conference	39 th Asia Pacific Dental Congress
5	Dates of the conference	22-25 May 2017 in Macau.
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Paper presentation
7	Title of Presentation	Impact of Inter-Professional education on attitudes of healthcare providers involved in Maxillofacial Rehabilitation
8	Details of amount requested	
	i) Registration fees:	Rs. 11200/-
	ii) Travel:	Rs. (5923/- + Rs. 58200/-)
	iii) Accommodation	Rs. (13852/-)
	iv) Total	Rs. 89175/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No -

I hereby declare that I have not received any funds for the same conference from any other agency

Uradke
Signature of staff member
Date: / /

Uradke
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Reem.
Sub. to Hon'ble
Chairman
Uradke
Secretary

Chairperson, Research Committee
Recommended for sanction as per
rules forwarded to Hon'ble Secretary for needful.
(Rs. 30,000/-)

Sanctioned
VSPM'S DCRC
Rustum B. Chaudhary
Dean
Nagpur - 440015

plc
Accounts to verify please.

Enclosure invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Dem, DCRC
non prior approval
28/02/18
Uradke

Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Accts
Pd pay
Uradke

Inward No. 1028 sent out no 220
 Date 20/2/18
 VSPM Dental College 2018

Prosthodont 963/2018

1028
20/2/18

To
 The Dean
 VSPM'S DCRC,
 Nagpur
 Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr Jayashree Joshi
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	INDIAN DENTAL CONFERENCE
5	Dates of the conference	9 th -11 th Feb' 2018
6	Oral/Poster presentation (as presenter)/ guest speaker/ faculty	Paper Presentation
7	Title of Presentation	Flipped Classroom, an innovative & effective teaching model???
8	Details of amount requested	
	i) Registration fees:	Rs 1600=00
	ii) Travel:	Rs 8535=00
	iii) Accommodation:	Rs 8432=00
	iv) Total ¹⁰⁰⁰ :	Rs 18,567
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
 Signature of staff member
 Date 20/2/18

[Signature]
 Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	<i>Acc</i>

Chairperson, Research Committee
 Recommended for reimbursement of
 conference expenses (Rs 1,85,67/-)

[Signature]
 Professor & Head Sanctioned
 Dept. of Periodontics & Implantology
 VSPM Dental College & Res. Centre
 Nagpur

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable
 Certificates & Bills & tickets are enclosed herewith.

Note:
 1) Staff members should submit this form along with all relevant bills and documents within 10 days of return from the conference to Research Committee along with copy of prior permission for availing grant.

copy

Application regarding Prior permission

Journal Voucher

No. : JAN18-64

Dated : 31-Jan-2019

Particulars			Amount
Research & Development Expenses	Dr	19,500.00	
To Salary & Allowance Teaching (UG)			19,500.00
New Ref JAN18-64	19,500.00 Cr		
₹ 19,500.00			₹ 19,500.00

On Account of:

867 Dr. Vrinda
Kaita Professor 19500 National
15/Nov./17 18/Nov./17 42th
Annual Congress of AOMSI, Oral
presentation as delegats

Authorised Signatory

Uralkh

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

To,
The Dean,
VSPM'S DCRC,
Nagpur.

Through: Research Committee

Invoice No. 5436
Date 25/11/17
VSPM's Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. Vrinda Kothle
2	Designation	Professor
3	Department	Oral and Maxillofacial Surgery
4	Name of Conference	42 nd Annual Congress of AOMSI
5	Dates of the conference	16-18 th Nov 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation as delegate
7	Title of Presentation	
8	Details of amount requested i) Registration fees: _____ ii) Travel : _____ iii) Accommodation: _____ iv) Total : _____	19500/- ✓
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

Dr. S. R. SHENDE
Professor, Head & Vice-D.
Dept. of Oral & Maxillofacial Surgery
VSPM's Dental College & Research Centre
100, P. B. No. 1, Indira Park Road, Nagpur

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date 2/11/17

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for reimbursement.
Professor & Head

Sanctioned
DEAN
VSPM'S Dental College &
Research Centre, Igdon Hills,
Nagpur. Phone: 2449010

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable
VSPM Dental College & Res. Center
NAGPUR

Research committee Remark



Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : JAN18-63

Dated : 31-Jan-2018

Particulars		Amount
Research & Development Expenses	Dr 19,500.00	
To Salary & Allowances Teaching (UD)		19,500.00
New Ref. JAN18-63	19,500.00 Cr	
On Account of:		
51 Dr. Anoop Garg Professor: 19500 National- I 16/Nov./17 18/Nov./17 42th Annual Congress of AOMSI, Oral presentation as delegats		
₹ 19,500.00		₹ 19,500.00

Authorised Signatory

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hill,
Hingna Road, Nagpur-440019

To,
The Dean,
VSPM'S DCRC,
Nagpur.

Inward No. 5435
Date 25/11/17
VSPM's Dental College

Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. Anoop Gang
2	Designation	Professor
3	Department	Oral and Maxillofacial Surgery
4	Name of Conference	42 nd Annual Congress of AOMSI
5	Dates of the conference	16-18 th Nov 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation as delegate
7	Title of Presentation	
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation: iv) Total:	19500/- (Delegate (trho)) ✓ 19500/- ✓
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

I hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: / /

[Handwritten Signature]

Signature of HOD
Prof. Dr. S. S. ...
Dept. of Oral & Maxillofacial Surgery
VSPM Dental College & Research Centre
Kodoh Hills, Hingna Road, Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for reimbursement

[Handwritten Signature]
25/11/17
Professor & Head

0051

Perished
[Handwritten Signature]
Sanctioned
Dean

Enclosure: Invitations letter and poster acceptance where applicable
VSPM Dental College & Res. Center
NAGPUR



VspM Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : DEC17-38

Dated : 18-Dec-2017

Particulars		Amount
Research & Development Expenses	Dr	12,000.00
To Salary & Allowance Teaching (UG)		12,000.00
Agst Ref DEC17-27	12,000.00 Cr	
		₹ 12,000.00 ₹ 12,000.00

On Account of :

5368]reimbursement of conference
expenses of Dr. Pranao Ingole
National conference at Nagpur 16.
11.17 to 18.11.17

Authorised Signatory

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Peris out no 180
2017

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.

Date 4/11/17
VSPM's Dental College

Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. PRANAO. D. INGOLE
2	Designation	Sr. Lecturer
3	Department	Oral and Maxillofacial Surgery
4	Name of Conference	42 nd Annual Congress of AOMSI
5	Dates of the conference	16-18 th Nov 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation as delegate/faculty
7	Title of Presentation	Noninvasive Early Diagnosis of Oral Mucosal Precancerous & Cancerous Lesions using Fibroscop Spectroscopy
8	Details of amount requested i) Registration fees: <u>Delegat Combo Regn</u> ii) Travel : _____ iii) Accommodation: _____ iv) Total : _____	Rs 19500/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency.

Signature of staff member
Date: 4/11/17

Signature of HOD
Dr. S.R. SHENOY

Professor, Head & Vice-Chairman
Dept. of Oral & Maxillofacial &
V.S.P.M.'s Dental College & Research Center
Digidoh Hills, Hingna Road, Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement
Chairperson, Research Committee
of conference expenses. (Rs 12000/-)

Signature of Chairperson
15/11/17

Enclosure: Invitation letter or guest speaker/paper or poster presentation acceptance where applicable

Professor & Head
Dept. of Periodontology & Implantology
V.S.P.M.'s Dental College & Res. Center
NAGPUR
15/11/17

Signature of Dean
Sanctioned
Dean

Peris out no 198
2017

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 5438
Date 23/11/17
-SPM's Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr Nilima Budhraja (Agrawal)	1
2	Designation	Sr Lecturer	
3	Department	Oral and Maxillofacial Surgery	
4	Name of Conference	42 nd Annual Congress of AOMSI	
5	Dates of the conference	16-18 th Nov 2017	
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation as delegate	
7	Title of Presentation	Epidemiology and assessment of maxillofacial trauma in a tertiary health care centre	
8	Details of amount requested i) Registration fees: Delegate Combo ii) Travel: iii) Accommodation iv) Total	19,500/- → 19,500/-	1
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No	

In hereby declare that I have not received any funds for the same conference from any other agency

Nilima

Signature of staff member
Date: 23/11/2017

Am

Signature of HOD
Dr. S. S. ...
Professor, ...
Dept. of Oral & Maxillofacial Surgery
SPM's Dental College & Research Center
Diggoh Hills, Hingna Road, Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement of conference expenses. (Rs. 12,000/-)
Chairperson, Research Committee

Dr. S. S. ...
Professor & Head
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
Nagpur

Chairperson Research Committee
Umesh

Sanctioned
Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Forwarded to
Research committee

AKC
766



Vspm Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : DEC17-42

Dated : 18-Dec-2017

Particulars		Amount
Research & Development Expenses	Dr 15,000.00	
To: Salary & Allowance Teaching (1/0) Agst Ref DEC17-27	15,000.00 Cr	15,000.00
		₹ 15,000.00
		₹ 15,000.00

On Account of:

0025 reimbursement of conference
expenses to Dr. Tushar Shreerao
National conference at Kolkata on
23.11.17 to 27.11.17

Authorised Signatory

(S)

Medhe

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Peris out no 176
2017

R.C. Fo

To,
The Dean,
VSPM'S DCRC,
Nagpur
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. TUSHAR SHARAD
2	Designation	Reader
3	Department	Periodontics.
4	Name of Conference	42nd National Conference of IAP
5	Dates of the conference	23-27 Nov 2017 Kolkata
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	As presenter
7	Title of Presentation	Autogenous Block graft - a case report.
8	Details of amount requested	
	i) Registration fees:	Rs. 8500/-
	ii) Travel:	Rs. 10386/-
	iii) Accommodation	
	iv) Total	Rs. 19486/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No.-

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
Signature of staff member
Date: 28/11/2017

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement
Chairperson, Research Committee
of conference expenses (Rs. 15,000/-)

[Signature]
Sanctioned
Dean

Enclosure: Invitation to attend as guest speaker/paper or poster presentation acceptance where applicable
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center,
NAGPUR

1) Staff members should submit this form along with all relevant bills and documents within 10 days of return from the conference to Research Committee along with copy of prior permission for availing grant.

A/C
-252

Pens out no 175
2017

R.C. For

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr Suresha Rathod
2	Designation	Professor
3	Department	Periodontics
4	Name of Conference	42nd IAP Conf Kolkata
5	Dates of the conference	24 Nov to 26 Nov 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Faculty speaker
7	Title of Presentation	Knowledge, attitude awareness & ethics issues in med. and dental care giving activities
8	Details of amount requested	
	i) Registration fees: -	3500/- ✓
	ii) Travel: -	6800/- ✓
	iii) Accommodation -	4760/-
	iv) Total	Rs. 20060/- [Rs 20060/-]
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date 27/11/17

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement

Chairperson, Research Committee
of conf expenses (Rs. 20,000/-)

Professor & Head

Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

Sanctioned

Sanctioned

Dean

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

AKC
0997



Vspm Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : DEC17-41

Dated : 18-Dec-2017

Particulars		Amount
Research & Development Expenses	Dr 20,000.00	
To: Salary & Allowances Teaching (U.O.) Agst Ref DEC17-27	20,000.00 Cr	20,000.00
On Account of :		
0057 reimbursement of conference expences of Dr. Rajashree Kolte National conference at Kolkata on 24.11.17 to 26.11.17		
		₹ 20,000.00
		₹ 20,000.00

Authorised Signatory

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440014

Paid out no 514
 11 11 11 177
 2017

R.C. Fo

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

Inward No. 5319
 Date 30/11/17
 .. VSPM's Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr Rajashri Kolte
2	Designation	Professor
3	Department	Periodontics
4	Name of Conference	42 nd National Conf. of ISP
5	Dates of the conference	24 th -26 th Nov. 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral presentation
7	Title of Presentation	Association of Anxiety phobia & Pd diseases in Smokers & Non Smokers
8	Details of amount requested	
	i) Registration fees:	✓ 8500 = 00
	ii) Travel:	✓ 12,212 = 00
	iii) Accommodation	
	iv) Total	20712 = 00
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

I hereby declare that I have not received any funds for the same conference from any other agency

@kolte
 Signature of staff member
 Date: 30/11/2017

[Signature]
 Signature of HOD -
 Professor & Head
 Dept. of Periodontics & Implantology
 VSPM's Dental College & Res. Center

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement
 Chairperson, Research Committee
 of conference expenses - (Rs 20,000/-)

All
Ulealk
 - Sanctioned
 Dean

Enclosure: Invitation tickets & program of paper or poster presentation acceptance where applicable
 VSPM's Dental College & Res. Center
 NAGPUR

Note:
 1) Staff members should submit this form along with all relevant bills and documents within 10 days of return from the conference to Research Committee along with copy of prior permission for availing grant.

Forwarded Remarks of Chairperson, Research Committee - Please

All
no 57

Vspn Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.



Journal Voucher

No. : DEC17-47

Dated : 18-Dec-2017

Particulars		Amount	
Research & Development Expenses	Dr	20,000.00	
To Salary & Allowance Teaching (UG)			20,000.00
Agst Ref DEC17-27	20,000.00 Cr		
		₹ 20,000.00	₹ 20,000.00

On Account of :

0052(reimbursement of conference
expneces to Dr. Shubhangi
Khandekar International
conference at Bhubaneshwar on
17.11.17 to 19.11.17

Authorised Signatory

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Paid out no 122
2017

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Shubhang Khandekar
2	Designation	Professor (Bagale)
3	Department	Oral Pathology & Microbiology
4	Name of Conference	26 th National conf of IAOMP
5	Dates of the conference	17 th - 19 th November 2017
6	Oral/ Poster presentation (as presenter/ guest speaker/ faculty)	Poster presentation
7	Title of Presentation	Palliative Therapy in Cancer Patients: An overview
8	Details of amount requested	
	i) Registration fees:	20,000/- ✓
	ii) Travel:	3,670/-
	iii) Accommodation	
	iv) Total	23670/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	International conf of Forensic dentology - 9,700/-

I hereby declare that I have not received any funds for the same conference from any other agency

S.P. Khandekar
Signature of staff member
Date: 23/11/2017

Annie
Signature of HOD
Dr. (Mrs.) ALKA DIVE
Professor & Head

For Office Use

Department of Oral & Maxillofacial Pathology,
VSPM's Dental College & Research Centre
NAGPUR 440019

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement
Chairperson, Research Committee
of conference expenses (Rs. 20,000/-)

Research Committee Chairman
Annie
Medh
Sanctioned
Dean

Professor & Head

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note: VSPM Dental College & Res. Center

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

A/C
0052



Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : DEC17-44

Dated : 11-Dec-2017

Particulars		Amount	
Research & Development Expenses	Dr	15,000.00	
To Salary & Allowance Teaching (U.G.) Agst Ref DEC17-27	15,000.00 Cr		15,000.00
		₹ 15,000.00	₹ 15,000.00

On Account of :

2081 reimbursement of conference
expenses to Dr. Tony Shori
National conference at Kolkata on
24.11.17 to 26.11.17

Authorised Signatory

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hillis,
Hingna Road, Nagpur-440012

Pens out nos 174
2017

R.C. Fo

To,
The Dean,
VSPM'S DCRG,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr TONY SHORI
2	Designation	READER (Associate Professor)
3	Department	PERIODONTICS
4	Name of Conference	42 nd ISP National Conference
5	Dates of the conference	24 th to 26 th 2017 November
6	Oral/ Poster presentation (as presenter/ guest speaker/ faculty	Paper Presentation
7	Title of Presentation	Soft Tissue Augmentation procedure in treatment of gingival recession
8	Details of amount requested	
	i) Registration fees:	8500Rs ✓
	ii) Travel:	8890Rs ✓
	iii) Accommodation	
	iv) Total	17,390Rs - (Total)
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]

Signature of staff member
Date: 29/11/2017

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement
Chairperson, Research Committee
of conference expenses (Rs 15,000/-)

[Signature]
to 15/12/17

[Signature]

[Signature]

Sanctioned

Dean

Enclosure: Professor & Head
Dept. of Periodontology & Implantology
NHSBM Dental College & Res. Center
NAGPUR

- Staff members should submit this form along with all relevant bills and documents within 10 days of return from the conference to Research Committee along with copy of prior permission for availing grant.

A/C
2081



Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : DEC17-42

Dated : 18-Dec-2017

Particulars		Amount	
Research & Development Expenses	Dr	15,000.00	
To Salary & Allowance Teaching (J.C.) Agst Ref DEC17-27	15,000.00 Cr		15,000.00
		₹ 15,000.00	₹ 15,000.00

On Account of:

0025 reimbursement of conference expenses to Dr. Tushar Shreerao National conference at Kolkata on 23.11.17 to 27.11.17

Authorized Signatory

U. Kelk
DEAN

VSPM'S Dental College & Research Centre, Digdoh Hills, Hingna Road, Nagpur-440019

Perio out no 176
2017

R.C. Fo

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. TUSHAR SHARJAO
2	Designation	Reader
3	Department	Periodontics.
4	Name of Conference	42nd National Conference of IASP
5	Dates of the conference	23-27 Nov 2017 Kolkata
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	As presenter
7	Title of Presentation	Autogenous Block graft - a case series.
8	Details of amount requested	
	i) Registration fees:	Rs. 8500/-
	ii) Travel:	Rs. 10386/-
	iii) Accommodation	
	iv) Total	Rs. 19486/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No.-

In hereby declare that I have not received any funds for the same conference from any other agency

Tushar Sharjao

Signature of staff member
Date 28/11/2017

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement
Chairperson, Research Committee
of conference expenses (Rs. 19,486/-)

Professor & Head

Enclosure: Invitation, Registration acceptance where applicable
Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center.
NAGPUR

- 1) Staff members should submit this form along with all relevant bills and documents within 10 days of return from the conference to Research Committee along with copy of prior permission for availing grant.

*Acc
Ulede*

Sanctioned

Dean

*A/C
15/11/17*

Peris out no 171
2017

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 5521
Date 30/11/17
VSPM Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. VANDANA KOKANE
2	Designation	READER
3	Department	CONSERVATIVE DENTISTRY
4	Name of Conference	32 nd IACOB 25 th IFA National Confer
5	Dates of the conference	23 rd to 26 th Nov. 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Delegate Paper Presentation
7	Title of Presentation	Easy & unique way of Temp Seal g teeth with Coronal Amalgam and post
8	Details of amount requested	
	i) Registration fees:	10,000 ✓
	ii) Travel:	2540 ✓
	iii) Accommodation	3000
	iv) Total	15540
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: 28/11/17

HOD OF THE DEPARTMENT
DEPARTMENT OF DENTISTRY
VSPM'S DENTAL COLLEGE & RESEARCH
CENTRE, NAGPUR. 18/11/17

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement
Chairperson, Research Committee
of conference expenses (Rs 15,000/-)

Signature of Chairperson
15/11/17
Professor & Head

Signature of Dean
Sanctioned
Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable
VSPM Dental College & Res. Center
NAGPUR

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

AK

Reimbursement no 179
2017

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 5437
Date 23/11/17
VSPM's Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr Kshitij Bang ✓
2	Designation	Sr Lecturer
3	Department	Oral and Maxillofacial Surgery
4	Name of Conference	42 nd Annual Congress of AOMSI
5	Dates of the conference	16-18 th Nov 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation as delegate
7	Title of Presentation	Evaluation of Retrosmandibular approach in the management of condylar fracture of the mandible.
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	19500/- → 19,500/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member

Date: 23/11/2017

Signature of HOD

Dr. S. N. ...
Professor, Head
Dept. of Oral & Maxillofacial Surgery
VSPM's Dental College & Research Centre
Hillside, Hinona Road, Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement

Chairperson, Research Committee
of conference expenses (Rs 12,000/-)

Signature of Chairperson

Enclosure: Invitation letter as speaker/paper or poster presentation acceptance where applicable

M/GPUR

Acc
Udesh

Sanctioned

Dean

Research committee File



VspM Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : DEC17-45

Dated : 15-Dec-2017

Particulars		Amount
Research & Development Expenses	Dr 12,000.00	
To Salary & Allowances Teaching (J.G.) Agst Ref DEC17-27	12,000.00 Cr	12,000.00
On Account of :		
6938 reimbursement of conference expensses to Dr. HIMIJA Kariya National conference at Jaipur on 17.11.17 to 19.11.17		
		₹ 12,000.00
		₹ 12,000.00

Authorised Signatory

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440014

Peris out no 173
2017

R.C Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 5590
Date 21/11/17
VSPM'S, Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. HIMJA KARIA
2	Designation	Senior Lecturer
3	Department	Orthodontics
4	Name of Conference	52 nd Indian Orthodontic Conference
5	Dates of the conference	17-19 Nov 2017
6	Oral/ Poster presentation (as presenter/ guest speaker/ faculty)	Paper Presentation
7	Title of Presentation	Growth Changes in airway in cleft patients
8	Details of amount requested	
	i) Registration fees:	8500/-
	ii) Travel:	11611/-
	iii) Accommodation:	8214/-
	iv) Total	28,325/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO.

In hereby declare that I have not received any funds for the same conference from any other agency

Himja Karia
Signature of staff member
Date: 21/11/2017

[Signature]
Signature of HOD
VSPM - DENTAL COLLEGE
VSPM'S D.C.R.C. NAGPUR

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Recommended for reimbursement
Chairperson, Research Committee
of conference expenses (Rs. 12,000/-)

[Signature]
Professor & Head

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Dept. of Periodontics & Implantology
VSPM Dental College & Res. Center
NAGPUR

- 1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

[Signature]
Sanctioned
Dean

Forwarded for Research committee, Remark

[Signature]

6938r

Peris out no 276
2017

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 4642
Date 29/09/17
VSPM'S, Nagpur

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. Devendra Nagpal
2	Designation	Reader
3	Department	Pedodontia
4	Name of Conference	Pedosphere 39 th ISPPD National
5	Dates of the conference	13 th -16 th Sept 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral Presentation
7	Title of Presentation	Garre's osteomyelitis of unusual origin associated with an erupting permanent first molar. A case report
8	Details of amount requested	
	i) Registration fees:	i) 10000/
	ii) Travel:	ii) 8754/
	iii) Accommodation:	iii) 5593/
	iv) Total:	iv) 24347
9	Have you availed any amount earlier in the calendar year for conference; if yes, amount.....	No

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date: 29/09/2017

Ushita
Signature of HOD
Department of
Pedodontia & Preventive Dentistry

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

*Recommended for reimbursement of
Chairperson, Research Committee
Conference expenses for Reader (Rs 24347)*

Ushita
Sanctioned
Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable
Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Period out NO - 93
 11 11 11 $\frac{126}{2017}$ 2017

R.C. Form 2

To,
 The Dean,
 VSPM'S DCRC,
 Nagpur.
 Through: Research Committee

Inward No. 2087
 Date 25/03/17
 VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Neena Dongre / Wankhede
2	Designation	Lecturer
3	Department	Oral & Maxillofacial Pathology
4	Name of Conference	International conference of Forensic Odontology
5	Dates of the conference	30 th to 31 st March 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Poster Presentation (as presenter)
7	Title of Presentation	"Forensic odontology" an art & science
8	Details of amount requested	
	i) Registration fees:	Rs 2500/- ✓
	ii) Travel:	Rs 3730/- ✓
	iii) Accommodation	Rs 3000/- ✓
	iv) Total	Rs 9230/-
	Miscellaneous	Rs 500/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	9730/-

I hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
 Date: / /

9230/-

Signature of HOD
 Dr (Mrs.) ALKA DIVE
 Professor & Head

For Office Use Department of Oral & Maxillofacial Pathology
 VSPM'S Dental College & Research Centre
 Nagpur 440019

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

According to policy

Chairperson, Research Committee

Recommended. Forwarded to the Dean & ~~Head of Department~~ (50% of Registration Expense)

Sanctioned
 DEAN
 VSPM'S Dental College & Research Centre, Dignoh Hills
 Nagpur-440019

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Key lock code

Research Committee Remark



Vspm Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : DEC17-33

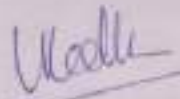
Dated : 15-Dec-2017

Particulars		Amount	
Research & Development Expenses	Dr	8,780.00	
To Salary & Allowances Teaching (L.G.) Agst Ref DEC17-27	8,780.00 Cr		8,780.00
		₹ 8,780.00	₹ 8,780.00

On Account of :

0052|Reimbursement of 50%
registration charges for
International conference at
Lucknow to Dr. Shubhangi
Khandekar(Bagde) on 30-31
march 17


Authorized Signatory



DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Period No - 34

11 12 17 125 2017
2017

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 2082
Date 27/04/2017
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Shubhangi Khandekar (Baylor)
2	Designation	Professor
3	Department	Oral Pathology & Microbiology
4	Name of Conference	International conf on Forensic odontology
5	Dates of the conference	March 30-31, 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Poster presentation
7	Title of Presentation	Importance & Application of genetics & Molecular biology in Forensic odontology
8	Details of amount requested	
	i) Registration fees:	2500/-
	ii) Travel:	3280/-
	iii) Accommodation	3000/-
	iv) Total	8780/-
		miscellaneous charges 80/-
		<u>8780/-</u>
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

S.P. Khondke
Signature of staff member
Date 27/04/2017

Dr
Signature of HOD
Dr (Mrs.) ALKA DIVE
Professor & Head

For Office Use Department of Oral & Maxillofacial Pathology
VSPMS Dental College & Research Centre
Nagpur 440019

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended, forwarded to
the Dean & Head
8780/-

Recd
According to policy
Wadh

Sanctioned
Dean DEAN

VSPM'S Dental College & Research Centre, Dighoj Hill
Hingna Road, Nagpur-44001

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

- Note:
- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Payable 0052

Dr. Khondke

Vspm Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : DEC17-31

Dated : 15-Dec-2017

Particulars		Amount
Research & Development Expenses	Dr 30,000.00	
To Salary & Allowances Teaching (U.G.) Agst Ref DEC17-27	30,000.00 Cr	30,000.00
On Account of :		
5018 Reimbursement of 50% travel & registration expenses for international conference at Finlance to Dr. Saee Deshpande on 26 to 30 August 17		
		₹ 30,000.00
		₹ 30,000.00

[Signature]
Authorised Signatory

①

[Signature]
DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Per's out no $\frac{131}{2017}$

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 4653
Date 29/09/17
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr Sacc Dehgarde
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	AMEE - 2017, Helsinki, Finland
5	Dates of the conference	26-30 August 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Oral PPT & mini poster
7	Title of Presentation	Impact of IPE module on attitudes of health care providers
8	Details of amount requested <i>involved in manuscript of feasibility study</i>	43,395/- 54,690/- 29,319/- <u>123,904/-</u>
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

I hereby declare that I have not received any funds for the same conference from any other agency

Chairman Research Committee
Signature of HOD Uedhe

Signature of staff member
Date: 25/9/2017

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Sent to HOD's Secretary for Grant
Uedhe
DEAN

Chairperson, Research Committee
Recommended for 50% of Travel & Registration expenses to a max. of Rs. 20,000/-. Forwarded to HOD's Secretary for useful.

VSPM'S Distinguished 3
Research Centre, Dignity Hill
Highway Road, Nagpur-44001

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant. *As per policy*

Submitted for approval
2

As per policy
Uedhe
DEAN
VSPM'S Dental College & ...



Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.


Journal Voucher

No. : OCT17-80

Dated : 31-Oct-2017

Particulars		Amount	
Research & Development Expenses	Dr	15,000.00	
To Salary & Allowance Teaching (JG.)			15,000.00
		₹ 15,000.00	₹ 15,000.00

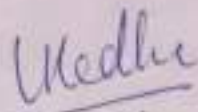
On Account of :
5837 | dr. anurag choudhary,
reader, dept. oral medicine,
conference at kolkata on 20,21,22
sept-2017


Authorized Signatory

Prepared by

Checked by

Verified by



DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Perts out no 129
2017

CC

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Date: 26/09/17
VSPM's Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Anurag B. Choudhary
2	Designation	Reader
3	Department	Oral Medicine & Radiology
4	Name of Conference	WORLD CANCER CONGRESS-KOLKATA
5	Dates of the conference	20, 21 & 22 September 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Guest Speaker
7	Title of Presentation	Ultrasound as a Diagnostic tool in Oral Cancer-ART review
8	Details of amount requested	
	i) Registration fees: -	✓ 5400/-
	ii) Travel: -	✓ 8696
	iii) Accommodation	7235
	iv) Total	21331/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount...NA.	No.

I hereby declare that I have not received any funds for the same conference from any other agency

Anurag B. Choudhary
Signature of staff member
Date: 26/09/17

M. S. Muli
Signature of HOD
Prof. HOD
Dept. of Oral Medicine & Radiology
VSPM's Dental College & Research Centre
Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Application as per requirement. Recommended
for reimbursement of conference expenses (Rs. 21331/-)
Professor & Head
Dept. of Periodontics & Implantology
VSPM's Dental College & Research Centre
Nagpur

As per Railway
Weekly
Sanctioned
Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Anurag B. Choudhary
Chairperson
Research Committee

Pay order 5837



Journal Voucher

No. : OCT17-79

Dated : 31-Oct-2017

Particulars		Amount
Research & Development Expenses	Dr	12,000.00
To Salary & Allowance Teaching (D.G.)		12,000.00
		₹ 12,000.00
		₹ 12,000.00

On Account of :

6741|dr. smriti jagdhari / golhar ,
sr. lecturer, dept. oral medicine,
national confarence at
bhubaneswar on 4 & 5 aug-17

Authorized Signatory

Prepared by

Checked by

Verified by

Wadhwa
DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Pleas out no 120 / 2017

CC

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 3835
Date 18/08/17

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR SMRITI BAGCHI/ Golhar
2	Designation	Sr. Lecturer
3	Department	ORAL MEDICINE & RADIOLOGY
4	Name of Conference	NATIONAL IADOM PG CONVENTION
5	Dates of the conference	14-15 August 17
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	
7	Title of Presentation	Correlation of USPs & Histopathology in Sleep Apnoea Patients
8	Details of amount requested	
	i) Registration fees:	✓ 6500
	ii) Travel:	✓ 3735
	iii) Accommodation	4488
	iv) Total	14723
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	—

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
Signature of staff member
Date: 18/11/17

[Signature] & HOD
Dept of Oral Pathology & Radiology
VSPM Dental College & Research Centre
Nagpur

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

As per policy
Wadhwa

Chairperson, Research Committee
Application as per requirements. Recommended
for reimbursement of conference expenses (Rs 12000)
Professor & Head

Sanctioned
DCRC

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Pay code - 6741



Vspn Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : OCT17-78

Dated : 31-Oct-2017

Particulars		Amount	
Research & Development Expenses	Dr	15,000.00	
To Salary & Allowance Teaching (D.G.)			15,000.00
		₹ 15,000.00	₹ 15,000.00

On Account of :
6339/dr. gagandeep lamba,
reader, dept. pediatric, conference
at chennai on 13-sept to 16sept
-17

Authorised Signatory

Prepared by

Checked by

Verified by

Uedle

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills
Hingna Road, Nagpur-440019

Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Period out no 130
2017

Invoice No. 4615
Date 29/9/2017
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. GAGANDEEP LAMBA
2	Designation	READER
3	Department	PEDIATRIC AND PREVENTIVE DENTISTRY
4	Name of Conference	PEDOSPHERE
5	Dates of the conference	13-16 SEPT. 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	ORAL PRESENTATION FACULTY
7	Title of Presentation	NON-SYNDROMIC BILATERAL DENTIGEROUS CYST - A UNIQUE CASE REPORT
8	Details of amount requested	10000/- ✓
	i) Registration fees:	4150/-
	ii) Travel:	4150/- + 4346/- = 8496/-
	iii) Accommodation	18496/-
	iv) Total	
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

Lamba
Signature of staff member
Date: 29/9/2017

G. Lamba
Signature of HOD
H. O. D.
Department of.....
Preventive Dentistry
DCRC,
Nagpur.

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Application as per requirement. Recommended for reimbursement of conference expenses (Rs.10000)

Sanctioned
Professor & Head

Dean
DEAN

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Forwarded to
Chairperson, Research committee

Royak 6339

Peris out no $\frac{118}{2017}$

Prosth/11/1/2012

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Tushar Mowade
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	19th IPS 14 Convention
5	Dates of the conference	16, 17, 18th June 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Faculty for Workshop
7	Title of Presentation	Programming of Articulator
8	Details of amount requested	
	i) Registration fees:	6500 - 00
	ii) Travel:	3829 - 00
	iii) Accommodation:	6400 - 00
	iv) Total	Rs. 16729 - 00
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

I hereby declare that I have not received any funds for the same conference from any other agency

Mowade
Signature of staff member
Date: 21/06/2017

Ukale
Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Acc PR PT

Chairperson, Research Committee
Recommended for permissible expenses (Rs 16729/-)

Ukale

Sanctioned
DEAN
Dean

VSPM'S Dental College & Research Centre, Dig 10H Hills
Nagpur-440019

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Dept. of Periodontics & Implantology
VSPM Dental College & Res. Centre
NAGPUR

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Inward No. 2963

Perts out no $\frac{117}{2017}$

Prosth/120/2-17

Dept. of Prosthodontics
VSPM'S Dental College
Nagpur R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

Inward No. 2110
Date 30/06/17
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	DR. SHAM. M. GUNDAWAR
2	Designation	Professor
3	Department	Prosthodontics
4	Name of Conference	19th National P.G. Convention
5	Dates of the conference	16th June to 18th June
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Pre-conference counselor P.G
7	Title of Presentation	Programming of articulator
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation: iv) Total	6,000/- 9,829/- 6,400 22,229/-
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member
Date 29/6/2017

Chauhan Research Centre
Signature of HOD
Ulekh

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for permissible expenses (Rs 20,000/-)

Acc pt. pg
Ulekh
Sanctioned
DEAN

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

Forwarded to chairperson, Research Committee

Peris out no 119
2017

Month/ 00/2=17

To,
The Dean,
VSPM'S DCRG,
Nagpur.
Through: Research Committee

Inward No. 2022
Date 25/6/17
VSPM'S Dental College

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)

1	Name of Teaching Staff Member	Dr. Jai Deshpande
2	Designation	Reader
3	Department	Prosthodontics
4	Name of Conference	19 th IFS PG Convention, Rishikesh
5	Dates of the conference	16 - 18 th June 2017.
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Faculty - PCC
7	Title of Presentation	Programming of Articulators
8	Details of amount requested	
	i) Registration fees:	✓ 6000/-
	ii) Travel:	✓ 1367/-
	iii) Accommodation	25,000/-
	iv) Total	<u>32,367/-</u>
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	No.

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
Signature of staff member
Date: 11/6/17

[Signature]
Signature of HOD
Chairman Research Center

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for permissible expenses (Rs 15000/-)

[Signature]
Professor & Head

[Signature]
Sanctioned
Dean

VSPM'S Dental College & Research Centre, Dighori
Hingna Road, Nagpur-440019

Enclosure: Invitation letter as guest speaker/ faculty/ poster presentation acceptance where applicable

Note: 1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

5018

Forwarded to chairperson research committee

[Signature]



Journal Voucher

No. : 303

Dated : 21-Aug-2017

Particulars		Amount
Research & Developent Expenses	Dr	20,000.00
To: Salary & Honoraria Teaching (D.G.)		20,000.00
On Account of :		
007)dr. neelam pande professor, national conference, at rishikesh on 19th to 18th june, 2017		
		₹ 20,000.00 ₹ 20,000.00

Authorized Signatory

Prepared by

Checked by

Verified by

Uedhu

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Perks out me $\frac{120}{2017}$

Prosthodontics 10/6/2017

R.C. Form 2

To,
The Dean,
VSPM'S DCRC,
Nagpur.
Through: Research Committee

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES(after attending)

1	Name of Teaching Staff Member	Dr. Neelam Pande
2	Designation	Professor.
3	Department	Prosthodontics
4	Name of Conference	19 th PG Convention, Hrishikesh
5	Dates of the conference	16 th to 18 th June 2017
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	Conducted workshop (PCC)
7	Title of Presentation	Programming of automation: Simple from a person's
8	Details of amount requested	
	i) Registration fees:	✓ Rs. 6000/- only
	ii) Travel:	✓ Rs. 11,331/- only
	iii) Accommodation	✓ Rs. 13,423/- only
	iv) Total	A. 30,754/- only
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	NO

In hereby declare that I have not received any funds for the same conference from any other agency

[Signature]
Signature of staff member
Date: 21/06/2017

Signature of HOD

For Office Use

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee
Recommended for permissible
expenses (Rs 20,000/-)

Professor & Head
Dept of Prosthodontics & Implantology
VSPM's Dental College & Res. Ce. -
NAGPUR

Acc p^r p^r
[Signature]
Sanctioned
DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hill
Mangna Road, Nagpur-44001

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable
certificate of attendance, workshop conducted & Chairperson

Note:
1) Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

0007



Journal Voucher

No. : 259

Dated : 3-Aug-2017

Particulars		Amount
Research & Development Expenses	Dr 20,000.00	
To: Salary & Allowances Teaching (V.G.)		20,000.00
On Account of:		
pay code 5987 dr u.radke, dean conference at Rishikesh, Indian prosthodontic society pg convention held on 19,17 & 18 June-17		
		₹ 20,000.00
		₹ 20,000.00

Amant
Authorized Signatory

Prepared by

Checked by



Verified by

Udeek

DEAN


VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440011

FLIGHT E-TICKET YATRA REF NUMBER 020167929513

***** Nagpur ✕ New Delhi Tue, Jun 13 2017				
AIRLINE	DEPARTURE	ARRIVAL	DURATION	PNR
	Nagpur	New Delhi	01:35 Hrs	AYG1GJ
Indigo 6E - 636	Tue, Jun 13 2017 07:55 Hrs	Tue, Jun 13 2017 09:30 Hrs	Non Stop	
	Dr Ambedkar	Indira Gandhi, T-10		

***** New Delhi ✕ Dehradun Tue, Jun 13 2017				
AIRLINE	DEPARTURE	ARRIVAL	DURATION	PNR
	New Delhi	Dehradun	00:55 Hrs	AYG1GJ
Indigo 6E - 644	Tue, Jun 13 2017 13:00 Hrs	Tue, Jun 13 2017 13:55 Hrs	Non Stop	
	Indira Gandhi, T-10	Jolly Grant		

***** Dehradun ✕ New Delhi Sun, Jun 18 2017				
AIRLINE	DEPARTURE	ARRIVAL	DURATION	PNR
	Dehradun	New Delhi	00:50 Hrs	AYGZGJ
Indigo 6E - 679	Sun, Jun 18 2017 12:40 Hrs	Sun, Jun 18 2017 13:30 Hrs	Non Stop	
	Jolly Grant	Indira Gandhi, T-10		

***** New Delhi ✕ Nagpur Sun, Jun 18 2017				
AIRLINE	DEPARTURE	ARRIVAL	DURATION	PNR
	New Delhi	Nagpur	01:40 Hrs	AYGZGJ

Sun, Jun 18 2017
14:50 Hrs

Sun, Jun 18 2017
18:30 Hrs

Non Stop



Indira Gandhi, T-10

Dr Ambedkar

PASSENGERS DETAILS

NAME	DESTINATION	MEALS	BAGGAGE	SEAT NO.
Mrs Usha Radke (Adult) Insurance Policy: NA	NAG - DEL	NA	15 kgs (Free)	NA
	DEL - DED	NA	15 kgs (Free)	NA
	DED - DEL	NA	15 kgs (Free)	NA
	DEL - NAG	NA	15 kgs (Free)	NA
Mr Manohar Radke (Adult) Insurance Policy: NA	NAG - DEL	NA	15 kgs (Free)	NA
	DEL - DED	NA	15 kgs (Free)	NA
	DED - DEL	NA	15 kgs (Free)	NA
	DEL - NAG	NA	15 kgs (Free)	NA

Important Information

- All time indicated are the local times (in 24 hrs. format) at the relevant airport.
- Cancellation charges:-

Airline	Type	Sector	Airline Cancellation fee	Airline Change fee	Yatra online Cancellation Fee	Yatra Offline Cancellation Fee
6E	ADT	NAG -DED	2 hrs - 161 days to departure: Rs. 4500	2 hrs - 161 days to departure: Rs. 4500 *	Rs. 300	Rs. 1000
6E	ADT	DED -NAG	2 hrs - 167 days to departure: Rs. 4500	2 hrs - 167 days to departure: Rs. 4500	Rs. 300	Rs. 1000

- Cancellation and date change fees are applicable before departure and per passenger basis. In case of amendment, along with the airline and Yatra fees, you will also have to pay fare difference, if any.
- Any change to a confirmed ticket including cancellation, postponement, and change of itinerary must be done at least four hours prior to flight departure. In case a passenger becomes a no show, only the applicable taxes will be refunded to the passenger as per the airline policy.
- Please directly contact airline for any cancellation/reschedule within four hours of departure time.
- Airline Contact Information:
Indigo : +919910383838,+911246613838
- Please reference the Airline PNR Number when communicating with the airline regarding this booking.
- If ticket is canceled directly from the airlines web site, office or call center, customer needs to inform Yatra.com for the refund to be processed. Yatra will levy Rs. 300 per passenger per segment.

Passenger Details

Name	Insurance No	Meals	Baggage	Seat No
Mrs Usha Radke (Adult)	NA	NA	15 kgs (Free)	NA
Mr Manohar Radke (Adult)	NA	NA	15 kgs (Free)	NA

Payment Details

Total Flight Price	Rs. 13,416.00
Online Processing Fee	Rs. 750.00
You Paid	Rs. 14,166.00
Payment Mode : NetBanking	

To,
The Dean
VSPM DCRL,
Nagpur.

Inward No. 4384
Date 15/9/16
VSPM'S Dental College

Subject:- Re-embursement of amount for the
1st GIACDE Conference & 5th IES West Zone
PGI Convention - Daman.

Respected Madam,

I Dr. Pratima Shenoi, request you to
kindly reimburse the amount for PGI Convention
held at Daman from 9th to 11th September 2016.
I am submitting the attendance certificate,
registration receipt and Travelling allowance.

Thanking You in anticipation
as per Policy Rs. 20,000/-

Yours Faithfully Rs. 16469/-

Shenoi
Dr. Pratima Shenoi.

Date:- 15/9/2016

Enclosures:- (1) Registration Receipt
(2) Attendance Certificate

A-6/6
Shenoi
15/9/16
DEAN

Journal Voucher


No. : 451


Dated : 24-Sep-2016

Particulars	Debit	Credit
Conference Expenses Dr	27,580.00	
To Conference Expenses Payable		27,580.00
	₹ 27,580.00	₹ 27,580.00

On Account of :

dr. s.r. rathod , professor,
attend international
conference at. hongkong
deptt. periodontics


Authorized Signatory


DEAN

VSPM'S Dental College &
Research Centre, Digodh Hill,

Dr. Sulekha Rathod
Professor
Dept. of Periodontics
Dt -

Inward No. 3026
Date 11/01/16
VSPM'S Dental College

VSPM'S Dental College

To,
The Dean,
VSPM DC & RC,
Nagpur.

Subject - Regarding grant for presentation at
(International conference) 'Asia Pacific dental
Congress ~~at~~ Hong Kong.

2/5/17

Respected madam,

I, the abovesaid, had an
opportunity to present my research paper
& poster at APDC; my study paper was
clinical & radiographic "evaluation of intraosseous
defects treated with Bovine derived xenograft &
deminerzalised freeze dried bone autograft." &
poster on perception of dental faculty towards
evidence based dentistry.

I, request you to sanction grant.

Thanking you in anticipation.

Recom.
According to VSPMDCRC
Policy
Sub to H'able Security slr
in approval
"

Yours faithfully

~~S. R. Rathod~~
S. R. Rathod.

As per policy
No. 270/1-

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher


No. : 452

Dated : 24-Sep-2016

Particulars	Debit	Credit
Conference Expenses <i>Dr</i>	30,000.00	
To: Conference Expenses Payable		30,000.00
	₹ 30,000.00	₹ 30,000.00

On Account of :

dr.mukta motwani ,
professor, attend
international conference at
hongkong deptt. omr
registration fee as a apdf
member


Authorised Signatory


DEAN

VSPM'S Dental College &
Research Centre, Digidoh Hills,
Hingna Road, Nagpur-440014

Dr. Mukla Motwani
Prof & HOD
Dept. of OMR,
VSPMV DCRC,
Nagpur.

Inward No. 3036
Date 11/07/16
VSPMV's Dental College

To,
The Dean,
VSPMV's DCRC,
Nagpur.

Sub: Remuneration for attending the 38th Asia Pacific Dental Conference at Hong Kong.

Respected Madam,

2/5/16

I have attended the 38th Asia Pacific Dental Conference held at Hong Kong on 17-19 June 2016 and presented a poster on the topic 'Are we quenching our thirst....?' I am herewith submitting the bills for the same.

I request you to kindly sanction the admissible allowance for the same.

Thanking You,

Yours Sincerely,
Mukla

(Dr. Mukla Motwani)
11/7/16

Recom. According to remuneration policy in hisabul ...

~~Rs. 20,400/-~~
Ticket
As per policy

As per Policy
R. 27580/-
27580/-

Journal Voucher


No. : 450

Dated : 24-Sep-2015

Particulars	Debit	Credit
Conference Expenses Dr	27,580.00	
To Conference Expenses Payable		27,580.00
	₹ 27,580.00	₹ 27,580.00

On Account of :

dr. vrinda kolte, professor
attend international
conference at hongkong
deptt. oral surgery


Authorized Signatory



DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440014

Dr. Vinda Kolte
Professor,
Dept of oral surgery.
Dt. 1.7.16

To
The Dean,
VSPMDRC, Nagpur

Sl. No. 3025
Dt. 1.7.16
VSPMDRC, Nagpur

Sub: - Regarding grant for presentation
at international forum
(Asia Pacific Dental Congress Hongkong)

R/Madam,

I, the above mentioned had an opportunity
to present my research paper at APDC 2016,
Hongkong on, "Transmylohyoid intubation: An
alternative to Tracheostomy." which was
very much appreciated at international forum.

I request you to sanction grant
for the same.

Thanking you in anticipation
As per Policy R.27580f

Yours faithfully,
Vinda

Documents attached,

1. Registration Receipt
2. Certificate of Participation/Contribution
3. Certificate of Attendance
4. Air tickets
5. Air fare
6. Hotel Accommodation Receipt

Recd
According to response
Policy
Sub to liable security
Wadhwa for approval
- Dean

Journal Voucher


No. : 453

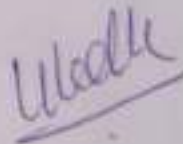
Dated : 24-Sep-2016

Particulars		Debit	Credit
Conference Expenses	Dr	30,000.00	
To: Conference Expenses Payable			30,000.00
		₹ 30,000.00	₹ 30,000.00

On Account of :

dr. s. p. bagdey, professor,
attend international
conference at hongkong
deptt. oral pathology,
conference registration fee
as a APDF Member


Authorised Signatory



DEAN
VSPM'S Dental College &
Research Centre, Diggoh Hills,
Hingna Road, Nagpur-440019

To,
The Dean,
VSPM DCRC,
Nagpur.

Inward No. 2002/9
11/07/16
VSPM'S Dental College

Subject: Sanctioning grant for international conference & paper presentation according to VSPM DCRC policy.

Respected sir/madam,

I the undersigned, I am working as a professor in the Department of oral pathology & Microbiology, I have attended the 38th APDC conference at Hong Kong between 17/06/2016 to 19/06/2016. I have also presented my research work at the conference, in the form of paper in the scientific session.

I request you to please sanction grant for the same, according to VSPM DCRC policy.

All the necessary documents are attached.

Thanking you in anticipation.

Your's sincerely
S. P. Bagdey
Dr. S. P. Bagdey (Khandekar)
Prof (Dept of oral pathology & Microbiology)

Date: 01/07/2016

List of the documents attached:

- 1) Registration receipt
- 2) Participation certificate
- 3) Presentation certificate
- 4) Travel ticket & receipt+ boarding pass
- 5) Accommodation receipt

As per Policy & 2000/-

Recom. According to VSPMDCRC Policy
Sub to liable Security
Sir for approval.
Umesh

~~_____~~
~~_____~~

DEAN
VSPM'S Dental College & Research Centre, English Hills
Hingna Road, Nagpur-440019

Journal Voucher

No. : 454

Dated : 24-Sep-2016

Particulars	Debit	Credit
Conference Expenses <i>Dr</i>	11,654.00	
To: Conference Expenses Payable		11,654.00
		0
	₹ 11,654.00	₹ 11,654.00

On Account of :

dr. usha radke, dean
national conference at
udsipur dt. 26.8.16 to 28.8.
16.

Princent
Authorised Signatory

Uradke

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440010

33rd NATIONAL CONFERENCE ON
MIND-BODY MEDICINE

Certificate of Participation

Dr/Mr/Ms DR. Usha Radke

has actively participated as a delegate/speaker in 33rd National Conference on Mind-Body Medicine held at Academy for a Better World, Brahma Kumaris Gyan Sarovar, Mount Abu, Rajasthan, India from 26th - 28th August, 2016.

B. K. Banarsilal

Dr. Banarsilal Sah

Executive Secretary, Medical Wing



MEDICAL WING

RAJYOGA EDUCATION & RESEARCH FOUNDATION



**PRAJAPITA BRAHMA KUMARIS
ISHWARIYA VISHWA VIDYALAYA**

Ashok Mehta

Dr. Ashok R. Mehta

President, Medical Wing



**GLOBAL HOSPITAL &
RESEARCH CENTRE TRUST**

Thank you for booking with AHUJA TOURS & TRAVELS. This is your E-ticket.
 AHUJA TOURS & TRAVELS wishes you a pleasant journey and hopes to serve you again in the future.

Issuing agent:	INDIA
Issuing agent:	OX7D/ATT
IATA number:	14369891

Booked on :	25 Jul 2016 02:16 PM
Contact Mobile:	9423100115
AHUJA TOURS & TRAVELS reference number :	FMN15G52TCY
GDS Reservation Code :	1WNC6K
Airline PNR number :	QCEPRK
Ticket Number :	5892214126656

Your E-Ticket as on 25 Jul 2016 03:20 PM

To fly easy, please present the E-Ticket with a valid photo identification at the airport and check-in counter. The check-in counters are open 2 hours prior to departure and close strictly 45 minutes prior to departure.

Itinerary				
From/To	Flight	Date	Dep.	Arr.
Mumbai(BOM, Terminal 2) - Udaipur(UDR) * <i>Inflight Services : Snack/Brunch, Non-Smoking</i>	Jet Airways 9W-2073	25 Aug 2016	04:05 PM	05:25 PM

Passenger	Charge Description	Amount
RADKE / USHA MRS [Adult]	Air Fare	1,540.00 INR
	Taxes, Surcharge and Fees	1,173.00 INR
	Govt. Svc Tax	100.00 INR
	Service Tax:	1.50 INR
	Total	2,814.50 INR

Important Information

- All Guests, including children and infants, must present valid identification at check-in.
- Check-in begins 2 hours prior to the flight for seat assignment and closes 45 minutes prior to the scheduled departure.
- Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.
- In case of cancellations less than 6 hours before departure please cancel with the airlines directly. We are not responsible for any losses if the request is received less than 6 hours before departure.
- Please contact airlines for Terminal Queries.
- Baggage Allowance: Economy Cabin - 15kg. Baggage in excess of 15 kg is subject to a fee to be paid at the airport at check-in.
- Partial cancellations are not allowed for Round-trip Fares
- Cancellation Charges shall be as per airline rules.
- If the basic fare is less than cancellation charges then only statutory taxes would be refunded.
- We are not be responsible for any Flight delay/Cancellation from airline's end.
- Kindly contact the airline at least 24 hrs before to reconfirm your flight detail giving reference of Airline PNR Number.
- We are a travel agent and all reservations made through our website are as per the terms and conditions of the concerned airlines. All modifications, cancellations and refunds of the airline tickets shall be strictly in accordance with the policy of the concerned airlines and we disclaim all liability in connection thereof.

Date : 8 Sept '16

To Dean,
VSPM Dental College,
Hingna, Nagpur.

Inward No. 4195
Date 8/9/16
VSPM Dental College

Subject - Regarding reimbursement of
registration amount for national
PG convention, Delhi-2016.
Amount : Rs. 11,500

Respected Madam,

This is to request you to kindly
reimburse ~~the~~ registration amount of National
PG convention, which I had attended on 20, 21st Aug
2016, Delhi.

- Attached : • Certificate of attendance
- In-house registration amount details
- mail (conversation) of confirmation of registration.

Rs-11500/- Registrations
8511/- Travel Rs 15000/-
20,011/-

Forwarded
Walech
8/9/16
HOD

Acc
according to
New policy
Walech
Uleed
DEAN

Yours sincerely
Tapasya
Dr. Tapasya Karamore
Reader - OMD.

Journal Voucher

: 455

Dated : 24-Sep-2016

Particulars	Debit	Credit
Conference Expenses Dr	15,000.00	
Conference Expenses Payable		15,000.00
		0
	₹ 15,000.00	₹ 15,000.00

Account of :
dr. tapasya karemore
reader dept. omd at delhi
on 20,21st august 16,
national conference

[Handwritten Signature]
Authorised Signatory

[Handwritten Signature]
DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Dr. N.A. Bunde
Dept of Pathology
VSPM Dental College & Hospital, Nagpur.

To, The Dean / Accounts Officer,
VSPM Dental College & Hospital, Nagpur.

Subject: - Regarding remuneration towards attending PG Convention

M. Madam,

I had registered myself for attending 18th IPS PG Convention at Bangalore. During the convention I had presented a paper & attended the workshop course. Hereby submitting the bills & total expenditure towards attending the convention:

- Rs. 800/- towards Refr. of convention.
 - Rs. 750/- towards hotel accommodation &
 - Rs. 737/- towards air fare.
- Rs. 2287/- Total expenses.

} Between 23rd to 26th June '16.

Request to kindly issue me the same amount as per

Date: 01/07/16.
Nagpur

Notes: - The referred documents are attached herewith

Yours faithfully,
Dr. N.A. Bunde
Dept of Pathology
VSPM DCH, Nagpur

Uddale

From: Dr Sham M. Gundawar

Professor, Dept of Prosthodontics
V.S.P.M.'s Dental College
Nagpur

DF-7/7/16

To
The Dean,
V.S.P.M.'s Dental College
Nagpur.

Sub: Re-embursement of conference expenses.

R/Madam,
I, have attended 18th I.P.S. P.G. convention held at Bangalore from 24th June 2016 to 26th June 2016. I, conducted Pre-conference workshop for post-graduate students
Herewith, I request you, to kindly re-emburse the conference expenses & oblige.

1) Conveyance from Nag to Bangalore & return, Air fare.

~~Rs-6000~~ Rs-7237/-

2) Conference Registration fee. Rs-6000/-

3) Hotel accommodation for 3 days Rs-4500/-

Total Rs. 17,737/-
(Seventeen thousand seven hundred and thirty seven only)

Minors
Copy of receipts attached.

Thanking you.
Yours faithfully.

Dr. Sham M. Gundawar

As per policy.

DEAN
VSPM'S Dental College & Research Centre, Digholhi
Hingoli Road, Nagpur-440013

Airfare
pay
[Signature]

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

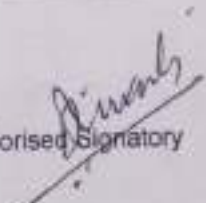
No. : 202

Dated : 8-Jul-2016

Particulars		Debit	Credit
Conference Expenses	Dr	15,000.00	
To Salary Payable 2016-2017			15,000.00
		₹ 15,000.00	₹ 15,000.00

On Account of :

Dr Gundawar Sham Prof.
of Prosthodontics dept.
Conference at Bangalore on
24th June 16 to 26.


Authorised Signatory


DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : 39

Dated : 29-Apr-2016

Particulars		Debit	Credit
Conference Expenses	Dr	10,000.00	
To Salary Payable 2016-2017			10,000.00
		₹ 10,000.00	₹ 10,000.00

On Account of :

dr. smriti jagdhan deptt.
ODMR conference held on
8.4.16 to 10.4.16 at new
delh / deu date 2.5.2016

Ⓟ Share the details with Mr Achale
for adding it in salary

[Signature]
Authorized Signatory

[Signature]

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur.

Dean,
VSPM'S DCR
Ringna,
Nagpur.

Inward No. 1235
Date 16/04/16
VSPM'S Dental College

Subject - Submission of Conference certificate and Expenditure document.

Respected Madam,

J. Dr. Smriti Jagdhari Gohar
Sr. Lecturer in the Department of Oral medicine and Radiology, had been to the 12th International Conference of the Asian Clinical Oncology Society (ACOS), held on 8th - 10th April 2016 at New Delhi and presented a poster.

I am herewith enclosing my certificate and expenditure documents for the conference and request you to kindly provide me with the conference allowance.

Registration fee Rs 4000/-
1901/-
Traveling
for 4100/-
1190/-
Total 12201/-

As per Policy
Rs. 10000/-

Thanking you
All Well
M. S. - Bishwakarma

Yours sincerely
Dr. Smriti Jagdhari Gohar

05/04/2016

VspM Dental College & Research Centre,
Diggoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : 17

Dated : 29-Apr-2016

Particulars		Debit	Credit
Conference Expenses	Dr	15,000.00	
To Dr. Shenoy P.R.			15,000.00
		₹ 15,000.00	₹ 15,000.00

On Account of :
dr. P.R Shenoi proff.
deptt. conser. conference
held on 1.4.16 to 3.4.16 at
bhopal / due date 2.5.16

Authorised Signatory
[Signature]

Checked by: *[Signature]*
11/6/16

Verified by

① Progs attached are of Rs. 13719/- only
② Sheet (Excel) is not attached

[Signature]

DEAN
VSPM'S Dental College &
Research Centre, Diggoh Hill,
Nagpur, India

DT: 05/04/2016

To,
The Dean,
VSPM'S DCRG,
Nagpur - 19

1913
11/04/16

Subject:- Submission of bills for remuneration of expenses for 17th IACDE-IES PG Convention, at Bhopal

Respected Ma'am,

Kindly find the attached copy of attendance certificate & bills for expenditure against 17th IACDE-IES PG Convention, Bhopal. The details are as follows:-

Conference registration :- 11,424 Rs. ✓

Rs. 8000/-	Registration
3424/-	Source bill
<u>11424/-</u>	

Travel Expenditure :- 2235 Rs. ✓

Taxi Allowance :- 1300 Rs. ✓

Total Expenditure :- 15019 Rs. ✓ (Fifteen thousand & nineteen)

Thanking you in Anticipation

Yours faithfully,

1st conference bill for year 2016/17

Pratima
Dr. Pratima Sheroi
Professor & HOD
Dept of Conservative Dentistry
& Endodontics,
VSPM'S DCRG, NAGPUR

As per policy Divyati
Rs. 15000/-

Acc
pl. verify and pay
Uddell

Enclosures:-
1) Attendance certificate

THE DEPARTMENT
OF CONSERVATIVE DENTISTRY
& ENDODONTICS
(VSPM'S DCRG)
VSPM'S DCRG, NAGPUR
Hingna Road, Nagpur - 465 009

Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : 38

Dated : 29-Apr-2016

Particulars		Debit	Credit
Conference Expenses	Dr	14,480.00	
To Dr Kubade R.			14,480.00
		₹ 14,480.00	₹ 14,480.00

On Account of :

dr. rajesh kubade , P.G.
Guide deptt. conser.
conference held on 1.4.16
to 3.4.16 at bhopal | 2may
16

ahlls

⊗ To be paid along with Salary

Authorised Signatory

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Journal Voucher

No. : 16

Dated : 29-Apr-2016

Particulars	Debit	Credit
Conference Expenses Dr	15,000.00	
To Dr Kubade R.		15,000.00
	₹ 15,000.00	₹ 15,000.00

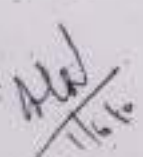
On Account of :

Dr. Rajesh Kubade, P.G.
Guide deptt. conser.
conference held on 1.4.16
to 3.4.16 at bhopal / due
date 2.5.16

Authorised Signatory



Checked by:



Verified by

- ① Proofs available are only of Rs. 14480/-
- ② Sheet (Excel) is not attached detailing conference details.

DET 05/04/2016

Dean,
VPM'S DRC,
Nagpur - 19

17/4
17/4/16

Subject - Submission of bills for remuneration
of expenses for 17th IACOE - IES PG
Convention, Bhopal

Respected Ma'am,

Kindly find the attached copy of the
attendance certificate & bills for expenditure against
17th IACOE - IES PG Convention, Bhopal.

The details are as follows.

Conference registration: - 12,185 Rs/-	[Rs. 8000/- Registration
		Rs. 4185/- Service
		<u>12185/-</u>
Travel Expenditure :- 2295 Rs/-		
Taxi Allowance :- 1300 Rs/-		
Total Expenditure :- 15,780 Rs/-		

Thanking you in Anticipation

Yours faithfully,

1st conference bill for year - 16/17

Rajesh
Dr. Rajesh Kubde
(Associate Professor) P.G. Guide
Dept of Conservative Dentistry
& Endodontics
VPM'S DRC, NAGPUR.

As per Policy
R. 15000/-

Munshi

Shenoi
HEAD OF THE DEPARTMENT
DEPARTMENT OF CONSERVATIVE DENTISTRY
VPM'S DENTAL COLLEGE & RESEARCH
CENTRE, NAGPUR-19 (M.S.)

Enclosures.

- 1) Attendance Certificate
- 2) Bills

Acc
Pl. verify &
Dr. X
DEAN

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

26/02/2016

Payment Voucher

No. : 2031

Dated : 29-Mar-2016

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

Dr. M.S. Pradhan, 69th IDC at New Delhi from 19
2.1.16 to 21.2.16

Bank Transaction Details:

Cheque 140600 28-Mar-2016 10,000.00

Amount (in words) :

Indian Rupees Ten Thousand Only

₹ 10,000.00

Receiver's Signature

Authorized Signatory

Checked by:

Verified by

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Dt 26/02/2016

To,

The Dean,

VSPM's Dental College,
Nagpur.

Inward No. 1052
Date 23/02/16
VSPM's Dental College

Subject:- Regarding the expenses incurred during
69th IDC held at New Delhi.

Respected mam,

I the undersigned Dr. Manjusha S. Pradhan
Lecturer Dept. of conservative Dentistry & Endodontics
have attended the 69th IDC held at Delhi from
19th to 21st Feb 2016. In this conference I have
presented a paper and awarded as a finalist.

The expenses that ~~has~~ occurred during the
conference period is about Rs 13,803/- [Thirteen
Thousand Eight Hundred and Three only].

The certificates and the details of expenditure
incurred ~~of~~ [Bills] are attached herewith.

So kindly sanction the amount of expenses
incurred during the conference period.

Thanking you.

Date: 26/02/2016

Place: Nagpur

As per Policy Rs. 10,000/-

Accounting
A. S. /

Jyoti Suresh

[Signature]

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. 1993

Dated : 17-Mar-2016

Particulars	Amount
Account : Conference Expenses	6,000.00

Through :

20/10, Arvind Sahakari Bank 3,000.00
20/10, Arvind Sahakari Bank 3,000.00

On Account of :

Dr. A. Dive & S. Khandekar conference at Wardha

Bank Transaction Details:

Cheque 140596 17-Mar-2016 3,000.00
Cheque 140597 17-Mar-2016 3,000.00

Amount (in words) :

Indian Rupees Six Thousand Only

₹ 6,000.00

पानवार

Receiver's Signature

A. Dive
Authorized Signatory

Checked by

Verified by

U. Kulkarni

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-441101

Date:-

To,
The Dean
VSPM's DCRC
Nagpur.

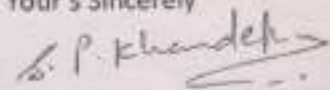
Subject:- Renumeration of expense at International symposium.

Respected Madam,

I, the undersigned had attended & presented a poster in the International symposium on OSMF on 6th & 7th of Feb'16. Please sanction the Registration fee for the same. The certificate of attendance & poster presentation is attached.

Thanking you,

Your's Sincerely



Dr. S.P. Khandekar
Prof.

Dept. of Oral Pathology & Microbiology
VSPM's DCRC, Nagpur

Ac
4/3/16

DR. (Mrs.) ALKA DIVE

Professor & Head

Department of Oral & Maxillofacial Pathology
VSPM'S Dental College & Research Centre
Nagpur-440 012.

Ac
as per policy
Uredu

DEAN

VSPM'S Dental College
Research Center, Dhule
Wing No. 1001, Nagpur-440 012

Cashmala

Invstg No. ~~2028~~ 1178

Vspn Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1991

Dated : 16-Mar-2016

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

dr. himija karia 50th indian orthodontics society
conference at hyderabad

Bank Transaction Details:

Cheque 140577 16-Mar-2016 10,000.00

Amount (in words) :

Indian Rupees Ten Thousand Only

₹ 10,000.00

Himija Karia
Receiver's Signature: 16/3/16.

Authorized Signatory
[Signature]

Verified by

Checked by:

[Signature]

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440016

Date: 28/12/15

To,
The Dean
VSPM Dental College
Nagpur.

Through,
The H.O.D.
Dept. Of Orthodontics
VSPM Dental College

Sub:- Application for Reimbursement of conference allowance.

Respected Madam,

I the undersigned, **Dr. Himija Karia**, currently working as Senior Lecturer at Dept of Orthodontics, VSPM Dental College, would like to request you for reimbursement of conference allowance as I had attended the 50th Indian Orthodontic Society Conference, I also presented a paper in clinical category in the same conference. Kindly reimburse the conference allowance as per the institutional policy.

Sr. No.	Title	Amount
1.	Registration	Rs.14,000
2.	Accommodation	Rs.9,526
3.	Travel	Rs.4,200
4.	Total	Rs. 27,726

P.S. Please find attached the bills for following expenditure.

Thanking you.

Yours Sincerely,

Himija Karia

Dr. Himija Karia

As per Policy A 10000/-

*Acc. Prof
According to policy
Mesth*

Attached .

1. Registration receipt
2. Certificate of attendance
3. Certificate of Paper presentation.
4. Travel expense (tickets)
5. Accomodation receipt.

Inward No. 5612
 Date 29/12/15
 VSPM'S Dental College
 Research Center, Dighod Hills,
 Nagpur, India, Pin-441101

VSPM Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1990

Dated : 16-Mar-2016

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

Dr. A. Hazare 50th Indian Orthodontics Society
Conference at Hyderabad

Bank Transaction Details:

Cheque 140578 16-Mar-2016 10,000.00

Amount (in words) :

Indian Rupees Ten Thousand Only

₹ 10,000.00

Received
16/3/16
Receiver's Signature

Authorized Signatory

Checked by:

Verified by

Ukall

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440011

To,
The Dean
VSPM Dental College
Nagpur.

Date: 9/1/2016

Through,
The H.O.D.
Dept. Of Orthodontics
VSPM Dental College

Invoice No. 60
Date 9/1/16
VSPM

Sub:- Application for Reimbursement of conference allowance.

Respected Madam,

I the undersigned, **Dr. Ananya Hazare**, currently working as Senior Lecturer at Dept of Orthodontics, VSPM Dental College, would like to request you for reimbursement of conference allowance as I had attended the 50th Indian Orthodontic Society Conference. I also presented a paper in clinical category in the same conference. Kindly reimburse the conference allowance as per the institutional policy.

Sr. No.	Title	Amount
1.	Registration	Rs.10,000 ✓
2.	Accommodation	Rs.8,670 ✓
3.	Travel	Rs.6,000 ✓
4.	Total	Rs.24,670

P.S. Please find attached the bills for following expenditure.

Thanking you.

Yours Sincerely,

[Signature]
Dr. Ananya Hazare

As per policy R. to 2007
Dr. Ananya Hazare
VSPM'S Dental College & Research Center, Dignity Hill, Nagpur

Pl. Acc ready & pay accordingly to policy
Umesh

DEAN
VSPM'S Dental College & Research Center, Dignity Hill,
Nagpur. Phone: 2621152

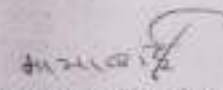
Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.


Payment Voucher

No. : 1983

Dated : 15-Mar-2016


Particulars	Amount
Account : Conference Expenses	10,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : dr. anjali deshpane , yoga conference at kaivalyadham, lonavala	
Bank Transaction Details: Cheque 140579 15-Mar-2016 10,000.00	
Amount (In words) : Indian Rupees Ten Thousand Only	
	₹ 10,000.00


Receiver's Signature:


Authorized Signatory

Checked by:

Verified by



DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Dr. Anjali Deshpande
Lev. Dept. of Pedodontics,
VSPM DCRC
Nagpur
Dt: 5/1/2016

To
The Dean,
VSPM DCRC,
Nagpur

Inward No. 88
Date 6/1/16
VSPM'S Dental College

Sub: Sanctioning of conference bills

Respected Madam,

I have presented paper on "Yoga in Dental Education" at International Yoga Conference held in Kairavyadham, Lonavala during 27th to 30th Dec. 2015. Submitting herewith the bills of expenditure for the conference. Kindly sanction the same.

Thanking You,

Yours sincerely,
A.J.

End:

1. Registration bill: Rs. 4,000/-
2. Mumbai Nagpur Hkt: Rs. 19 25/-
3. Nagpur Mumbai Hkt: Rs. 19 25/-
4. Taxi bill
Mumbai to Lonavala: Rs. 1,140
Lonavala to Mumbai: Rs. 1,140/-

Total: Rs. 10,130/-

5. Certificate of paper presentation.

As Per Policy Rs. 10,000/-

A. J. Deshpande

As
Udeek
DEAN
VSPM'S Dental College

H. O. D.
Department of
Pediatric and Preventive
V. S. P. M. S. D. C. R. C.
Dipank Hills, Ringana Rd -
Nagpur - 440 018.

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1970

Dated : 14-Mar-2016

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :
20/10, Arvind Sahakari Bank


On Account of :
Ch. No. : 140594 dt. 14-3-2016 dr. anurag
choudhary conference at merath


Bank Transaction Details:

Cheque 140594 14-Mar-2016 10,000.00

Amount (in words) :
Indian Rupees Ten Thousand Only

₹ 10,000.00


Receiver's Signature.


Authorized Signatory

Checked by:

Verified by



DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

VSPM DCRCH
Nagpur.

Sub:- Regarding Conferena expenditure
of Rs 10,390/- With bills.

Respected Mam

I, the undersigned, am submitting
the conferena expenditure of Rs 10,390/- only
with enclosed receipts of Travelling & Registration
in National Triple O conference 2016, Meerut
dated 4-6 March.

Kindly accept & do the needful.
Thanking you

Enclosed

1) Certificate of ^{paper} presentation

2) Registration Receipt - 5700/-

3) Train Ticket Nag-Delhi - 1405/-

4) Flight Tickets Delhi-Nagpur - 3285/-

Total 10390/-

Forwarded
MLC
10/3/16

Professor & HOD
Dept. of Oral Medicine & Radiology
VSPM Dental College & Research Centre
Nagpur.

Acc. according to policy
Umesh

DEAN
VSPM'S Dental College &
Research Center, Dignod
Nagpur.

Sincerely yours

AB Choudhary

Dr. Anuraag
Choudhary

Reader Dept of Oral Med

VSPM DCRCH
Nagpur

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1882

Dated : 22-Feb-2016

Particulars	Amount
Account : Conference Expenses	3,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

dr. rohit moharil conference at wardha

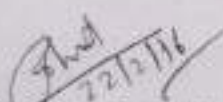
Bank Transaction Details:

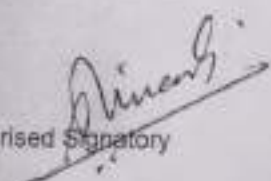
Cheque 140585 22-Feb-2016 3,000.00

Amount (in words) :

Indian Rupees Three Thousand Only

₹ 3,000.00


Receiver's Signature


Authorised Signatory

Checked by:

Verified by



DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

5/2/16

To
The Dean
VSPMDIRC
Nagpur.

Inward No. 129
Date 5/2/16
VSPMDIRC, Nagpur College

Subject: Reimbursement of money
against scientific presentation at
International conference on OSMF.

Through: HOD, Dept. of oral pathology, VSPMDIRC,
Nagpur

R/Madam

I request you to kindly reimburse
(3,000/-) the money against the scientific
presentation done at International symposium
on OSMF

kindly do the needful

Rs. 3000/-

As per rule
[Signature]

Thanking you

[Signature]

End: i) Receipt Attached.

ii) Xerox of certificate.

Dr. Rohit Mahool
Sr. Lecturer.

As per rule
Pay or Dept. of oral
pathology

[Signature]
12/2/16

Submitted to
Rep. Dean

As 5/2/16

DR. (MS) D. S. DIVE
Professor & Head

VSPMDIRC

Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. 1879 Dated : 22-Feb-2016

Particulars	Amount
Account : Conference Expenses.	3,000.00

Through :
20/10, Arvind Sahakari Bank
On Account of :
dr. bondhade conference at wardha
Bank Transaction Details:
Cheque 140584 22-Feb-2016 3,000.00
Amount (in words) :
Indian Rupees Three Thousand Only

₹ 3,000.00


Receiver's Signature


Authorized Signatory

Verified by

Checked by



DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hill,

Date: 11/2/2016

The Dean

VSPM DCRC, Nagpur.

Sub: Reimbursement of registration charges of ISOSMF International Conference 6-7th Feb 2016, Sawangi Warda.

Respected Mam,


I undersigned Dr Ashish Bodhade Reader Dept of oral pathology of our institute has attended and presented poster at International symposium on ISOSMF 6-7th Feb 2016 held by SPDC Wardha.

Topic of my presentation was 'Evidence based treatment of OSMF'.

So I Registration charges of said symposium was 3000/- Rs. So I request you to kindly reimburse me the same and do the needful.

Thank you,

Yours sincerely,


Dr Ashish Bodhade

Reader

Dept of Oral Pathology

VSPM DCRC, Nagpur.

Submitted to
Dean

Ave
11/2/16

R/Madam
NO prior approval
attached

Bashirullah

As per rules


/S/16/16

DEAN

VSPM'S Dental College &
Research Center, Digdoh Hills,
Hingna Road, Nagpur-440 019


Inward No. 796


Payment Voucher


No : 1757

Dated 28-Jan-2016

Particulars	Amount
Account : Conference Expenses	₹ 25,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : dr. stuti bhargava, 63rd JADR meet in japan	
Bank Transaction Details: Cheque 134113 28-Jan-2016 25,000.00	
Amount (in words) : Indian Rupees Twenty Five Thousand Only	
	₹ 25,000.00

Receiver's Signature: 

Authorised Signatory 

Checked by: 

Verified by


DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

26.12.2015

To,

The Dean

VSPM DCRC

Hingna Nagpur.

Inward No. 5712
Date 26/12/15
VSPM'S Dental College

SUBJECT: → International conference funding.

Respected ma'am,

I the undersigned senior lecturer from Department of Oral Medicine and Radiology wish to inform you that I had represented India and VSPM DCRC at 63rd JADR meet in Japan October (30 - 31 2015).

I have submitted the bills in this regard previously but funding from college is awaited in this regard. This was my third representation of VSPM DCRC at international platform however its the first occasion for the institute to fund my presentation as I was supported by university and central government on previous occasions. kindly consider my application in this regard.

~~to be~~
~~to be~~
4/11/2016

Sub. to billable
Project director
1 Receipt
DEAN

Thanking you in
R. 25,100/-
Dr. Ashish Patil
DEAN

SB.
Stut. B.
Dr. Stut. Bhargava

MS
4/11/16
ole
20/11/16

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1757

Dated : 28-Jan-2016

Particulars	Amount
Account : Conference Expenses	25,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

international scientific conference at china dr.
neelam pande

Bank Transaction Details:

Cheque 134108 28-Jan-2016 25,000.00

Amount (in words) :

Indian Rupees Twenty Five Thousand Only

25,000.00

Receiver's Signature:

(A)

Authorised Signatory

Checked by:

Verified by

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Inward No. 5250
Date 08/12/15
VSPM's Dental College

To,
The Treasurer,
VSPM AHE,
Dr. Ashish Babu Deshmukh, YMCA Complex Sitabuldi, Nagpur, Maharashtra

Subject:- Application regarding Financial assistance for International Speaker & Chairing a scientific session in an International scientific Conference, China.

Through proper channel:- Dean Office, VSPM Dental College & Research Centre, Hingna, Nagpur.

Respected Sir,

I, Dr. Neelam A. Pande am presently working as a Professor & Post-Graduate teacher, in Department of Prosthodontics, at VSPM Dental College & Research Centre, Nagpur. I had presented a scientific paper and also chaired the scientific session at BIT's 2nd Annual world Congress of Oral & Dental Medicine-2015, Dalian China during 1st - 3rd November 2015. Necessary documents are attached herewith. Herewith I request you to kindly provide me the financial help for the conference.

Thank you very much.

Faithfully *Wands*

Dr. Neelam A. Pande

Ukell

Dean / HOD, Department of Prosthodontics, VSPM Dental college & Hospital, Nagpur.

Date: 08 / 12 / 2015

Reason & Sub. to h' table forms for appeal according to VSPM policy

Ukell
DEAN
VSPM'S Dental College & Research Center, Hingna, Nagpur

As per Policy & 1500/-

*Dean's Office
As per Memo
let down
hi
20/12/15*

*Acc pay according to norms
Ukell*

Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

M. N. A. Pande

Payment Voucher

No. : 1758

Dated : 28-Jan-2016

Particulars	Amount
Account : Conference Expenses	15,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

dr. neelam pande, conference 43rd ips at
hyderabad

Bank Transaction Details:

Cheque 134109 28-Jan-2016 15,000.00

Amount (in words) :

Indian Rupees Fifteen Thousand Only

₹ 15,000.00

Receiver's Signature

M. N. A. Pande
28/01/16

Authorised Signatory

M. N. A. Pande

Checked by:

?

Verified by

U. Balle

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

2015/11/22/2015 - M. N. A. Pande

To, The Dean / Accounts Officer
VSPM's Dental College & Hospital, Nagam.

Subject: → To sanction the amount towards attending Speciality conference.

→ through: → Paper channel, dean office.

Resp. Madam.

I, the undersigned had attended Speciality conference, 43rd IPS, Hyderabad, during 3rd to 6th Dec'2015. During the conference I had presented a scientific paper (invited Guest speaker) as well as judged the papers.

Herewith submitting the details of expenses towards attending the same: Refn. bill Rs. 13000/- only, to & fro railway journey Rs. 2640/- only & Hotel accommodation Rs. 1890/- only. Total Rs. 34630/- only. All bills are attached herewith. I request you to kindly sanction the amount as per college policy for attending the conference.
→ Thank you very much.

Dates → 10/11/15
M. N. A. Pande.

Yours faithfully
M. N. A. Pande
(M. N. A. Pande)
Professor
Dept. of Pathology
VSPM's DCH,
Nagam.

Inward No. 5281
Date 10/12/15
VSPM's Dental College

As per Policy Rs. 15000/-

As per Policy
Rs. 15000/-
M. N. A. Pande

DEAN
VSPM's Dental College

Ok
[Signature]
20/11/16

[Signature]
As per Remarks

Vspm Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1685

Dated : 12-Jan-2016

Particulars	Amount
Account : Conference Expenses	10,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : Dr. Saee Deshpande conference at Hyderabad	
Bank Transaction Details: Cheque 140523 12-Jan-2016 10,000.00	
Amount (in words) : Indian Rupees Ten Thousand Only	
	₹ 10,000.00

Receiver's Signature:

Authorised Signatory

Checked by:

Verified by

Wadhwa
DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

To,

The Dean

Through

Proper channel

VSPM's DCE, Nagpur.

Subject: Submission of bills for conference allowance

Inward No. 5784
Date 22/12/16
VSPM's Dental College

Respected Madam,

I, the undersigned, have attended 43rd IPS conference held at Hyderabad and have delivered a guest-lecture titled "Blended learning to improve clinical decision making in Prosthodontics".
I am hereby submitting the bills for the same. Kindly do the needful.

Thank you

Yours sincerely



Dr. Saeed Deshpande
Reader

Dept of Prosthodontics

As per Policy Rs 10000/-
Acc &
Pl. guest allowance
to symposium
policy
Uday
DEAN

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

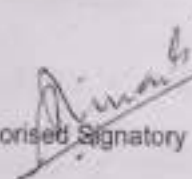
Payment Voucher

No. : 1586

Dated : 2-Jan-2016

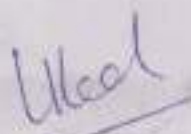
Particulars	Amount
Account :	
Conference Expenses	60,000.00
Through :	
20/10, Arvind Sahakari Bank	15,000.00
20/10, Arvind Sahakari Bank	15,000.00
20/10, Arvind Sahakari Bank	10,000.00
20/10, Arvind Sahakari Bank	10,000.00
20/10, Arvind Sahakari Bank	10,000.00
On Account of :	
30th iacde & 23 ies national conference at amritsar	
Bank Transaction Details:	
Cheque 134169 2-Jan-2016	15,000.00
Cheque 134170 2-Jan-2016	15,000.00
Cheque 134171 2-Jan-2016	10,000.00
Cheque 134172 2-Jan-2016	10,000.00
Cheque 134173 2-Jan-2016	10,000.00
Amount (in words) :	
Indian Rupees Sixty Thousand Only	
	₹ 60,000.00


Receiver's Signature:


Authorised Signatory

Checked by:

Verified by



DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Cons | 738 | 3/12/2015.

To,

The Dean,

VSPM DCRC,

Nagpur.

To Account Section

Subject: Submission of bills for remuneration of expenses for 30th IACDE and 23rd IES National Conference, Amritsar.

Respected Madam,

Kindly find the attached copy of Guest Lecture/paper presentation certificate and bills for expenditure against 30th IACDE and 23rd IES National Conference, Amritsar, for the department of conservative dentistry and endodontics.

The travel document of all staff members is attached in common.

Thanking you!

Name of Staff

Dr. Pratima Sheno

Sheno

As per policy

Rs. 15,000/- Professor (2nd conference)

Dr. Rajesh Kubde

Kubde

Rs. 15,000/- AP / P.G. Guide (2nd conference)

Dr. Chetana Makade

Makade

Rs. 10,000/- Assistant Professor (1st conference)

Dr. Vandana Kokane

Kokane

Rs. 10,000/- Reader (1st conference)

Dr. Snehal Sonarkar

Sonarkar

Rs. 10,000/- (Scientific Paper Presentation) (1st conference)
Sr. Lecturer

Acc pay according to policy
Umesh

Sheno

HEAD OF THE DEPARTMENT
DEPARTMENT OF CONSERVATIVE DENTISTRY
VSPM'S DENTAL COLLEGE & RESEARCH
CENTRE, NAGPUR-19 (M.S.)

Signature

Umesh

Vspm Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No : 1398

Dated : 24-Nov-2015

Particulars	Amount
Account : Conference Expenses	14,825.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

Dr. Vrinda Kolte confarance at gdc mumbai on 6.
8.15 to 8.8.15

Bank Transaction Details:

Cheque 129685 24-Nov-2015 14,825.00

Amount (in words) :

Indian Rupees Fourteen Thousand Eight
Hundred Twenty Five Only

₹ 14,825.00

Receiver's Signature:

[Handwritten Signature]
24/11/15

Checked by:

Authorised Signatory

[Handwritten Signature]

Verified by

[Handwritten Signature]

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440011

31.8.15

The Dean,
VSPM DCR's
Nagpur

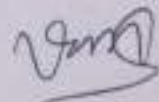
Inward No. 4672
Date 25/10/15
VSPM'S Dental College

Sub:- Regarding reimbursement of
conference amount - Rs. 14825/-

K/ma'am,

I, Dr. Vandana Kolhe, Professor, oral surgery,
attended 2nd Maharashtra state chapter
Aomsi conference held at GDC Mumbai
from 6th to 8th Aug'15. The expenditure
towards it was Rs. 14,825/-. Finally
submitted the amount & original Bills are
attached along with

Thanking you, in anticipation




Dr. Vandana Kolhe

① Rs. 4998/-

② Rs. 1637/-

③ Rs. 1345/-

Accts

25/10/15

Accts
pay amount to
MRE policy
...04

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1353

Dated : 19-Nov-2015

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :
20/10, Arvind Sahakari Bank

On Account of :
confarance at raipur on 8.10.15 to 10.10.15 dr.
purva choudhary

Bank Transaction Details:
Cheque 135291 19-Nov-2015 10,000.00

Amount (in words) :
Indian Rupees Ten Thousand Only

₹ 10,000.00

Receiver's Signature:

Authorized Signatory

Checked by:

Verified by

Udell

DEAN
VSPM'S Dental College &
Research Centre, Digidoh Hill,
Hingna Road, Nagpur-465002

To
The Dean
V.S.P.M DCRC
Nagpur.

Inward No. 4769
Date 21/11/15
VSPM'S Dental College

Subject: Reimbursement of National
Conference expenditure.

Respected Madam,

I, the undersigned staff;
of dept. of Pedodontics V.S.P.M DCRC had attended
a national conference at Raipur, 37th ISPPD conference
I have also presented a paper at this conference
thus requesting you to kindly sanction my
application for reimbursement of the same.

Regist 8501 - Registratio
4945/- 11/12/15

Here with are attached copies of
Certificate of presentation and attendance. And.

bills of expenditure of the conference.

Thanking You in anticipation

Dr. Purva Chaudhari Yelne.

All pay awarding to Palitoy
Ureth

As per policy
Rs. 10,000/-

DEAN

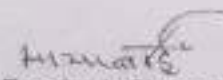
Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

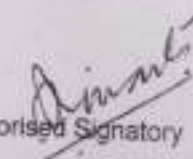
Payment Voucher

No. : 1335

Dated : 16-Nov-2015

Particulars	Amount
Account : Conference Expenses	10,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : national confarence at raipur on 8.10.15 to 10.10.15 dr. gagandeep lamba	
Bank Transaction Details: Cheque 135245 15-Nov-2015 10,000.00	
Amount (in words) : Indian Rupees Ten Thousand Only	
	₹ 10,000.00


Receiver's Signature:


Authorised Signatory

Checked by:

Verified by



DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hill,
Hingna Road, Nagpur-440019

To,
The Account manager
VSPM Dental College
Hingna, Nagpur

16th Oct 2015

Through,
The Dean
VSPM Dental College
Hingna, Nagpur

Inward No. MSD
Date 15/10/15
VSPM'S Dental College

Subject: Reimbursement for Specialty national conference from 7th to 10th Oct 2015

Respected Madam,

I am pleased to inform you that I had attended and presented a paper at the 37th ISPPD National conference held in Raipur on 7th to 10th of October 2015. I am submitting the receipts of conference registration and travel tickets for the same for reimbursement.

Thanking you for your consideration.

With regards,

Gagandeep Lamba

Dr. Gagandeep Lamba
Reader
Dept. Of pediatric and Preventive Dentistry
VSPMDCRC, Hingna, Nagpur

Details

1) Conference registration:	Rs. 9000/-
2) Travel expenses:	Rs. 3000/-
3) Accommodation:	Rs. 5135/-
TOTAL:	Rs. 17135/-

Attached Copy of registration receipt, travel expenses and accommodation

Dashrath

As per Policy Rs 10,000/-

*Acc
Pay audit to policy
Weekly*

DEAN
VSPM'S Dental College
Research Center, Alipah H.O.,
Hingna Road, Nagpur-490

Vspm Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1278

Dated : 6-Nov-2015

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

national confarence at raipur on 8.10.15 to 10.10.15 pay to dr. nagpal

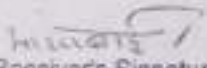
Bank Transaction Details:


Cheque 135244 6-Nov-2015 10,000.00

Amount (in words) :

Indian Rupees Ten Thousand Only

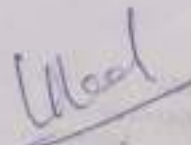
₹ 10,000.00


Receiver's Signature:


Authorised Signatory

Checked by:

Verified by



DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

10th Oct 2015

Inward No. 4431
Date 10/10/15
VSPM Dental College

To,
The Account manager
VSPM Dental College
Hingna, Nagpur

Through,
The Dean
VSPM Dental College
Hingna, Nagpur


Subject: Reimbursement for Specialty national conference from 7th to 10th Oct 2015

Respected Madam,

I am pleased to inform you that I had attended and presented a paper at the 37th ISPPD National conference held at Raipur on 7th to 10th of October 2015. I am submitting the receipts of conference registration and travel tickets for the same for reimbursement.

Thanking you for your consideration.

With regards,


Dr. Devendra Naigam
Reader
Dept. Of pediatric and Preventive Dentistry
VSPMDCRC, Hingna, Nagpur

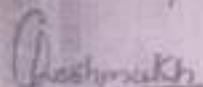
Details

1) Conference registration:	Rs 9500/-
2) Travel expenses:	Rs 1400
Total	Rs 10900/-

Attached Copy of registration receipt and travel tickets

Certificate of Attendance

Submitted to Yeasmadam.



*Acc pay weekly directly to Yeasmadam
Policy for Reader*

DEAN
VSPM Dental College &
Research Center, Hingna, Nagpur

Payment Voucher

No. : 1270

Dated : 4-Nov-2015

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

national conference at raipur on 8.10.15 to 10.10.15

Bank Transaction Details:

Cheque 135246 4-Nov-2015 10,000.00

Amount (in words) :

Indian Rupees Ten Thousand Only

₹ 10,000.00

Receiver's Signature: *(A02)*

Authorised Signatory *(Arvind)*

Checked by

Verified by

(Uolke)

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-441119

17/10/15

To,
The Accounts Manager,
VSPMDERC
Hingna.

Inward No. 4566
Date 19/10/15
VSPMPS, Dental College

Through: Proper Channel

Sub: Reimbursement for National Conference

Respected Sir,

I, Dr. Kavita Hotwari, Sr. Lecturer, VSPMDERC, am pleased to inform you that I have attended and presented RESEARCH PAPER at 37th ISPPD National Conference, Raipur from 8th - 10th Oct. 2015. Also, I was an invited CHAIR PERSON for scientific session at 37th ISPPD; the details of the same are attached herewith. Kindly consider the same and provide the reimbursement as per VSPM policy. Thank you for the consideration,

Registration: Rs. 9500/-
Total transport: Rs. 500/-
Total: Rs. 10000/-

As per policy

Dr. Dalu Komarpada forwarded
1-10 Jan 16 for need
10000/- per 100

Yours sincerely,
Dr. Kavita Hotwari

H.O.D.
Department of
Preventive Dentistry

Payment Voucher

No. : 1186

Dated : 19-Oct-2015

Particulars	Amount
Account : Conference Expenses	15,209.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : conference at ahamadabad on 20.9.15	
Bank Transaction Details: Cheque 129673 9-Oct-2015 15,209.00	
Amount (in words) : Indian Rupees Fifteen Thousand Two Hundred Nine Only	
	₹ 15,209.00

Receiver's Signature:

Authorised Signatory

Checked by

Uwalk

Verified by

Uwalk

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440015

He
Pl reimburse the
amount which was ~~to~~
spent to attend the
conference at Ahmedabad
on 20th Sept.

5153 ✓

3788 ✓

6276 ✓

15209 ✓ — Total.

Amount

Hemang
Wadhwa

AHUJA TOURS & TRAVELS

12 HINDUSTAN COLONY WARDHA ROAD NAGPUR MS-440015
Nagpur
Phone: 9605767597



Thank you for booking with AHUJA TOURS & TRAVELS. This is your E-ticket.
AHUJA TOURS & TRAVELS wishes you a pleasant journey and hopes to serve you again in the future.

Issuing agent:	INDIA
Issuing agent:	OX/D/ATT
IATA number:	14369891

Booked on :	18 Aug 2015 01:28 PM
Contact Mobile:	9423100115
AHUJA TOURS & TRAVELS reference number :	FMN1F2E07G5
GDS Reservation Code :	MWRMDO
Airline PNR number :	ZISBMY
Ticket Number :	5899663682742 5899663682742

Your E-Ticket as on 07 Oct 2015 03:40 PM

To fly easy, please present the E-Ticket with a valid photo identification at the airport and check-in counter. The check-in counters are open 2 hours prior to departure and close strictly 45 minutes prior to departure.

Itinerary				
From/To	Flight	Date	Dep.	Arr.
Nagpur(NAG) - Mumbai(BOM, Terminal 1B)	JetAirways 9W-2166	19 Sep 2015	05:10 PM	06:40 PM
Mumbai(BOM, Terminal 1B) - Ahmedabad(AMD)	JetAirways 9W-375	19 Sep 2015	09:15 PM	10:30 PM

Passenger	Charge Description	Amount
RADKE / USHA MRS [Adult]	Air Fare	4,300.00 INR
	Taxes, Surcharge and Fees	607.00 INR
	Govt. Svc Tax	244.00 INR
	Service Tax:	2.30 INR
	Total	5,153.30 INR

Important Information

- All Guests, including children and infants, must present valid identification at check-in.
- Check-in begins 2 hours prior to the flight for seat assignment and closes 45 minutes prior to the scheduled departure.

Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier.

In case of cancellations less than 6 hours before departure please cancel with the airlines directly. We are not responsible for any losses if the request is received less than 6 hours before departure.

Please contact airlines for Terminal Queries.

- Baggage Allowance: Economy Cabin - 15kg. Baggage in excess of 15 kg is subject to a fee to be paid at the airport at check-in.
- Partial cancellations are not allowed for Round-trip Fares
- Cancellation Charges shall be as per airline rules.
- We are not be responsible for any Flight delay/Cancellation from airline's end.
- Kindly contact the airline at least 24 hrs before to reconfirm your flight detail giving reference of Airline PNR Number.
- We are a travel agent and all reservations made through our website are as per the terms and conditions of the concerned airlines. All modifications, cancellations and refunds of the airline tickets shall be strictly in accordance with the policy of the concerned airlines and we disclaim all liability in connection thereof.

Thank you for selecting AHUJA TOURS & TRAVELS as your choice of travel website.

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1155

Dated : 15-Oct-2015

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

conference at jss university , mysuru on 19.9.15

Bank Transaction Details:

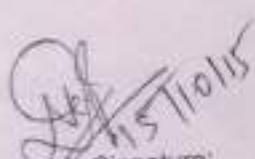
Cheque 128134 15-Oct-2015 10,000.00

Amount (in words) :

Indian Rupees Ten Thousand Only

₹ 10,000.00

Receiver's Signature:

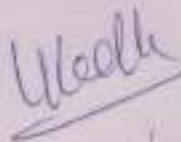


Authorized Signatory



Checked by:

Verified by



DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

To,

The Dean

VSPM DCRC

Hingna road, Nagpur-19

Inward No.

Date

VSPM'S Dental College

Subject:- Application for Reimbursement of expenses against Poster presentation in 13th IAFO National Conference Mysore

Respected ma'am

Submission of expenses for Reimbursement against Poster presentation in 13th IAFO National Conference which was held on 19/09/2015 and 20/09/15 at JSS Dental College and Hospital, JSS University, Mysuru, Karnataka

Thanking you.

*Acc
Prg according to
Ucell Policy*

DEAN

VSPM'S Dental College &
Research Center, Digdoh Hills,
Hingna Road, Nagpur-440 019

Yours sincerely,

Neena Dongre

Dr. Neena Dongre

Lecturer

Dept of Oral & Maxillofacial

Pathology,

VSPM's DCRC.

*Acc
30/9/15*

DR. (Mrs.) ALKA DIVE
Professor & Head
Department of Oral & Maxillofacial Pathology
VSPM'S Dental College & Research Centre
Nagpur-440 019.

Inward No. 4287

Date 30/9/15

VSPM'S Dental College

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 965

Dated : 18-Sep-2015

Particulars	Amount
Account : Conference Expenses	23,009.00
less: Dr. Mrs Radake Usha	(-)10,000.00

Through :

Cash

On Account of :

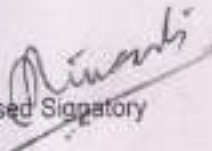
advance adjust for 17th pg convention
expende

Amount (in words) :

Indian Rupees Thirteen Thousand Nine Only

₹ 13,009.00

Rec  Signature:


Authorised Signatory

Checked by:

Verified by



DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Newspaper Subscription
115 against the
sum of Rs. 10,000/-
for 17th pylon.
9, 10, 11, 12th -

- ① Rs. 4500/-
- ② Rs. 6000/-
- ③ Rs. 440/-
- ④ Rs. 1020/-
- ⑤ Rs. 10,000/-
- ⑥ Rs. 165/-
- ⑦ Rs. 884/-

Total Rs. 25009/-
Adv. = 10,000/-

13009/-

Health
VSPH Dental College &
Research Centre, Dhule, H.
Hingna Road, Nagpur-4400

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 800

Dated : 14-Aug-2015

Particulars	Amount
Account : Conference Expenses	5,159.00
	₹ 5,159.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

dr. ashish bodhade , cofarance at pune


Bank Transaction Details:

Cheque 124508 14-Aug-2015 5,159.00

Amount (in words) :

Indian Rupees Five Thousand One Hundred
Fifty Nine Only


Receiver's Signature:


Authorized Signatory

Checked by:

Verified by



DEAN
VSPM'S Dental College &
Research Centre, Hingna Road,
Nagpur

Date: 10/8/2015

To

The Dean,

VSPM'S, Dental College & Research Center, Nagpur.

Inward No. 3490
Date 11/08/15
VSPM'S, Dental College

Subject:

Regarding reimbursement of TADA for attending and completing

'3T Bioethics training program workshop, for teachers of health sciences', held by DPU unit of the UNESCO chair in Bioethics, at Dr D Y Patil University, Pune, dated 3rd of Augst to 6th 2015.

Respected Madam,

I Dr Ashish Bodhade, Reader, Dept of oral pathology has attended the workshop as per your directives on '3T Bioethics training program workshop, for teachers of health sciences', held by DPU unit of the UNESCO chair in Bioethics, at Dr D Y Patil University, Pune, dated 3rd of Augst to 6th 2015.

It is requested to kindly reimburse the traveling and boarding charges total 5159/-Rs for the same workshop and do the needful.

Thank you.

Tickets-	1280/-Rs
	872/-Rs
Accommodation-	3007/-Rs
Total	= 5159/-Rs

Yours Sincerely

Ashish Bodhade
10/8/15
Dr Ashish Bodhade

Reader,

Dept of oral pathology

Acc. Sect
A
11/8/2015

Acc
Wang

DEAN
VSPM'S Dental College &
Research Center, Dighosh Hills,
Mangna Road, Nagpur-440 019

Payment Voucher

No. : 767

Dated : 10-Aug-2015

Particulars	Amount
Account : Conference Expenses	13,145.00

Through:
29/10, Arvind Sahakari Bank
On Account of :
national confarance at vadodara on 11.7.15 to 12.7.15
Bank Transaction Details:
Cheque 124279 10-Aug-2015 13,145.00
Amount (in words) :
Indian Rupees Thirteen Thousand One Hundred Forty Five Only

₹ 13,145.00

E.P. Chaudhary
Receiver's Signature

A. Singh
Authorised Signatory

Checked by:

Verified by

U. Kulkarni

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hill,
Hingna Road, Nagpur-440019

To

The Dean
V.S.P.M Dental College
& Research Centre
Nagpur

R/ Madam,

It is requested to reimburse the expenditure
of XV National P.G Convention 2015 held at Vadodra
on 11/7/15 & 12/7/15.

Necessary documents are attached herewith.

Thanking you.

Yours ^{Annex} faithfully

Date - 16/7/15

Registration No. 210000/-
P.A. 3145/-

13145/-

At
Udeth

Dinadi

DR. (Mrs.) ALKA DIVE
Professor & Head
Department of Oral & Maxillofacial Pathology
VSPM'S Dental College & Research Centre
Nagpur-440 019.

Dr.
Alka Dive

Inward No. 3018
11/7/15

Payment Voucher

No : 768

Dated : 10-Aug-2015

Particulars	Amount
Account : Conference Expenses	13,145.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : national confarance at vadodara on 11.7.15 to 12.7.15	
Bank Transaction Details: Cheque 124280 10-Aug-2015 13,145.00	
Amount (in words) : Indian Rupees Thirteen Thousand One Hundred Forty Five Only	
	₹ 13,145.00

S.P. Chaudhary
Receiver's Signature:

Arvind
Authorized Signatory

Checked by:

Verified by

Umesh

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440018.

DR. Shubhangi P. Khadkekar
(Bengaluru)
Prof. (Dept of oral Pathology
& microbiology)
VSPM'S DERC - Nagpur

To:
The Dean
VSPM'S DERC
Nagpur

Subject: Remuneration of PG Convention
Expence.

Respected madam,
I the undersigned, had gone
for oral Pathology PG convention at Vadodra
on 11/7/15 & 12/7/15.
I had also presented a poster at
the convention. I request you to kindly
sanction the amount of Rs 15000/- as
remuneration for the same.

Thanking you,

Yours sincerely
S.P. Khadkekar

DR. S.P. Khadkekar

Documents attached: 1) Registration receipt
2) Railway Tickets
3) Attendance certificate

Registration R. 14,000/-
F.A - 2145/-

13145/-
16/7/15
Final

Order No. 3012
Date 16/7/15
VSPM'S Dental College

DR. (Mrs.) ALKA DIVE
Professor & Head
Department of Oral & Maxillofacial Pathology
VSPM'S Dental College & Research Centre
Nagpur-440 019.

DEAN
VSPM'S Dental College &
Research Centre
Nagpur

Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. 584

Dated : 17-Jul-2015

Particulars	Amount
Account: Conference Expenses	15,000.00

Through :

20/10, Arvind Sahakar Bank

On Account of :


Dr. Kutade Rajesh Conference held at Gaziabad
Bank Transaction Details:

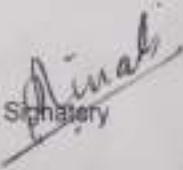
Cheque 118215 3-Jul-2015 15,000.00

Amount (in words) :

Indian Rupees Fifteen Thousand Only

₹ 15,000.00


Receiver's Signature:


Authorised Signatory

Checked by:

Verified by


DEAN

VSPM's Dental College &
Research Centre, Digidoh Hills,
Hingna Road, Nagpur-440019

Dr. Rajesh Kubde
Associate Professor
Dept. of Conservative
Dentistry & Endodontics

To,
The Dean
VSPM Dental College
Nagpur.

SUBJECT :- Reimbursement of Conference expenses

Respected Madam,

I, Dr. Rajesh Kubde, had gone to attend 16th National PG Convention held at ITS, Gaziabad on 4th - 6th June '2015.

Kindly reimburse the expenses incurred for the same.

Necessary documents are attached herewith.

Thanking You,

₹/-

Registration fee	₹ 7000/-
2 days DA	2000/-
Residence	300/-
Traveling Exp 3 rd class up down	6640/-
	<u>15940/-</u>

Acc / recd (CP)
K Kubde

DEAN

VSPM'S Dental College &
Research Center, Digholi Hills,
Singra Road, Nagpur-440 018

R. Kubde
DR. RAJESH KUBDE

Payment Voucher

No. 516

Dated : 9-Jul-2015

Particulars	Amount
Account : Conference Expenses	15,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

dr. kubade rajesh confarance held at gaziabad

Bank Transaction Details:

Cheque 118216 3-Jul-2015 15,000.00

Amount (in words) :

Indian Rupees Fifteen Thousand Only

₹ 15,000.00

Receiver's Signature:

Authorised Signatory

Checked by:

Verified by

DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

Dr. Pratima Shencoi
Professor & HOD
Dept. of Conservative
Dentistry & Endodontics

To,

The Dean
VSPM Dental College
Nagpur.

SUBJECT :- Reimbursement of Conference expenses

Respected Madam,

I, Dr. Pratima Shencoi, had gone to attend the 16th National PG Convention held at ITS, Gaziabad from 4th - 6th June.

Kindly reimburse the expenses incurred for the same.

Necessary documents are attached herewith.

Thanking You,

Pratima Shencoi

Registration Fee Rs. 700/-
2 days DA & 2000/-
Restaurant & 3000/-
Railway Jaise Rs. 6640/-
(up class) & etc
15940/-

Acc
Verify & P
Week
DEAN

Shencoi

DR. PRATIMA SHENOI

Permitted only upto Rs 15,000/-


Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 219

Dated : 16-May-2015

Particulars	Amount
Account : Research & Development Expenses	17,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : deptt. periodontics for preliminary expence that were involved in designig vibrometer	
Bank Transaction Details: Cheque 118192 16-May-2015 17,000.00	
Amount (in words) : Indian Rupees Seventeen Thousand Only	
₹ 17,000.00	


Receiver's Signature: *Ch. 16/5/15*

Authorised Signatory

Checked by:

Verified by



DEAN
VSPN's Dental College &
Research Centre, Digdoh Hill,
Hingna Road, Nagpur-440015

out 557
2015

Department of Periodontics & Implantology
VSPM Dental College & Research Centre,
Nagpur. Date 02/03/2015

To,
The Dean
VSPM Dental College & Research Centre
Nagpur.

Subject: Application for research grants.

Respected Madam,

We in the Department of Periodontics & Implantology are devising new equipment which will be helpful in assessing mobility of natural teeth and dental implant. It is based on the concept of assessing amplitude generated when the teeth occlude with each other. This is a novel concept and has never been tried in the past.

Assessment of mobility within the teeth is essential to diagnose the detrimental occlusal forces occurring during natural function as well during mastication (Trauma from occlusion) and enables the clinician in taking preventive and corrective steps. This is especially important in cases of implant dentistry where the occlusal or the incisal forces are required to be at the bare minimum.

The preliminary expenses involved in designing this equipment is around Rs 20,000/- (Rupees twenty thousand only). If successful we can go in for further development and probably acquiring a patent for the same.

I request you to sanction the said amount and oblige.

Yours sincerely

Dr. Abhay Kolte

Professor & H.O.D Dept. Of
Periodontia
VSPM Dental College & Research
Center Nagpur.

Head, Department of Periodontics & Implantology

Recommended & Sub. to
H. Labbe Secretary for approval.

Harpreet

~~To start work, kindly
provide the staff.~~

Ukelle

A. B. Dubey

Acc. pay //

Approved.
Rs 20,000/-

A. B. Dubey

Department of Periodontics and Implantology

VSPM Dental College and Research Centre,

Nagpur.

Date - 27/04/2015

To,

The Dean

VSPM Dental College and Research centre

Nagpur.

Subject: Application for reimbursement of money.

Respected madam,

We in the department of Periodontics and Implantology have devised a new equipment "Vibrometer". It was presented in 14th ISP National Convention, Navi Mumbai. As per the previous communication you have sanctioned research grant of Rs 20,000 (Rs Twenty Thousand) for the same.

The preliminary expenses that were involved in designing "Vibrometer" were Rs 17,000/- (Rupees Seventeen Thousand only). I request you to kindly reimburse the amount spent in designing the same.

Yours Sincerely

For @halla

Dr. Abhay Kolte

Head of Department of Periodontics and Implantology.

ac



RECEIPT

No: 0086

Embedded Creations

Phone no: 07122234035 Cell: 9823112989

Website: www.embeddedcreation.com

Date: 12/03/2015

Received from- Dr. Abhay P. Kolte

Towards- 2nd installment

College - VSPM Dental College and Research Center, Nagpur.

Fees Rs. Seven Thousand Only for Project

Year 2014-2015

Rs 7,000/-



Received By

RECEIPT

No: 0078

Embedded Creations

Phone no: 07122234035 Cell:9823112989

Website: www.embeddedcreation.com

Date: 13/02/2015

Received from- Dr. Abhay P. Kolte

Towards- 1st Installment

College- VSPM Dental College and Research Center, Nagpur.

Fees Rs. Ten Thousand Only for Project

Year 2014-2015

Rs 10,000/-



Received By

Vspn Dental College & Research Centre.
Digdoh Hill, Hingna-Road, Nagpur.

Payment Voucher

No. : 191

Dated : 30-Apr-2015

Particulars	Amount
Account : Conference Expenses	15,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : international confarance at mumbai dt. 20.2.15, dr. apeksha dhole , profe.	
Bank Transaction Details: Cheque 1115766 30-Apr-2015 15,000.00	
Amount (in words) : Indian Rupees Fifteen Thousand Only	
	₹ 15,000.00


Receiver's Signature:


Authorized Signatory

Checked by:

Verified by



DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hill,
Hingna Road, Nagpur-440019

653/ODMR
28/2/15

Inward No. 9111
Date 28/2/15
VSPM'S Dental College

To
The Dean
VSPM Dental College & Research Center
Nagpur

Subject - Application to reimburse the
expenditure during conference.

R/Madam,

Myself, Dr. Apeksha Dhote (Balpande),
Professor, Oral Medicine & Radiology have
attended the Third International conference,
Green Health, 2015, at Mumbai on 20-22 Feb
2015.

Herewith submitting the receipts
of expenditure during this conference.
Kindly reimburse the amount
thankful you.

Yours truly

Date 25/2/15
Ngp

A/c for Policy R. 15000/-

Forwarded

V. Lalwan
28/2/15

A/c to policy
28/2/15

[Signature]

[Dr. Apeksha Dhote]

Professor

Payment Voucher

No : 190

Dated : 30-Apr-2015

Particulars	Amount
Account : Conference Expenses	15,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

international confarance at mumbai dt. 11.2.15,
dr apeksha dhole , profe.

Bank Transaction Details:

Cheque 115767 30-Apr-2015 15,000.00

Amount (in words) :

Indian Rupees Fifteen Thousand Only

₹ 15,000.00

Receiver's Signature:

Authorised Signatory

Checked by:

Verified by

DEAN

VSPM's Dental College &
Research Centre, Digdoh Hill,
Hingna Road, Nagpur

52/ODMR.
28/2/15

Inward No. 948
Date 28/02/15
VSPM'S Dental College

To
The Dean
V.S.P.M. Dental college & Research Center
Nagpur.

Subject - Application to reimburse the
expenditure during conference-2015

R/Madam,
Myself, Dr. Appeksha Ghole (Balpande),
professor, Oral Medicine & Radiology have
attended the sixth International conference,
Carcinogenesis-2015, held at Mumbai
on 11-12 Feb.

Herewith submitting the receipts
of expenditures for the conference.

Kindly reimburse the amount.
Thanking you.

Yours truly

Nagpur

As per policy Rs-15000/- Ghole

Date - 25/2/15

[Dr. Appeksha Ghole]

Forwarded
Kholani
-02/15.

Acc. to VSPM
policy

Professor
Dept. of Oral Medicine & Radiology
VSPM Dental College & Research Center
Nagpur

Payment Voucher

No : 100

Dated : 10-Apr-2015

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

Dr. Anurag Choudhary conference held on 13.3.15
to 15.3.15 at Bangalore

Bank Transaction Details:

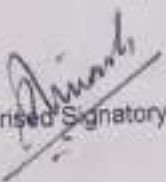
Cheque 113696 10-Apr-2015 10,000.00

Amount (in words) :

Indian Rupees Ten Thousand Only

₹ 10,000.00


Receiver's Signature.


Authorized Signatory

Checked by:

Verified by


DEAN
VSPM's Dental College &
Research Centre, Digidoh Hill,
Hingna Road, Nagpur-440018

To
The Dean
VSPM DCRCH.
Nagpur

For year 15/16

Forward No. 1253
Date 17/03/15
VSPM'S Dental College

Sub:- Application Regarding refund of my Conference Expenditure at National Triple 'O' Symposium 13-15 March 2015

Respected Madam

I, the undersigned, am working as Senior lecturer in Oral Medicine & Radiology at VSPM DCRCH; request you to kindly grant me refund of the conference Expenditure for National Triple O Symposium 13-15th March 2015 at M B Ramaiah Dental College

Bangalore of Rs. 12,694/- only

Date: 17/03/15.

Enclosure

1) Receipt of Trip of Conference of Rs 6000/-

2) Travelling Ticket copy of Rs 6694/-

Total 12694/-

3) Certificates of Attendance

Sincerely yours

A Phondhary

Dr Anurag Choudhary

Sr. Lecturer VSPM DCRCH

Nagpur

Acc. VSPM only me
Conference is granted to lecturer
11 cell

Forwarded
M. Phondhary
17/3/15

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1996

Dated : 17-Mar-2016

Particulars	Amount
Account : Conference Expenses	15,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

dr. pankaj akhare reader , p.g guid 50th ioc
conference at hyderabad


Bank Transaction Details:

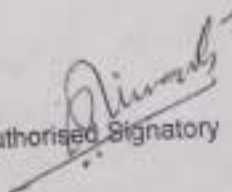
Cheque 137487 17-Mar-2016 15,000.00


Amount (in words) :

Indian Rupees Fifteen Thousand Only


₹ 15,000.00


Receiver's Signature:


Authorized Signatory

Checked by: 

Verified by


DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440015

To,
The Dean
VSPM's Dental College & Research Centre,
Nagpur.

Date: 25/1/2016

Inward No. 497
Date 25.1.16
VSPM'S Dental College

Subject: Reimbursement of Conference Registration fees

Respected Ma'am,

I, the undersigned was invited as a Chairperson for Scientific Session during the 50th IOC conference held at Hyderabad. I have attached the certificate and also the registration receipt along with this application.

I request you to consider my application and reimburse the conference registration fees.

Thanking you, in anticipation

HA

Yours Truly,

Dr. Pankaj Akhare
Reader
Orthodontics & Dentofacial Orthopedics
VSPM's Dental College, Nagpur

Reader, P.G. Guide

As per folly Rs. 15000/-

Registration Fee Rs. 14,000/-
Fees (Retard.) 2000/-
16,000/-

Dr. Akhare

27/1/16

Umesh

DEAN
VSPM'S Dental College &
Research Center, Digdoh Hills
Mingna Road, Nagpur-441101

Vspm Dental College & Research Centre.
Diggoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1758

Dated : 4-Feb-2015

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :
20/10, Arvind Sahakari Bank


On Account of :
dr. snuj chandak confarance at chandhigarh dt. 6
to 9 nov 14


Bank Transaction Details:

Cheque 113664 4-Feb-2015 10,000.00

Amount (in words) :
Indian Rupees Ten Thousand Only

₹ 10,000.00


Receiver's Signature:


Authorised Signatory

Checked by:

Verified by



DEAN
VSPM'S Dental College &
Research Centre, Diggoh Hills,
Hingna Road, Nagpur-440019

To.

4 DT: 1/1/15

The Dean
VSPM DCRC
Nagpur

Dept of Prosthodontics
VSPM'S Dental College
Nagpur.

Inward No. 10
Date 1/1/15
VSPM'S Dental College

Subject: Remuneration of expenses incurred at National level Prosthodontic conference at Chandigarh.

Respected madam

I, the undersigned, kindly request you to remunerated the expenses incurred for attending National level prosthodontic conference at Chandigarh from 6th - 9th Nov 2014, where I have presented faculty paper. Certificate of paper presentation and receipt of registration are attached herewith. Kindly take note of the same and oblige.

Thanking you.

Yours Sincerely
Anil
Dr Anil Chandak
Sr Lecturer

Acc.
pay acc.
to payroll
Urrekh

DEAN
VSPM'S Dental College &
Research Center, Nagpur

Payment Voucher

No. : 1820

Dated : 13-Feb-2015

Particulars	Amount
Account : Conference Expenses	9,959.00

Through :
20/10, Arvind Sahakar Bank

On Account of :
conference bill at mumbai
Bank Transaction Details:

Cheque 111029 13-Feb-2015 9,959.00

Amount (in words) :
Indian Rupees Nine Thousand Nine Hundred
Fifty Nine Only

₹ 9,959.00


Receiver's Signature:


Authorized Signatory

Checked by: 

Verified by


DEAN
VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur-440019

To,
The Dean,
V.S.P.M Dental College & research Centre,
Nagpur.

Subject: Permission for submission of conference bills

Reference: 10th Annual Live Surgery Demonstration Course
"ONCOSURGE 2014" held at Tata Memorial Hospital Mumbai 21st to 23rd Nov 2014

Respected Madam,

With Due regards I Dr. Pranav Ingole, senior lecturer Dept of Oral & Maxillofacial Surgery, kindly request to allow me for submission of bills for the conference which I have attended "10th Annual Live Surgery Demonstration Course "ONCOSURGE 2014" held at Tata Memorial Hospital Mumbai 21st to 23rd Nov 2014", and also presented oral paper entitled "Noninvasive early diagnosis of oral mucosal precancerous and cancerous lesion using fluorescence spectroscopy.

I humbly request you to reimburse the same.

Thanking you in anticipation

Yours Sincerely



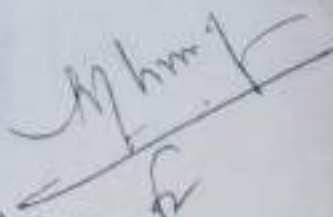
Dr. Pranav Ingole
Sr. Lecturer Dept of
Oral & maxillofacial
Surgery,
VSPMDCRC

Date: 15/12/2014

*Acc. according to policy
Meech*

DEAN

VSPM'S Dental College &
Research Centre, (New) Hills Inward No. 48/11
Hill Road, Nagpur - 440 012 Date 19/12/14
VSPMDCRC, Dental College



Dr. RAMAKRISHNA SHENOI
(MDS, OMFS)
Vice Dean & Professor

Payment Voucher

No. 1820

Dated : 13-Feb-2015

Particulars	Amount
Account : Conference Expenses	9,959.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

conference bill at mumbai

Bank Transaction Details:

Cheque 111029 13-Feb-2015 9,959.00

Amount (In words) :

Indian Rupees Nine Thousand Nine Hundred
Fifty Nine Only

₹ 9,959.00


Receiver's Signature


Authorized Signatory

Checked by



Verified by



To
The Dean,
V.S.P.M Dental College & research Centre,
Nagpur.

Subject: Permission for submission of conference bills

Reference: 10th Annual Live Surgery Demonstration Course

"ONCOSURGE 2014" held at Tata Memorial Hospital Mumbai 21st to 23rd Nov 2014

Respected Madam,

With Due regards I Dr. Pranav Ingole, senior lecturer Dept of Oral & Maxillofacial Surgery,
kindly request to allow me for submission of bills for the conference which I have attended "10th Annual
Live Surgery Demonstration Course "ONCOSURGE 2014" held at Tata Memorial Hospital Mumbai 21st to
23rd Nov 2014" and also presented oral paper entitled "Noninvasive early diagnosis of oral mucosal
pre-cancerous and cancerous lesion using fluorescence spectroscopy.

I further request you to reimburse the same.

Thanking you in anticipation

Yours Sincerely



Dr. Pranav Ingole
Sr. Lecturer Dept of
Oral & maxillofacial
Surgery.
VSPMDCRC

Date: 25/12/2014

*Acc. according to policy
Uleash*

DEAN

VSPM'S Dental College &
Research Centre, North Hills, Inward No. 4801
Nagpur (M.S.) Date 19/12/14
VSPM'S Dental College


DR. LAMNATSYA SHENDE
(M.S., O.R.C.)


Payment Voucher

No. : 1758

Dated : 4-Feb-2015

Particulars	Amount
Account : Conference Expenses	10,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : dr. snuj chandak confarance at chandhigarh dt. 6 to 9 nov 14	
Bank Transaction Details: Cheque 113664 4-Feb-2015 10,000.00	
Amount (in words) : Indian Rupees Ten Thousand Only	
	₹ 10,000.00


Receiver's Signature:


Authorised Signatory

Checked by:

Verified by



To.

4

DT: 1/1/15

The Dean
VSPM DCR
Nagpur

Dept of Prosthodontics
VSPM's Dental College
Nagpur

Inward No. 10
Date 1/1/15
VSPM'S, Dental College

Subject: Reimbursement of expenses incurred at National level Prosthodontic conference at Chandigarh.

Respected Madam

I, the undersigned, kindly request you to reimburse the expenses incurred for attending National level prosthodontic conference at Chandigarh from 6th - 9th Nov 2014, where I have presented faculty paper. Certificate of paper presentation and receipt of registration are attached herewith. Kindly take note of the same and oblige.

Thanking you.

Yours Sincerely
~~Anuj~~
Dr Anuj Chandak
Sr Lecturer

Acc.
Prj au.
to polraj
Uredh

DEAN
VSPM'S Dental College &
Research Center, Dnyanesh Hill,
Munshi Road, Nagpur-441 110

Vspcm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1467

Dated : 17-Dec-2014

Particulars	Amount
Account : Conference Expenses	15,000.00
Less: Dr. Pande N.A.	(-)11,529.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

Dr. N.A. Pande Conference at Chandigarh

Bank Transaction Details:

Cheque 110946 26-Nov-2014 3,471.00

Amount (in words) :

Indian Rupees Three Thousand Four Hundred
Seventy One Only

₹ 3,471.00

Received with
signature of Pande

Receiver's Signature:

(N.A. Pande)

Authorized Signatory

Checked by:

Verified by

Udelle

To,

Dr. N.A. Pande ^{Post No.}
434
2014

The Dean / Accounts Officer,

VSPM's Dental College & Hospital, Nagpur.

Subject → To release the amount spent during attendance of specialty conference

R/ Madam,

This is to inform you, that I have been invited at 42nd IPS conference, Chandigarh, as a Guest speaker. I have registered myself to attend that conference. Herewith submitting the receipt, & details of the same betn (6th - 9th Nov '14) Conference Reg. fee Rs. 12000/- only. + 2 person air travels Rs. 6000/- only. Total Rs. 24,000/- only. Request to sanction the amount permissible from the institute.

Thanking you in anticipation.

Date: 18/11/14.
N.A. Pande.

(Dr. N.A. Pande)
Proposer.
VSPM's DCCO.
Nagpur

Rs. Per Policy Rs. 15000/-

Acc
all to Policy
Week

Forward No. 4297
Date 18/11/14
VSPM'S Dental College

DEAN
VSPM'S Dental College &
Research Center, Digdoh Hills,
Hingna Road, Nagpur-440 013

Vspm Dental College & Research Centre.
Diggoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1463

Dated : 16-Dec-2014

Particulars	Amount
Account :	
Conference Expenses	- 15,000.00
Less: Dr.Nainani J	(-)10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

dr. j. nainani , proff. confarance at kolkota

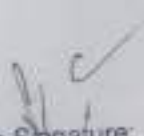
Bank Transaction Details:

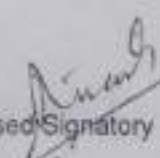
Cheque 110927 27-Nov-2014 5,000.00

Amount (in words) :

Indian Rupees Five Thousand Only

₹ 5,000.00

Receiver's Signature: 

Authorised Signatory 

Checked by:

Verified by

Ubedk

To

The Dean,
VSPM Dental
Nagpur.

Inward No. 52381
Date 25/11/14
VSPM'S Dental College

R/ madam,

This is to bring to your kind notice that
I have attended the 49th Indian orthodontic conference
at Kolkata from 21st to 23rd Nov. 2014.

Herewith I am submitting the conference
- certificate of attendance, showing the session and
conference expenditure.

Kindly direct the audit account duly
for clear the advance given and reimburse the
remaining amount.

Thanking you.

Yours faithfully,
Bairav

25/11/14
Nagpur.

As per policy Rs. 15000/-
Advance Rs. 10,000/-
Balance Rs. 5000/-

Dinab

VSPM DENTAL COLLEGE
NAGPUR

Acc. to policy
Utes
DEAN

VSPM'S Dental College &
Research Center, Dighol Hills,
Hingna Road, Nagpur-440 019

o/c ac. 110927 A 5000/-

Bairav
14/11/14

The Dean
VSPMDCRC
Nagpur.

Inward No. 4280
Date 21/11/14
VSPM'S Dental College

Resp Madam,

This is to bring to your kind notice that I have attended the 49th Indian Orthodontic Conference at Kolkata from 21st to 23rd November 2014. Herewith I am submitting the conference certificate of attendance, charging the session and conference expenditures.

Kindly direct the Accounts department to clear the advance taken and reimburse the remaining amount.

Thanking you.

Yours faithfully

H. Chaudhary

21/11/14.

Rs. 6403/-
4007/-
9501/-

Acc. according to policy order

Umesh

DEAN

VSPM'S Dental College &
Research Center, Dighich Hills,
Ningra Road, Nagpur-440 019

ch. no. 110928

to Baron
16/11/14

400. ORTHODONTIC
VSPM DENTAL COLLEGE
NAGPUR

Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1441

Dated : 9-Dec-2014

Particulars	Amount
Account : Conference Expenses	15,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : dr. r. shenoi confarance at goa	
Bank Transaction Details:	
Cheque 111371 27-Nov-2014 15,000.00	
Amount (in words) : Indian Rupees Fifteen Thousand Only	
	₹ 15,000.00

Receiver's Signature:

Prichandale

Authorised Signatory

Prichandale

Checked by:

Ukelle

Verified by

To,
The Dean,
Vspm's DCRC,
Nagpur

Date: 26/11/2014

Inward No. 4416
Date 25/11/14
VSPM'S, Dental College

Subject: Reimbursement of Conference expenses

Reference: 39th National Conference AOMSI 2014 held in Oct 14-16th Nov 2014

Dear Madam,

In reference to the above I have already attended and participated in the conference for which expenses incurred as under-

Airfare: 7009

Registration fees including preconference course: 21,500

One Day Stay: 3116,

Taxi: 650

I humbly request you to reimburse the same.

Thanking You

Total Rs. 32,275/-
Paid 15,000/- 9-12 Paid
Balance Rs. 17,275/-
Umesh

As per Palyog
Umesh

As per Palyog Rs. 15000/-

Dinob

Shenoi

DEAN
VSPM'S Dental College &
Research Center, Dighoh Hills,
Kings Road, Nagpur-440 018

Dr. RAMAKR SHENAI SHENOI
(MDS, OMFS)
Vice Dean & Professor
VSPM DENTAL COLLEGE
NAGPUR

Payment Voucher

No. : 1430

Dated : 8-Dec-2014

Particulars	Amount
Account : Conference Expenses	1,00,000.00

Through :

20/10, Arvind Sahakari Bank	25,000.00
20/10, Arvind Sahakari Bank	25,000.00
20/10, Arvind Sahakari Bank	25,000.00
20/10, Arvind Sahakari Bank	25,000.00

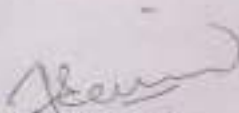
On Account of :

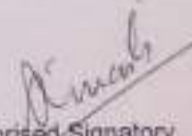
International confaranmce at dubai on 17 to
19 june 14 dr. motwani dr.s.rathod ,dr.v.kolte
& dr.p. shenoi

Amount (in words) :

Indian Rupees One Lakh Only

₹ 1,00,000.00


Receiver's Signature:


Authorized Signatory

Ukale



VIDYA SHIKSHAN PRASARAK MANDAL'S
DENTAL COLLEGE & RESEARCH CENTRE.

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH: (07104) 306200, 306101, 306203, 306203 Fax: (07104) 232904.

Email: vspmdcrcnagpur@gmail.com

REF: VSPM'S DCRC/DEAN/COR-18/ 1154 /2014

DATE: 16/09/2014
19/09/14

To,

The Hon'ble Treasurer Sir,
VSPM, AHE,
Nagpur.

Respected Sir,

It is to inform you that, Dr. Mukta Motwani, Professor & HOD, Dr. Surekha Rathod, Professor, and Dr. Vrinda Kolte, Professor, were invited for 36th APDC At Dubai from 17th to 19th June 2014 and presented their papers.

They have already received an approval from MUHS, Nashik for travel grant of Rs. 20000/-. The applications of respective Professors along with the details expenditure and bills separately are submitted for your kind information.

You are kindly requested to release the amount as per the VSPM policy.

Uredu

Dean
VSPM'S DCRC, NAGPUR

DEAN
VSPM'S Dental College &
Research Center, Digdoh Hills,
Hingna Road, Nagpur-440 019

Encl: As above.

D. Bregde hi

for

*As per Policy
Rs. 25000/-
for International
Conference*

*As per Policy not more
than Rs. 25,000/- for International
conference or 50,000/- as per
actual which is less*

Payment Voucher

No. : 1403

Dated : 4-Dec-2014

Particulars	Amount
Account : Conference Expenses	15,000.00

Through :

20/10, Arvind Sahakari Bank

In Account of :


Dr. S. Gundawar Conference at Chandigarh
Bank Transaction Details:


Cheque 111372 27-Nov-2014 15,000.00

Amount (in words) :

Indian Rupees Fifteen Thousand Only

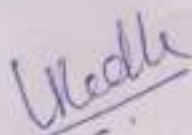
₹ 15,000.00


Receiver's Signature:


Authorised Signatory

Checked by.

Verified by


Ulede

From: Dr. Stam Gundawan
Professor, Dept of Pathology
V.S.P.M's Dental College
Nappur.
2711114

~~Dr. Stam Gundawan~~
V.S.P.M's Dental College
Nappur.

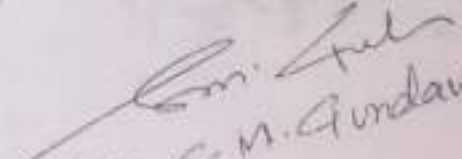
Reimbursement of conference expenses.

Madam,

I have attended 42nd I.P.S. National Conference held at Chandigarh from 5th Nov to 10th Nov 2014. Herewith I am submitting the expenses for the same. Kindly reimburse the same & oblige.

Thank you.

Yours faithfully


Dr. S. M. Gundawan.

Registration charges

- 13,000/-

Air fare from
Nag to Delhi &
return - 6049/-

Delhi to Chandigarh - 545/-

Chandigarh to Delhi 683/-

Total

25,277

(Twenty five thousand two hundred seventy seven)

As Per Policy Rs-15000/-


Acc
amount to parent
1/10/14


Payment Voucher

No. : 1399

Dated : 2-Dec-2014

Particulars	Amount
Account : Conference Expenses	15,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : Dr. n.j. chandranee confarance at noida	
Bank Transaction Details:	
Cheque 111363 26-Nov-2014 15,000.00	
Amount (in words) : Indian Rupees Fifteen Thousand Only	
	₹ 15,000.00

Receiver's Signature: 

Authorised Signatory: 

Checked by:

Verified by

Utkal

From:
 Dr. N.J. Chandrasekhar
 Prof and HOD, Pedodontics
 Date 14/11/14

To,
 The Dean
 VSPM's Dental College & RC
 Nagpur.

Subject: — Requiring sanction of amount for attending
 Conference, FDI 2014 at Greater Noida for
 finalising pedo chair order.

Respected Member,

With your kind permission, I attended
 FDI 2014 conf at Greater Noida from 11/9/2014 to
 14/9/2014 for finalising the order for pedo chair
 for our dept as per requirement. The expenses
 incurred for the same are as follows —

- | | | |
|---|---|---------------|
| ① | Nag to N2M - 10/9/14
22693 PNR 4511403409 | Rs 2440/- |
| ② | N2M to Nag - 14/9/14
12438 PNR 283642045J | Rs 1770/- |
| ③ | Conference Registration fee | Rs 8427/- 0 |
| ④ | Hotel Stay ^{expenses} for 11/9+14/9 - 4 days | Rs 7500/- 0 X |
| ⑤ | Transportation ^{at Nagpur} | Rs 4000/- |
| | | 24,137/- |

As per Policy B. 15000/-
 I request you to kindly sanction the
 above amount. Thank you
 Sincerely yours

Acc
 according to policy
 1 reqd

Vspn Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No : 1398

Dated : 2-Dec-2014

Particulars	Amount
Account :	10,000.00
Dr. Shenoy P.R.	10,000.00
Dr Shri D. D.	10,000.00
Dr Mrs Makde Chetna	10,000.00
Dr. Kokane Vandana	10,000.00
Through :	
20/10, Arvind Sahakari Bank	10,000.00
20/10, Arvind Sahakari Bank	10,000.00
20/10, Arvind Sahakari Bank	10,000.00
20/10, Arvind Sahakari Bank	10,000.00
On Account of :	
advance paid for confarance at jaipur	
Bank Transaction Details:	
Cheque 110929 2-Dec-2014	10,000.00
Cheque 110930 2-Dec-2014	10,000.00
Cheque 110932 2-Dec-2014	10,000.00
Cheque 110932 2-Dec-2014	10,000.00
Amount (in words) :	
Indian Rupees Forty Thousand Only	
	₹ 40,000.00
	continued ...

Venay
2-12-14

Arind

Makde

Dept. of Conservative Dentistry

VSPM-DCRC, Nagpur

1/12/2014

To

The Dean

VSPM-DCRC, Nagpur

Inward No. 4494

Date 1/12/14

VSPM'S, Dental College

Sub :- Request to release advance

We undersigned staff of dept of Conservative dentistry & Endodontics attending national subject conference held at Jaipur from 4th Dec. to 7th Dec. 2014. We kindly request you to release advance [as 10,000 each] for which receipt will be attached latter.

We here by attaching Reg. list mentioning our name

Thanking you

Your Sincerely

Dr Pratima Sheno

Dr Deepa Shori

Dr Chetna Makade

Dr Vandana Kokane

Pratima Sheno

Deepa Shori

Chetna Makade

Vandana Kokane

Umesh

DEAN

VSPM'S Dental College &
Research Center, Digooch Hill,
Nagpur. Phone: 220-440 619

Payment Voucher

No. : 1291

Dated : 22-Nov-2014

Particulars	Amount
Account : Conference Expenses	5,500.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

dr. a. deshpane dept. pedodontics at sewagram
Bank Transaction Details:

Cheque 098846 31-Oct-2014 5,500.00

Amount (in words) :

Indian Rupees Five Thousand Five Hundred
Only

₹ 5,500.00

Receiver's Signature

Authorised Signatory

Checked by:

Verified by

Uckalk

Dr. Anjali Deshpande
Dept. of Pedodontics
VSPM DCRC
Nagpur

Dr: 17/10/14

3961
19/10/14
VSPM DCRC

To
The Dean,
VSPM DCRC
Bigdar Hills, Higra Road
Nagpur

Sub: Submission of conference bills

Respected Madam,

I have attended the National Conference on Health Professions Education 2014 at Sevagram on 26/9/14 & 27/9/14. I also presented poster on "Impact of Short Yoga Intervention on Health Science students' perception about yoga".

Submitting herewith the bills of registration & travel. Kindly sanction Rs. 5,500/- for the same.

Thanking You,

Yours sincerely,



- End: 1. Registration Receipt: 4000/-
- 2. Travel Bill: 1500/-
(Total: 4500/- shared by 3)
- 3. Certificate of attendance Total Rs. 5500/-
- 4. Certificate for poster presentation

DR. ANJALI DESHPANDE
VSPM DCRC
NAGPUR


Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

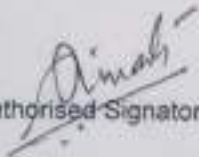
Payment Voucher

No. : 1287

Dated : 21-Nov-2014

Particulars	Amount
Account : Conference Expenses	15,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : dr. rthod confarance at jaipur	
Bank Transaction Details: Cheque 102020 16-Oct-2014 15,000.00	
Amount (in words) : Indian Rupees Fifteen Thousand Only	
	₹ 15,000.00

Receiver's Signature: 

Authorised Signatory 

Checked by:

Verified by

Uleke

Perio out no 342
2014

Dr. Suresh Rathiwal
Professor
Dept. of Periodontics
Dt. 14.10.14.

To,

The Dean
VSPM Ac & RC
Nagpur

Subject - Requesting grant for presentation
at national conference.

Respected madam,

I, the abovesaid, had an
opportunity to present my research work at
39th ISP national conference, my study
paper was "Association betw periodontal
disease & subendothelial atherosclerosis."

I, request you to sanction grant of

Thanking you (in anticipation

Bill. No. 1 - RS	7,000/-
Bill. No. 2 - RS	2700/-
Bill. No. 3 - RS	5900/-
Bill. No. 4 - RS	3067/-
	<hr/>
	18,667/-

Yours faithfully
(Dr. S.R. Rathiwal)

no policy
ch

DEAN

As per Policy Rs-15000/-

Payment Voucher

No. : 1255

Dated : 15-Nov-2014

Particulars	Amount
Account : Conference Expenses	7,500.00
₹ 7,500.00	

Through :

20/10, Arvind Sahakar Bank

On Account of :

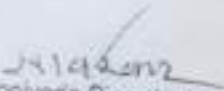
Dr. A. Kalaskar Dept. O.D.M.R., Conference at Sewagram

Bank Transaction Details:

Cheque 098845 31-Oct-2014 7,500.00

Amount (in words) :

Indian Rupees Seven Thousand Five Hundred Only


Receiver's Signature:


Authorized Signatory

Checked by:

Verified by

Uedk

Dt: 17/10/2014

To,
The Dean,
USPM's Dental College
Nagpur.

Subject :- Application for National Conference allowance.

Respected Madam,

Myself, Dr. Ashita Kalasna,
Reader (O.D.M.R.) requesting you to issue
conference allowance. The national
conference of Health Profession Education
was held at Sevagram, on 26th & 27th
Sept. 2014.

Documents attached -

- | | | |
|----------------------|-------|---------------|
| 1) Registration | - | Rs 5000/- |
| 2) Conveyance | - | Rs 1500/- |
| 3) Scientific Poster | - | Rs 1000/- |
| | Total | <u>7500/-</u> |

Forwarded
with

Thanking
You

Acc. au-powry
1st conf.
1

Sincerely yours.

Ashita
Dr. Ashita Kalasna

Payment Voucher

No. 1255

Dated : 15-Nov-2014

Particulars	Amount
Account : Conference Expenses	6,500.00
Through : 20/10. Anind Sahakar Bank	
On Account of : Dr. T.V. Karemore Dept. ODMR, Conference at Sangli	
Bank Transaction Details: Cheque 098844 31-Oct-2014 6,500.00	
Amount (in words) : Indian Rupees Six Thousand Five Hundred Only	
	₹ 6,500.00

[Signature]
Receiver's Signature

[Signature]
Authorised Signatory

Checked by:

Verified by

[Signature]
Udell

Date: 17/10/2014

To,
The Dean,
VSPM's Dental College
Nagpur.

Subject - Application for National Conference allowance.

Respected madam,

Myself, Dr. Tapasya Karamore, Reader (ODMR), requesting you to issue conference allowance. The National conf. of Health Profession Education was held at Sewagram, on 26th & 27th Sept. 2014.

Documents attached -

1) Poster Presentation Certificate.

2) Attendance certificate.

3) Receipt of Registration, poster designing, conveyance.

Thanking you.

Details of expenditure :-

1) Registration - 4000/-
2) Conveyance - 1500/-
3) Scientific poster - 1000/-

Total - 6500/-

ForWARDED
M. Li.
Professor

Acc. recd. to policy
1st Conf.

M. Li.

Sincerely yours
A. S. S. S.

Vepm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1213

Dated : 10-Nov-2014

Particulars	Amount
Account : Conference Expenses	10,000.00
	₹ 10,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

d, tushar shirao confarance at jaipur


Bank Transaction Details:

Cheque 098940 10-Nov-2014 10,000.00

Amount (in words) :

Indian Rupees Ten Thousand Only


Receiver's Signature:


Authorized Signatory

Checked by

Verified by


Checked by

Dr. Tushar Shrivastava
Senior Lecturer
Dept of periodontics.
VSPM Dental College, Nagpur
Date: 16 Oct. 2014.

To,
The Dean
VSPM Dental College,
Nagpur

Subject: Regarding reimbursement of conference expenses

Respected Madam,

I, Dr. Tushar Shrivastava, has attended, the 35th ISP National conference held at Jaipur (Rajasthan) from 9th to 13th Oct. 2014. I had also presented a scientific paper at the said conference. The certificates of participation as well as scientific paper presentation are attached herewith.

The details of the expenses incurred are as follows.

Nagpur - Jaipur (Train Tkt)	-	Rs 1625/-
Jaipur - Nagpur (Train Tkt)	-	Rs 1954/-
Conference registration fees.	-	Rs 7000/-
Accommodation Expenses	-	Rs 3800/-
Miscellaneous Expenses.	-	Rs 650/-
		<hr/>
		15029/-

I request you to please reimburse me the amount.

Thanking you in anticipation.

Yours sincerely
Tushar

(Dr. Tushar Shrivastava)

Forwarded to the
...
14/10/14

As per VSPM policy
Ulaadhe

Vspn Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1234

Dated : 11-Nov-2014

Particulars	Amount
Account : Conference Expenses	10,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : dr. rajesh kubade dept. consevative confarance at new delhi	
Bank Transaction Details: Cheque 098847 31-Oct-2014 10,000.00	
Amount (in words) : Indian Rupees Ten Thousand Only	
	₹ 10,000.00


Receiver's Signature


Authorized Signatory

Checked by:

Verified by



Dr. Rajesh, Kubde
~~Asso. Professor~~
Dept. of Conservat
Asso. Prof. & P.G.
Guide.

To,

The Dean,
VSPM's DCRC
Nagpur.

Sub: → Reimbursement of conference
expenses.

R/Madam.

I, Dr. Rajesh Kubde, had gone
to attend the FDI (Federation
Dentaire International) conference
that was held in Delhi on 11-14
Sept. 2014.

Kindly reimburse the expenses
occurred ~~at~~ for the same.
The necessary documents are
attached herewith.

Thanking You Madam

$$\begin{array}{r} 8000/- \\ - 6478/- \\ \hline 15478/- \\ \text{Dt. } 21/10/14 \end{array}$$

$$\begin{array}{r} 8480/- \\ - 6478/- \\ \hline 2002/- \\ 21,984/- \end{array}$$

Your's faithfully

Kubde

Am
ndig to per
Meady

As per pay h. 15,000/- Dr. Rajesh Kubde.
(Rs. 7,000/- only)

Payment Voucher

No. : 1234

Dated : 11-Nov-2014

Particulars	Amount
Account : Conference Expenses	10,000.00

Through :
2010, Arvind Sahakari Bank

On Account of :
dr. devendra nagpal dept. pedodontia confarance
at lucknow

Bank Transaction Details:
Cheque 088843 31-Oct-2014 10,000.00

Amount (in words) :
Indian Rupees Ten Thousand Only

₹ 10,000.00


Receiver's Signature:


Authorized Signatory

Checked by:

Verified by

Walle



Date 17/10/2014

DEAN
VSPM DCR
Hingna, Nagpur

Sub: Reimbursement for conference attended and paper presentation.

Respected Madam,

I Dr. Devendra Nigpal working as Reader in Dept of Pediatric and Preventive Dentistry, VSPM DCR attended and presented a Scientific paper at the annual Speciality Conference Organized by ISPD at Lucknow from 13th Oct to 16th Oct 2014. I am herewith submitting the bills and registration receipt details of same for reimbursement. Kindly do the needful for same.

With regards,

Yours Truly
Nigpal

Dr. Devendra Nigpal
Reader, Dept of Pedodontia
V.S.P.M. DCR Hingna

Dept of Pedodontia
V.S.P.M. DCR
Digdoh hills, Hingna Rd
NAGPUR.

Details of Bills Enclosed)

Sl. No.	Bill type	Amount (INR)
	Registration Receipt	9500/-
	Air ticket (Hydrabad to Lucknow)	4531/-
	Return train ticket (Lucknow to Hingna)	1292/-
	Hotel stay at Lucknow	2871/-
	Total	18,194/-

Inward No. 3956
Date 17/10/14
VSPM'S, DCR

All
pay all to
policy

Receipt of attendance
Receipt of Presentation.

As per Policy Rs 10,000/-

UP
DEAN
VSPM'S Dental College &
Research Center, Digdoh Hills
Hingna Road, Nagpur-440 019


Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.


Payment Voucher

No. : 1223

Dated : 11-Nov-2014

Particulars	Amount
Account: Conference Expenses	15,000.00
Through : 20/10, Arvind Sahakari Bank	
Account of : dr. kolte confarance at jaipur	
Bank Transaction Details:	
Cheque 102038 15-Oct-2014 15,000.00	
Amount (in words) : Indian Rupees Fifteen Thousand Only	
	₹ 15,000.00

Receiver's Signature: 

Authorised Signatory 

Checked by:

Verified by

Uckh

Dr. Abhay P. Kotte.
Professor & HOD, Periodontics
VCPM Dental College & RC,
Nagpur. Dr: 14.10.14.

To,
The Dean
VCPM Dental College & RC,
Nagpur.

Subject: Reimbursement of Conference expenses.

Respected Madam,

I have attended the 37th IAP National Conference at Jaipur from 9th to 13th Oct 2014. The following are the expenses incurred on the same.

- ① Travel from Nagpur to Jaipur → Rs 1624.549
- ② Travel from Jaipur to Nagpur → Rs 1953.74
- ③ Registration fees → Rs 7000.00
- ④ Accomodation → Rs 3800.00
- ⑤ Miscellaneous → Rs 800.00

Total → Rs 15178.23

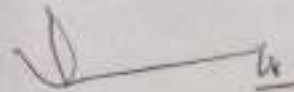
I request you to reimburse the above mentioned amount.

Acc. pay
according to policy
Used.

As per policy Rs. 15000/-

Ainab

Yours Sincerely



(Dr. Abhay Kotte)

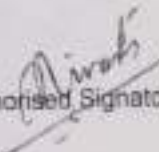
Payment Voucher

No : 1133

Dated : 17-Oct-2014

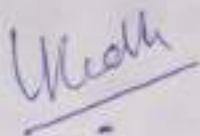
Particulars	Amount
Account : Conference Expenses	10,000.00
Through : 20/10, Arvind Sahakari Bank	
On Account of : dr. tony shori confarance at jaipur.	
Bank Transaction Details:	
Cheque 098827 16-Oct-2014	10,000.00
Amount (in words) : Indian Rupees Ten Thousand Only	
	₹ 10,000.00


Receiver's Signature:


Authorized Signatory

Checked by:

Verified by



The Dean
JSPM Dental College & R.C.
Wagpur.

Subject:- Regarding Reimbursement of
Conference Expenses.

Respected Madam,

I Dr. Tony Shani, has attended
the 39th ISP National Conference held at Jaipur
from 9th to the 13th Oct 2014. I had also presented
a Scientific paper at the Said Conference. The
Certificate of participation as well as Scientific
paper presentation are herewith attached.

The details of Expenses are as follows.

- (1) Wagpur — Jaipur — Rs 2200 Rs.
- (2) Jaipur — Wagpur — 2200 Rs
- (3) Conference Registration — 7000 Rs
- (4) Accommodation Expenses — 4000 Rs

Kindly Consider the Same 15,400
Rs for policy to 19000/-

Forwarded to the
Dean.

4/10/14
m/10/14

Acc
Mf acc to policy
4/10/14

Yours Sincerely
Dr. Tony Shani

Payment Voucher

No. : 1139

Dated : 18-Oct-2014

Particulars	Amount
Account : Conference Expenses	25,000.00

Through :

20/10, Arvind Sahakari Bank

On Account of :

international confarance at malaysia dr. dipti
lambade

Bank Transaction Details:

Cheque 098893 26-Sep-2014 25,000.00

Amount (in words) :

Indian Rupees Twenty Five Thousand Only

₹ 25,000.00

Rec



Signature:

[Handwritten Signature]
Authorised Signatory

Checked by:

Verified by

Wells

Date: 04/08/2014

To,

The Dean,
VSPMDCRC,
Nagpur

Inward No. 2977
Date 4/8/14
- VSPM'S Dental College

• Subject: Regarding the financial assistance to attend the SEAADE 2014 Conference, Malaysia

Respected Madam,

I, the undersigned, am working in your esteemed institution since last 14 years. I am very pleased to inform you that my research paper is selected for 25th Annual scientific meeting of South East Asia Association for Dental Education (Division of International Association for Dental research), to be held in Kuching, Malaysia from 11th -14th August 2014. This event is very prestigious due to high standards of scientific and educational deliberations. My research paper is one of the twenty four oral presentations in this conference. It has been shortlisted from total 300 applications. I am the only Indian presenter to represent our college. The topic of my oral presentation is "Impact of Early Clinical Exposure on knowledge of second year BDS students in Prosthetic Dentistry". I have completed this project in our institution as a part of my Fellowship of Foundation for Advancement of International Medical Education and Research (FAIMER) at GSMC; Mumbai in 2013. It is likely to be published in International indexed journal very soon which will be my 13th publication in indexed journal. Sir, I will be grateful to our management if you kindly consider my application for financial assistance to attend this scientific event.

The total expenses are -

Registration Charges-	Rs. 28,800/-
Accommodation-	Rs. 10700/-
Travelling expenses-	Rs. 29000/-
Visa-	Rs. 4600/-
<u>Total expenditure</u>	<u>Rs 73100/-</u>

I assure you that I will continue my research and scientific activities and work hard for the benefit of our institute in future also.

Looking forward for your kind consideration.

Thanking you.

Yours Sincerely

Lambade

Dr. Dipti Pravin Lambade,
Senior Lecturer,
Department of Prosthodontics,
VSPM Dental College & Research Center
Nagpur

Enclosures:

1. Invitation letter and Brochure
2. List of awards
3. List of presentations
4. List of publications in Indexed Journals
5. List of Research projects

Rs. 25000/- as per Policy

Reason & Sub. to liable reasons for reimbursement according to VSPM policy

DEAN

VSPM Dental College & Research Center

Acc. She has been granted Rs. 20,000 from MUKS

Policy as per

Dr. Vishal KHER
Reader
Dept. of Periodontics
V.S.P.M.I. D.C. & R.C.
Nagpur

20/10/14

To,
The Dean,
V.S.P.M.I. D.C. & R.C.
Nagpur

Sub: Reimbursement of conference expenses

Respected Madam,

I, the undersigned, had attended the 38th Annual conference of the Indian Society of Periodontology held at Jaipur on the 10th, 11th & 12th of October, 2014. Kindly reimburse the expenses towards the same. The receipts & tickets copies are attached along with the certificate herewith.

Thanking you

Yours sincerely,



Acc. As per Policy
to policy
Useful

As per Policy & 10,000/- Dr. Vishal K. Kher

Expense details
1) Registration - 7,500/-
2) Travel - 3,000/-

Vapm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Payment Voucher

No. : 1020

Dated : 25-Sep-2014

Particulars	Amount
Account : Conference Expenses	10,000.00
Through : 20/10, Arvind Sahakari Bank On Account of : dr. anurag choudhary world dental congress at noida Bank Transaction Details: Cheque 098822 25-Sep-2014 10,000.00 Amount (in words) : Indian Rupees Ten Thousand Only	₹ 10,000.00

Receiver's Signature: *K. R. M.*
25/9/14

Authorised Signatory *Anurag*

Checked by: *Ulealk*

Verified by:

Date - 16/09/2014.

From

Dr. Kshitej Bang
Sr. Lect
Dept Oral Surgery
VSPM DCRS Nag.

To

The Dean
VSPM DCRS
Nagpur.

Inward No. 3580
Date 16/09/14
- VSPM'S Dental College

Subject :- For reimbursement of conference allowance.

Respected madam,

I wish to submit that I have attended FDI 2014 annual world dental congress at Greater noida and also presented scientific paper on "immediate implants in single rooted teeth".

The expenses incurred is Rs 15,147. details are as follows

Registration fee	8500	8427/-	Payable Rs 10000/- As per policy
conveyance	6647	5797/-	
Total	15,147	14227/-	

Sanctioned leave from 11th sept to 15th sept

Kindly reimburse the expenses and oblige.

Yours faith fully

K.O. Bang

Thanking you

Acc. at Per policy
Ukr

16/9/14

Enclosed - certificate of Attendance
- certificate of Presentation

Dr. S. SHENOI
Professor, Head & Vice-Dean
VSPM'S Dental College

Payment Voucher

No. 824

Dated : 21-Aug-2014

Particulars	Amount
Account : Conference Expenses	13,064.00

Through :

20015 Abhyudaya Bank

On Account of :

conference attend at banglore on 25 to 27 july 14

Bank Transaction Details:

Cheque 348034 6-Aug-2014 13,064.00

Amount (in words) :

Indian Rupees Thirteen Thousand Sixty Four
Only

₹ 13,064.00

Receiver's Signature

for Singhare

Authorised Signatory

Singh

Checked by:

Verified by

Ukelle

OM:

DR. MUKTA MOTWANI

Prof & HoD.

Dept. of OMR,

VSPM's DERC,

Nagpur.

Oral Medicine and Radiology
Graduate Convention 2014

SUB: Renumeration of expenditure for attending PG convention at Bangalore on 25-27th July

Respected Madam,

I had been to Bangalore to attend the PG convention from 25th - 27th July '14. I request you to kindly grant the remuneration for the same.

Thanking you in anticipation.

Yours sincerely,

Motwani

(Dr. Mukta Motwani)

Nagpur

3117114.

Expenditure	
1. Registration	Rs. 5000.00
2. Air fare	- Rs. 6764.00
3. Taxi fare	- Rs. 1300.00
	<u>Rs. 13064.00</u>

Dr. Motwani
Acc pay accordingly
Weeks

Encl:

1. Registration receipt
2. Attendance certificate
3. Air ticket copy
4. Boarding pass copy
5. Taxi receipt

Vspm Dental College & Research Centre,
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : 106

Dated : 11 Jun-2014

Particulars	Debit	Credit
Conference Expenses Dr	10,000.00	
To Dr Mowade Tushar		10,000.00
	₹ 10,000.00	₹ 10,000.00

On Account of :
advance adjust in
confarance at
vishakhapatnam

Authorized Signatory

Checked by:

Verified by

DEAN

VSPM'S Dental College &
Research Centre, Digdoh Hills,
Hingna Road, Nagpur, 441103

To

Date : 11/6/14

The Dean
VSPM dental college and
Research Center
Nagpur

Subject :- Regarding submission of bills
against the advance taken for conference

Respected madam,

I the undersigned had taken
advance of Rs 10,000/- against which I
hereby submit the bills which are enclosed
herewith.

Thank you

Yours sincerely

M. M. M. M.

Dr. Tushar Mowale
Reader
Department of Prosthodontics

Registration → 5125.00/-

Accommodation → 4151.25/-

Travel → 1350.00/-

Total expenditure - 10,626.25/-

Ten thousand Six hundred & twenty five only

Acc. pay
check

Vspm Dental College & Research Centre.
Digdoh Hill, Hingna Road, Nagpur.

Journal Voucher

No. : 106

Dated : 11 Jun-2014

Particulars	Debit	Credit
Conference Expenses Dr	₹ 10,000.00	
To Dr Mowade Tushar		₹ 10,000.00
	₹ 10,000.00	₹ 10,000.00

On Account of :
advance adjust in
confarance at
vishakhapatnam

Authorized Signatory

Checked by:

Verified by

Wade

To

Date : 11/6/14

The Dean
VSPM dental college and
Research Center
Nagpur

Subject :- Regarding submission of bills
against the advance taken for conference

Respected madam,

I the undersigned had taken
advance of Rs 10,000/- against which I
heretby submit the bills which are enclosed
herewith

Thank you

Yours sincerely

M. M. Mawade

Dr. Tushar Mawade
Reader
Department of Prosthodontics

Registration → 5125.00

Accommodation → 4151.25

Travel → 1350.00

Total expenditure - 10,626.25/-

Ten thousand Six hundred & twenty five only

Acc. PV