



6.3.2: Average percentage of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies during the last five years

ADDITIONAL INFORMATION

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DR.S. KARTHIGA KANNAN,MDS.,

PRINCIPAL

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the number of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies during the last five years are given below:

YEAR	2020-21	2019-20	2018-19	2017-18	2016-17
NO OF TEACHERS	34	38	30	18	15



PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

Recognised by Dental Council of India

Affiliated to The Tamilnadu Dr.M.G.R Medical University

A Unit of Adhiparasakthi Charitable, Medical, Educational & Cultural Trust

ACADEMIC YEAR 2020-21



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 27/4/2020.

FROM:

Staff Name: Dr. Prabhu.K

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10058

Phone Number: 9994179155.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Orofacial pain grand rounds - 6th May 2020, 1 day.

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):

- Registration amount for the event: ₹.1500

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319



PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Prabhu-Jc
- Designation: MDS
- Department: Prosthodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 2nd may 2020. (1 day)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chengalpattu, Chennai - 603 319
Tamil Nadu

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

20-21

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No....S.I.D......

Date.....8/05/2020.....

Paid to Mrs/Mr.Dr. Prabhu. K...... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for Orofacial pain Grand</u>		
<u>Rounds - to state conference charges</u>		
	<u>1500</u>	
Total Rs.	<u>1500</u>	

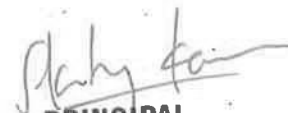
Bill Prepared In words Rs. one thousand and five hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
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DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District,
Tamil Nadu - 603 319



Smile USA Academy®

For Dental Educational Excellence

Verification of Attendance

This verifies that

DR. PRABHU K

Attended the Webinar entitled:

Orofacial Pain Grand Rounds- 6

Speaker: Dr. Davis Thomas

Held on: May 02, 2020

Lecture CE Credits Awarded: 2

Course Code: 201

Dr. Shankar Iyer
Course Director

Dr. Ninette Banday
Course Co-Director



Approved Pace Provider
FAGD/MAGD Credit
Approval does not imply acceptance
By a state or provincial board of
Dentistry or AGD endorsement

4/1/2020 to 3/31/2022

815 Salem Avenue - Elizabeth, New Jersey - 07208 - Phone: 908-527-8880
Fax: 908-527-8587 - www.smileusa.com Email: dr.siver@aoi.com



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
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Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8.5.2020

FROM:

Staff Name: Dr. Ramesh Kaarthick. I

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10088

Phone Number: 9994705580.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Covid 19 live webinar series, 14-16 May 2020, 3 days,
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 2.1500.

SAF CHAIRPERSON SIGNATURE

Dr.K.Prabhu, MDS.,

Reg. No. : TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :

STAFF SIGNATURE

PRINCIPAL SIGNATURE

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
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DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Ramesh Karthick .I
- Designation: MDS
- Department: Prosthodontics.
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 14-16 may 2020, 3 days
- Relevant documents of the program enclosed
 - (Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration receipt.



PRINCIPAL
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Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No...540.....

Date...2.2.15.2020..


Paid to Mrs/Mr...Dr. Ramesh... Head of Account.....Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards Payment for covid 19 live</u>		
<u>Webinar series charges</u>		
	<u>1500</u>	
Total Rs.	<u>1500</u>	

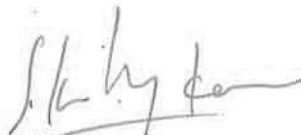
Bill Prepared In words Rs. one thousand and five hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Recommended 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SATHYABAMA INSTITUTE OF SCIENCE & TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

ACCREDITED WITH GRADE 'A' BY NAAC | APPROVED BY AICTE



SATHYABAMA DENTAL COLLEGE & HOSPITAL

presents

Certificate of Participation

awarded to

DR RAMESH KARTHICK

For their active participation during the event of

"COVID - 19 LIVE WEBINAR SERIES:

SPECIALITY DENTAL PRACTICE DURING AND POST-PANDEMIC"

Organized by Sathyabama Dental College & Hospital,

Sathyabama Institute of Science and Technology,

held between May 14, 2020 to May 16, 2020

This certificate was issued on May 16, 2020

Dr. THAYUMANAVAN. B

Dean



PRINCIPAL

**Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI**

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

Dr. WILSON ARUNI

Pro - Vice Chancellor





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8.5.2020

FROM:

Staff Name: Dr. Aminah.S

Department Name: Pedodontics

Designation: MDS.

Employee Number: 10152

Phone Number: 7338880078

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
COVID-19 Live Webinar series, May 14-16, 2020,
(3 days) Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/
presenter/Scientific chairperson): Delegate participant.
- Registration amount for the event: 2. 1500

SAF CHAIRPERSON SIGNATURE

Dr.K.Prabhu, MDS.,
Reg. No. : TN / 6274 ★ Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :



STAFF SIGNATURE

PRINCIPAL
PRINCIPAL SIGNATURE

Melmaruvathur - 608319

Prof.Dr.S.Karthiga Kannan, MDS.,



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ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Aminah S
- Designation: MDS
- Department: Pedodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: May 14-16 (3 days)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
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Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

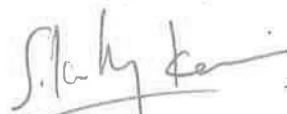
MELMARUVATHUR-603 319.

Voucher No... 522

Date... 15/5/2020

Paid to Mrs/Mr. <u>Dr. Aminah.S</u>		Head of Account <u>Staff Welfare</u>	
<u>Towards payment for covid 19 live webinar</u> <u>series charges</u>		Debit	
		Rs.	P.
		<u>1500</u>	
Total Rs.		<u>1500</u>	
Bill Prepared	In words Rs.	<u>one thousand and five hundred only</u>	
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319 Recommended	MANAGING DIRECTOR	 Signature of the Receiver.	




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
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DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 603 319



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awarded to

DR AMINAH S

For their active participation during the event of

"COVID - 19 LIVE WEBINAR SERIES:

SPECIALITY DENTAL PRACTICE DURING AND POST-PANDEMIC"

Organized by Sathyabama Dental College & Hospital,

Sathyabama Institute of Science and Technology,

held between May 14, 2020 to May 16, 2020

This certificate was issued on May 16, 2020

Dr. THAYUMANAVAN. B
Dean

Dr. WILSON ARUNI
Pro - Vice Chancellor



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8.5.2020

FROM:

Staff Name: Dr. Dhivya-s

Department Name:

Designation: MDC

Employee Number: 10154

Phone Number: 9498023490

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Covid-19 Live Webinar series, May 14-16, 2020 (2 days)

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant

- Registration amount for the event: 2.1500

STAFF SIGNATURE

PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGNATURE

Dr. K. Prabhu, MDS.,
Reg. No. : TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Dhivya-S
- Designation: MDS.
- Department: pedodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: May 14-16, 2020 (3 days)

- Relevant documents of the program enclosed


- (Yes/No)

- Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Om Sakthi

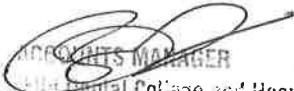

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No... 518.....

Date... 15/5/2020.....

Paid to Mrs/Mr. <u>Dr. Dhivya S</u>		Head of Account <u>Staff Welfare</u>	
<u>towards payment for HL DCI Renewal</u> <u>Charges</u>		Debit	
		Rs.	P.
		<u>1500</u>	
Total Rs.		<u>1500</u>	
Bill Prepared	In words Rs. <u>one thousand and five hundred only</u>		
 Accounts Manager Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
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Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

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awarded to

DR DHIVYA S

For their active participation during the event of

COVID - 19 LIVE WEBINAR SERIES:

SPECIALITY DENTAL PRACTICE DURING AND POST-PANDEMIC

Organized by Sathyabama Dental College & Hospital,

Sathyabama Institute of Science and Technology,

held between May 14, 2020 to May 16, 2020

This certificate was issued on May 16, 2020

Dr. THAYUMANAVAN.B

Dean

Dr. WILSON ARUNI

Pro - Vice Chancellor

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Madhavaram

Chennai Tamil Nadu - 600 031





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 21-05-2020

FROM:

Staff Name: Dr Ebenezer M

Department Name: Periodontology

Designation: MDS

Employee Number: 10026

Phone Number: 7299814931

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

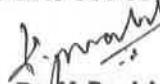
path to publication 28th May 2020 , 1 day.

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

- Registration amount for the event: 1200

SAF CHAIRPERSON SIGNATURE


Dr. K. Prabhu, MDS.,
Reg. No. : TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :



STAFF SIGNATURE


PRINCIPAL SIGNATURE

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

PRINCIPAL


Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Ebenezer M
- Designation: MDS
- Department: periodontology
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 26th May - 2020
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



K.S.R INSTITUTE OF DENTAL SCIENCE AND RESEARCH
TIRUCHENGODE



Certificate Of Participation

Presented to

DR EBENEZER M

for participation in the CDE webinar on "PATH TO PUBLICATION"
organized by the Department of Public Health Dentistry on 28th May 2021

Dr. R. Prakash
Head of the Department

Dr. Sharath Asokan
Principal

Mr. R. Srinivasan
Vice Chairman, KSREI
PRINCIPAL



Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Department of Public Health Dentistry
Chengam Taluk, Chengam Taluk District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. S. Parthiban
- Designation: MDS
- Department: Periodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 28th may 2021 (1day)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
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Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No....612.....

Date...3.6.2021.....

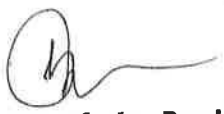
Paid to Mrs/Mr...Dr. Parthiban : S..... Head of Account...Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for path to publication</u>		
	<u>1200</u>	
Total Rs.	<u>1200</u>	


Bill Prepared In words Rs. One thousand two hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Kartiiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20.5.2021

FROM:

Staff Name: Mr. Parthiban.S

Department Name: Periodontics

Designation: MDS

Employee Number: 10146.

Phone Number: 9884299618

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:


Part to publications, 28th may 2021, 1 day

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):

- Registration amount for the event: ₹. 1200

SAF CHAIRPERSON SIGNATURE



Dr.K.Prabhu, MDS.,
Reg. No.: TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge

Date : Time :



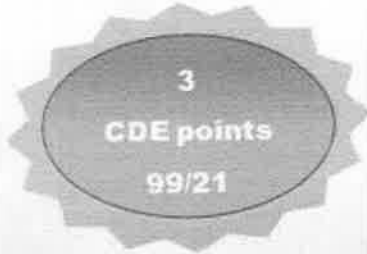
STAFF SIGNATURE

PRINCIPAL SIGNATURE


PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



K.S.R INSTITUTE OF DENTAL SCIENCE AND RESEARCH
TIRUCHENGODE



Certificate Of Participation

Presented to

DR PARTHEBAN

for participation in the CDE webinar on “PATH TO PUBLICATION”
organized by the Department of Public Health Dentistry on 28th May 2021

Dr. R. Prakash
Head of the Department

Dr. Sharath Asokan
Principal

Mr. R. Srinivasan
Vice Chairman, KSREI



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 2/6/2020

FROM:

Staff Name: Dr. Nitya -1c

Department Name: Oral pathology

Designation: MDS

Employee Number: 10122

Phone Number: 9962628510.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:


Scope of Research in Dentistry , 8th June 2020 , 1 day , Chennai

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ Delegate participant. presenter/Scientific chairperson):

- Registration amount for the event: ₹ 800

SAF CHAIRPERSON SIGNATURE


Dr.K.Prabhu, MDS.,
Reg. No.: TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :



STAFF SIGNATURE


PRINCIPAL SIGNATURE

PRINCIPAL


PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Mr. Nitya-k
- Designation: MDS
- Department: oral pathology
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 8th June 2020 (1day)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....614.....

Date...15/6/2020...


Paid to Mrs/Mr. Dr. Nitya K Head of Account staff welfare

	Debit	
	Rs.	P.
<u>Towards payment for scope of Research in dentistry charges</u>		
	800	
Total Rs.	800	

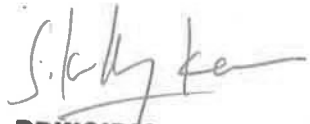
Bill Prepared In words Rs. Eight hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SRM DENTAL COLLEGE

Ramapuram, Chennai - 600089, Tamil Nadu, India



DEPARTMENT OF ORAL PATHOLOGY

Certificate of Participation

Awarded to
Dr. K. NITYA

for participating in "SCOPE OF RESEARCH IN DENTISTRY" delivered by Dr.Raj Gopalakrishnan on 8th June 2020, organised by Department of Oral and Maxillofacial Pathology, SRM Dental College

Dr. K. Ravi M.D.S.,
Dean
SRM Dental College

Dr.Raj Gopalakrishnan, B.D.S., Ph.D
Professor & Director, Division of Oral Pathology,
University of Minnesota School of Dentistry

Dr. K. Rajkumar B.Sc.,M.D.S.,Ph.D
Vice Principal/ Member Secretary-IRB
SRM Dental College



S. Karthiga Kannan

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melisaravathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 12-6-2020

FROM:

Staff Name: Dr. Dhruva . K

Department Name: Oral pathology

Designation: MDS

Employee Number: 10041

Phone Number: 9952028485

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:


oral pre cancer - current concept Jun 19 - 2020, 1 day

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

- Registration amount for the event: 1000

SAF CHAIRPERSON SIGNATURE



Dr. K. Prabhu, MDS.,
Reg. No. : TN / 6274 ★ Professor & HOD
Prosthodontics and Crown & Bridge



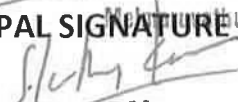
Date : Time :



STAFF SIGNATURE



PRINCIPAL SIGNATURE


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Hospital Road, Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Dhanya. K
- Designation: DIPS
- Department: oral pathology
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

JUN -19 - 2020 , 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

[Handwritten signature]

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

[Handwritten signature]



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 605 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No....642.....

Date...26.06.2020.....

Paid to Mrs/Mr... <u>Dr. Dhivya..ks</u>		Head of Account... <u>staff welfare</u>	
<u>Towards payment for oral proceeser - current</u>		Debit	
		Rs.	P.
<u>receipts charges</u>			
		<u>1000</u>	
Total Rs.		<u>1000</u>	
Bill Prepared	In words Rs. <u>one thousand only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Recommended - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.



S. Chyke
PRINCIPAL
Prof. Dr. S. Kirthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

CERTIFICATE

PROUDLY PRESENTED TO

Dhivya Kumar

Oral Precancer - Cancer Current concepts

Jun 19, 2020

Date of Completion

*Sri Ramachandra Institute
of Higher Education and*

Organizer





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 18. 6. 20

FROM:

Staff Name: Dr. Prasanakumar

Department Name: oral medicine and radiology

Designation: MDS

Employee Number: 10130

Phone Number: 9444966710.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
International webference 25th, 26th, 27th of June 2020.
Salern
- Type of conference (State/National/International) (Onsite/Virtual):
✓
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant/ presenter/Scientific chairperson):
✓
- Registration amount for the event: 7000/- Prasanakumar

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Cricogalpur District
Tamil Nadu - 608319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Prasanakumar*
- Designation: *MDS*
- Department: *oral medicine and Radiology.*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *25th, 26th, 27th of June 2020 (3 days)*
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *Prasanakumar*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No.....7/2.....

Date...4.7.2020.....


Paid to Mrs/Mr..Dr. Prasanna Kumar D Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>towards payment for international welfare</u>		
	<u>7000</u>	
Total Rs.	<u>7000</u>	

Bill Prepared In words Rs. Seven Thousand Only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



VINAYAKA MISSION'S
RESEARCH FOUNDATION

(Deemed to be University under section 3 of the UGC Act 1956)



VINAYAKA MISSION'S
SANKARACHARIYAR
DENTAL COLLEGE

CERTIFICATE OF PARTICIPATION

This certificate is awarded to

DR PRASANNA KUMAR

Dr./Mr./Ms./Mrs. _____

for attending the International Conference titled,

"INTERNATIONAL WEBFERENCE: EVIDENCE BASED RESEARCH",

conducted by Institutional Research Committee of

Vinayaka Mission's Sankarachariyar Dental College, Salem

on 25th, 26th & 27th of June 2020.

Satya Murthy
Dr. S.A.V.Satya Murty, B.Tech, PhD
Director Research-VMRF
(Deemed to be University)



Tamilnadu DCI Approval No -105/20



S. Karthiga Kannan
PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur-Taluk, Chengam District,
Tamil Nadu - 605 319

J. Baby John
Dr. J. Baby John, MDS
Principal
VMSDC



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 18.6.2020

FROM:

Staff Name: Dr. Gayathri. M

Department Name: Oral medicine and radiology

Designation: MDS

Employee Number: 10094

Phone Number: 7358424586 .

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
International webferene, 25,26,27 June 2020, (3 days) Salem
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegant participant presenter/Scientific chairperson):
- Registration amount for the event: ₹. 7000 .

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. M. Gayathri
- Designation: MDS
- Department: Oral medicine and Radiology.

Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 25.06, 27 June 2020 (3 days)

- Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Gayathri

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 603 319

[Signature]
PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

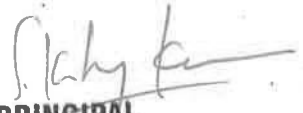
MELMARUVATHUR-603 319.

Voucher No.....7.1.2.....

Date.....4-7-2019.....

Paid to Mrs/Mr. <i>Dr. Prayathri M.</i>		Head of Account <i>Staff Welfare</i>	
<i>Towards Payment for International Welfare</i> <i>Charges</i>		Debit	
		Rs.	P.
		<i>7000</i>	
Total Rs.		<i>7000</i>	
Bill Prepared	In words Rs. <i>Seven thousand only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. D. S. Karchiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



VINAYAKA MISSION'S
RESEARCH FOUNDATION
(Deemed to be University under section 3 of the UGC Act 1956)



VINAYAKA MISSION'S
SANKARACHARIYAR
DENTAL COLLEGE

CERTIFICATE OF PARTICIPATION

This certificate is awarded to

DR GAYATHRI M

Dr./Mr./Ms./Mrs. _____

for attending the International Conference titled,

"INTERNATIONAL WEBFERENCE: EVIDENCE BASED RESEARCH",

conducted by Institutional Research Committee of

Vinayaka Mission's Sankarachariyar Dental College, Salem

on 25th, 26th & 27th of June 2020.

Satya Murthy

Dr. S.A.V.Satya Murty, B.Tech, PhD
Director Research-VMRF
(Deemed to be University)



S. Karthiga

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 605 319

J. Baby John

Dr. J. Baby John, MDS
Principal
VMSCD



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 24-6-2020

FROM:

Staff Name: Dr. Vasupradha C

Department Name: oral pathology

Designation: MDS

Employee Number: 10056

Phone Number: 9566597841

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:


Scientific article writing & patent publishing
1st July 2020 (1 day)

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

- Registration amount for the event: 800

SAF CHAIRPERSON SIGNATURE


Dr.K.Prabhu, MDS.,
Reg. No.: TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :

STAFF SIGNATURE


PRINCIPAL SIGNATURE
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. Vasupradha

• Designation: MDS

• Department: oral pathology

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 1st July 2020, 1 day

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature: Vasupradha

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Cuddalore District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....718.....

Date.....8-7-2020.....

Paid to Mrs/Mr..Dr.:...Va.Su.p.radha..G..... Head of Accountstaff..welfare.....

	Debit	
	Rs.	P.
Towards payment for scientific article writing and patent publishing		
	800	
Total Rs.	800	


Bill Prepared In words Rs. Eight hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR

Vasupradha
Signature of the Receiver.




PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





SRM KATTANKULATHUR DENTAL COLLEGE & HOSPITAL
SRM INSTITUTE OF SCIENCE AND TECHNOLOGY
SRM NAGAR, KATTANKULATHUR, TAMIL NADU, INDIA




Department of Oral pathology & Microbiology


Certificate of Participation


This is to certify that

Vasupradha Sankar

had participated in online webinar on "**Scientific Article Writing & Patent publishing**" conducted on 1st July 2020, organized by Department of Oral Pathology and Microbiology, SRM Kattankulathur Dental College & Hospital.


Dr. N. Vivek M.D.S.,
 Dean, SRMKDCH


Dr. K.T. Magesh M.D.S.,
 Vice Principal & Head


Dr. M. Sathyakumar M.D.S.,
 Organizing secretary




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
 Hospital Road, Mettur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 26.6.2020

FROM:

Staff Name: Dr. Annapoorani D.

Department Name: Oral & Maxillofacial Surgery

Designation: MDS

Employee Number: 10131

Phone Number: 7034055022

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Local anesthesia - Essentials & Recent advances, 3.7.2020, (1 day)
Puducherry
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegatē participant/Delegatē participant presenter/Scientific chairperson):
- Registration amount for the event: ₹. 2000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

[Signature]

Dr.K.Prabhu, MDS.,
Reg. No. : TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :

PRINCIPAL

Adhiparasakthi Dental College
Melmaruvathur - 603 319.



PRINCIPAL SIGNATURE

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

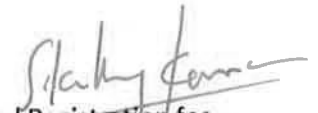
CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Annapoorani .D
- Designation: MDS
- Department: Oral & Maxillofacial surgery .
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 3.7.2020 (1day)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: Annapurani

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....720.....

Date.....18-7-2020.....

Paid to Mrs/Mr. <u>Dr. Annapoorani - D</u>		Head of Account <u>staff welfare</u>	
<u>Towards payment for local anaesthesia - essentials and recent advances.</u>		Debit	
		Rs.	P.
		<u>2000</u>	
Total Rs.		<u>2000</u>	
Bill Prepared	In words Rs. <u>Two thousand only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Recommended - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



sri venkateshwaraa Dental College

KNOWLEDGE IS POWER


Ariyur, Puducherry - 605 102.


Certificate of Participation


Dr Annapoorani

has participated in the Webinar on
"Local Anesthesia - essentials and recent advances" organized by
the Department of Oral & Maxillofacial Surgery,
Sri Venkateshwaraa Dental College, Ariyur, Puducherry held on
03.07.2020.




Dr. Sanjay. P.
Prof. & Head,
Dept of Dentistry.
SMVMCH, Puducherry


Dr. Yuvaraj, M.D.
Prof. & HOD
Dept. of Oral & Maxillofacial Surgery


PRINCIPAL
Dr. S. Karthiga Kannan, M.D.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319
Chief Operating Officer Of SVGI


Prof. Dr. S. Senthilnathan, M.D.S
Principal



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 26-01-2020

FROM:

Staff Name: Dr. Suresh Kumar

Department Name: oral Maxillo facial surgery

Designation: MDS

Employee Number: 10074

Phone Number: 9894827977

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Local Anaesthesia -essential & Recent Advances 13.7.2020
11 day

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

- Registration amount for the event: 2000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Dr.K.Prabhu, MDS.,

Reg. No. : TN/6274 * Professor & HOD
Prosthodontics and Crown & Brldge



Date : Time :

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. Suresh Kumar

• Designation: MDS

• Department: Surgery

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 3.7.2020, 1 day

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....719.....

Date.....10.7.2020.....

Paid to Mrs/Mr. Dr. Suresh Kumar Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for local Anaesthesia - Essentials and Recent advances Charges</u>	<u>2000</u>	
Total Rs.	<u>2000</u>	


Bill Prepared

In words Rs.

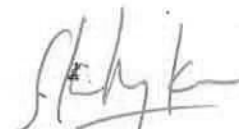
Two thousand only


Accountant
Adhiparasakthi Dental College and Hospital,
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



srivenkateshwaraa Dental College

KNOWLEDGE IS POWER

Ariyur, Puducherry - 605 102.

Certificate of Participation Dr. Sureshkumar

has participated in the Webinar on
"Local Anesthesia - essentials and recent advances " organized by
the Department of Oral & Maxillofacial Surgery,
Sri Venkateshwaraa Dental College, Ariyur, Puducherry held on
03.07.2020.

Dr. Sanjay. P.
Prof. & Head,
Dept of Dentistry.
SMVMCH, Puducherry

Dr. Yuvaraj, M.D.S.
Prof. & HOD,
Dept. of Oral & Maxillofacial Surgery

Dr. B. Vidhya, M.D.S.
Chief Operating Officer Of SVGI

Prof. Dr. S. Senthilnathan, M.D.S.
Principal



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 28.7.2019

FROM:

Staff Name: Dr. N. Vasanthakumari

Department Name: Pedodontics

Designation: MDS

Employee Number: 10038

Phone Number: 9443615196.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Virtual conclave 2 - kids webcon 2, 30.31 - July 2020, Odisha.
(2 days)
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: ₹. 3000

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319



STAFF SIGNATURE

PRINCIPAL
PRINCIPAL SIGNATURE & Hospital
Melmaruvathur - 608 319.

S. Lakshmi



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. A. Vasanthakumari
- Designation: MDC
- Department: Pedodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program: 30, 31 July 2020 (2 days)

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI



DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

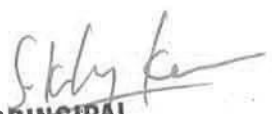
MELMARUVATHUR-603 319.

Voucher No.....812.....

Date...7.08.2019.....

Paid to Mrs/Mr. <u>Dr. Vasantha Kumari A.</u>		Head of Account <u>Staff Welfare</u>	
<u>Towards payment for Virtual Conclave 2 - Kids</u>		Debit	
		Rs.	P.
<u>Webcon - 2 charges</u>			
		3000	
Total Rs.		3000	
Bill Prepared	In words Rs. <u>Three thousand only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



CERTIFICATE OF ATTENDANCE

THIS CERTIFICATE IS PRESENTED TO:

Dr. A. Vasanthakumari

for attending the

KIDS-WEBCON 2020 ONLINE NATIONAL DENTAL CONFERENCE

held from 30th - 31st July 2020,

Organised by Kalinga Institute of Dental Sciences,
KIIT Deemed to be University, Bhubaneswar, Odisha.



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

DR. DHIRENDRA SINGH

Scientific Coordinator
KIDS-WEBCON

DR. JUGAJYOTI PATHI
Asst. Director (Admin.), KIDS
Chief Organiser, KIDS-WEBCON





**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16.9.2020

FROM:

Staff Name: Dr. Sathish S

Department Name: Endodontics

Designation: MDS

Employee Number: 10116

Phone Number: 9003258867

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

IFEA 2020 , 23rd - 26th Sep 2020, 4 days

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant

- Registration amount for the event: ₹. 9000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU


CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. S. Sathish
- Designation: MDS
- Department: ENDODONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program:

- Relevant documents of the program enclosed 23 - 26 Sep 2020 4 days

- Staff signature:  (Yes/No)

Note :

Reimbursement will be provided after submission of Participation Certificate and Registration fee receipt.



Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....950.....

Date.....30.9.2020.....

Paid to Mrs/Mr.Dr. Sathish S...... Head of AccountStaff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for IFAA 2020.</u>		
Total Rs.	<u>9000</u>	

Bill Prepared

In words Rs.

Nine thousand only



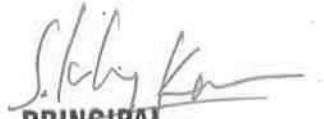
ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.




PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE AND HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

IFEA

International Federation of Endodontic Associations

IFEA WEC 2020NE

Online IFEA 12th WEC
Sep 23-26 | 2020
www.ifea2020india.com

Onsite IFEA 12th WEC
August 12-14 | 2021
Chennai | India

12th IFEA
World Endodontic
Online Congress

Certificate of Participation

This is to certify that

DR SATHISH S

has attended and actively participated during the scientific
deliberations of the IFEA 12th WEC Online Congress
held online during Sep 23rd - 26th 2020

Signature

Dr Luke Sung Kyo Kim
IFEA President



Signature
Dr Anil Kohli
Congress President

Signature

Signature
Dr M.R.Srinivasan
Congress Chairman

Signature

Dr V Gopi Krishna
Congress Organizing Secretary

PRINCIPAL
Prof. Dr. S. Karchiga Kannan, MDS,



TNDC approval no. 128/20
DCI credit points-24





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16.9.2020

FROM:

Staff Name: Dr. Sujith R

Department Name: Endodontics

Designation: MDS

Employee Number: 10147

Phone Number: 8017120017

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

IFEA 2020 23rd - 26th 2020. (September)

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant.

- Registration amount for the event: 9000/-

R. A. P.
STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608319

PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 608319
Melmaruvathur - 608319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. R. Sujith*
- Designation: *MDS*
- Department: *Endodontics*
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: *Sep - 23, 24, 25, 26 (4 days)*

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature: *R. Sujith*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 603 319.

S. Karthiga Kannan
PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 1152

Date 26.11.2021

Paid to Mrs/Mr... Dr. Sujith R

Head of Account ... Staff Welfare

	Debit	
	Rs.	P.
<u>Towards Payment for update in Endodontics</u>		
<u>2021 charges</u>		
	<u>6500</u>	
Total Rs.	<u>6500</u>	

Bill Prepared

In words Rs.

six thousand Five hundred only



ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



International Federation of Endodontic Associations

IFEA WEC 2020NE

Online IFEA 12th WEC
Sep 23-26 | 2020
www.ifea2020india.com

Onsite IFEA 12th WEC
August 12-14 | 2021
Chennai | India

12th IFEA
World Endodontic
Online Congress

Certificate of Participation

This is to certify that

DR SUJITH R

has attended and actively participated during the scientific
deliberations of the IFEA 12th WEC Online Congress
held online during Sep 23rd - 26th 2020

Dr Luke Sung Kyo Kim
IFEA President

Dr Anil Kohli
Congress President

Dr M.R.Srinivasan
Congress Chairman

Dr V Gopi Krishna
Congress Organizing Secretary



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDs,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 603 319



IOC approval no. 128/20
DCE credit points-24





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Selva Balaji
- Designation: MDS
- Department: Pedodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 1. 10. 2020

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

A. Selva Balaji



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengamattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319

Note :

- Reimbursement will be provided after submission of Participation certificate and

Om Sakthi

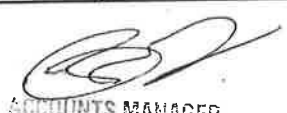

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No....1040.....

Date..21.10.2021.....

Paid to Mrs/Mr..Dr..Selva.....Balaji.....A.....		Head of Accountstaff..Welfare.....	
Towards payment for Indian Society of dental Traumatology -		Debit	
		Rs.	P.
		1000	
Total Rs.		1000	
Bill Prepared	In words Rs. <i>one thousand only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319	MANAGING DIRECTOR		 Signature of the Receiver.



S. Karthiga Kannan

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





Indian Society of Pedodontics and Preventive Dentistry

Dated: 01-10-2020

Dear SELVABALAJI,

We acknowledge the receipt Rs.7500.0000 towards the registration fee to ISPPD. Please note that it will take seven to ten working days for processing and verification. You will receive a confirmation e-mail and SMS on Approval/Rejection of your membership. We request you to wait for seven to ten days for this update.

You may get in touch with us on +91 7416173737 for any technical help after this stipulated time.

Warm Regards,

Dr. Nikhil Srivastava

Hon. General Secretary

Indian Society of Pedodontics and Preventive Dentistry

Head Office:

Post Graduate Dept of Pediatric & Preventive Dentistry, Subharti Dental College & Hospital, Swami Vivekanand Subharti University, NH-58, Delhi-Haridwar-Meerut Bypass Road, Meerut - 250005, UP, India.

Contact : +91 9639000645 | secretary@isppd.org.in



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 603 319



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16-02-2021

FROM:

Staff Name: Dr. Sudhakar .V

Department Name: Orthodontics.

Designation: MDS

Employee Number: 10132

Phone Number: 9677223692

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Sri Lanka Orthodontic Society Academic session, 23, 24-Feb-2021
2 days
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
- Registration amount for the event: 10,000

STAFF SIGNATURE

(Handwritten signature)

PRINCIPAL

PRINCIPAL SIGNATURE & Hospital

Melmaruvathur - 603 319.

(Handwritten signature)

PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 603 319

SAF CHAIRPERSON SIGNATURE

(Handwritten signature)

Dr.K.Prabhu, MDS.,

Reg. No. : TN / 6274 ★ Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr Sudhakar . V
- Designation: MDS
- Department: Orthodontics .
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 23 & 24 Feb. 2020 , 2 days
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 312


Date... 3-03-2021

Paid to Mrs/Mr... Dr. Sudhakar V.


Head of Account... Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for Sri Lankan Orthodontic Society</u>		
<u>Academic session 2020</u>		
	<u>10,000</u>	
Total Rs.	<u>10,000</u>	


Bill Prepared In words Rs. Ten thousand only

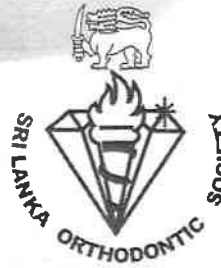

ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



**SRI LANKA ORTHODONTIC SOCIETY
ACADEMIC SESSIONS – 2020**

On the theme

"ENHANCING DENTOFACIAL AESTHETICS & FUNCTION"

Certificate of Participation

This is to certify that

Prof V Sudhakar

attended the

Sri Lanka Orthodontic Society Academic Sessions - 2020

22nd & 23rd February 2020

at

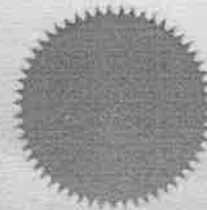
Galadari Hotel – Colombo, Sri Lanka

K. Paranthamalingam

Dr. K. Paranthamalingam

President

Sri Lanka Orthodontic Society



S. Karthiga Kannan

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Medical Road, Melmaruvathur

Chengam Block, Chengam Taluk, Chengam District

Tamil Nadu - 603 319

P. S. Wanigaratne

Dr. (Mrs.) P.S. Wanigaratne

Secretary

Sri Lanka Orthodontic Society



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 3/9/2020.

FROM:

Staff Name: DR. Ananda Devi. C.

Department Name: Orthodontics

Designation: MDS.

Employee Number: 10080.

Phone Number: 9865061428.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.


TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
"Occlusion & TMD", 11th/9/2020, 1 day.
- Type of conference (State/National/International) (Onsite/Virtual):
National
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
Delegate participant
- Registration amount for the event: 1000

SAF CHAIRPERSON SIGNATURE


D.K.Prabhu, MDS.,
Reg. No. TN/6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :

STAFF SIGNATURE
PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319

PRINCIPAL SIGNATURE
PRINCIPAL


Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: DR. Ananda Devi . C

• Designation: MDS

• Department: Orthodontics

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement


• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 11/9/2020, 1 day.

• Relevant documents of the program enclosed


(Yes/No)

• Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Om Sakthi
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....9.18.....

Date...10/9/2020.....

Paid to Mrs/Mr... <u>Dr. Ananda Devi. C.</u>		Head of Account... <u>Staff Welfare</u>	
<u>Towards payment for occlusion and Tmd</u>			Debit
			Rs. P.
			1000
Total Rs.			1000
Bill Prepared	In words Rs. <u>one thousand only</u>		
 ACCOUNTS MANAGER <small>Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.</small>	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



**VINAYAKA MISSION'S
RESEARCH FOUNDATION**

(Deemed to be University under section 3 of the UGC Act 1956)



**VINAYAKA MISSION'S
SANKARACHARIYAR
DENTAL COLLEGE**

Certificate of Participation

Awarded to

Dr. ANANADA DEVI C

DCI.NO. 0407

for successfully completing the International Webinar titled
"Occlusion & TMD – The Do s and Don'ts for Dentists"
AS A FACULTY DEVELOPMENT PROGRAMME

Organised by the Department of Prosthodontics & Crown and Bridge,
Vinayaka Mission's Sankarachariyar Dental College, Salem

on 11th of September, 2020



[Signature]
PRINCIPAL
Dr. J. Baby John, MDS
Principal
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheruvu Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Signature]
Dr. N. Mohan, MDS
Vice Principal - Academics,
VMSDC

[Signature]
Dr. Jayashree Mohan, MDS
Prof. and Head
Dept. of Prosthodontics,
VMSDC

TNDC Approval No : 123/20



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 4-9-2020

FROM:

Staff Name: Dr. Arand
 Department Name: Prosthodontics
 Designation: MDS
 Employee Number: 10129
 Phone Number: 9884451613

THROUGH;

Chairperson
 Scientific Academic Forum,
 Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
 Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
occlusion & TMD , 11th of september-2020 , 1 day
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
- Registration amount for the event: 1000

STAFF SIGNATURE

[Handwritten Signature]

SAF CHAIRPERSON SIGNATURE

[Handwritten Signature]
Dr.K.Prabhu, MDS.,
 Reg. No. : TN / 6274 ★ Professor & HOD
 Prosthodontics and Crown & Bridge



Date : Time :



PRINCIPAL
 Adhiparasakthi Dental College & Hospital
 Melmaruvathur - 608319.

[Handwritten Signature]
PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. Arand
- Designation: MDS
- Department: prosthodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

11th September 2020, 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 928

Date... 18-09-2020

Paid to Mrs/Mr... Dr. Anand S.


Head of Account... Staff Welfare

	Debit	
	Rs.	P.
<u>towards payment occlusion and TMD state</u>		
<u>conference charges</u>		
	<u>1000</u>	
Total Rs.	<u>1000</u>	

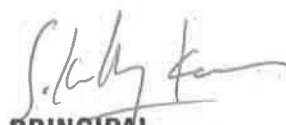
Bill Prepared In words Rs. One Thousand Only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





**VINAYAKA MISSION'S
RESEARCH FOUNDATION**

(Deemed to be University under section 3 of the UGC Act 1956)



**VINAYAKA MISSION'S
SANKARACHARIYAR
DENTAL COLLEGE**

Certificate of Participation

Awarded to

Dr. ANAND S

DCI.NO. 0407

for successfully completing the International Webinar titled
"Occlusion & TMD – The Do s and Don'ts for Dentists"
AS A FACULTY DEVELOPMENT PROGRAMME

Organised by the Department of Prosthodontics & Crown and Bridge,
Vinayaka Mission's Sankarachariyar Dental College, Salem

on 11th of September, 2020

J. Baby John

Dr. J. Baby John, MDS
Principal
VMSDC

N. Mohan

Dr. N. Mohan, MDS
Vice Principal - Academics
VMSDC

S. Jayashree Mohan

Dr. Jayashree Mohan, MDS

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 603319



TNDC Approval No : 123/20





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 7/9/2020

FROM:

Staff Name: Dr. Muruganandham.

Department Name: Orthodontics

Designation: MDS

Employee Number: 10141

Phone Number: 9789152599.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

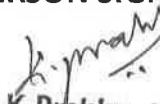
TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
occlusion And TMD 11 Sep 2020 one day salem
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
Delegate participant
- Registration amount for the event: ₹ 1000

SAF CHAIRPERSON SIGNATURE


Dr. K. Prabhu, MDS.,
Reg. No. : TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :

STAFF SIGNATURE


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Muruganandham
- Designation: MDS
- Department: orthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 11th Sep 2020, (1 day)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Dr. D. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....9/b.....

Date.....14.9.2020.....

Paid to Mrs/Mr.. <u>Dr...Muruganandam...S</u> Head of Account		<u>staff welfare</u>	
<u>Towards payment for occlusion and Tmd.</u>		Debit	
		Rs.	P.
<u>charges.</u>			
Total Rs.		<u>1000</u>	
Bill Prepared	In words Rs. <u>one thousand only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur, Melmaruvathur
Cheyyur Taluk., Chevayipatti District
Tamil N. - 603 319



**VINAYAKA MISSION'S
RESEARCH FOUNDATION**

(Deemed to be University under section 3 of the UGC Act 1956)



**VINAYAKA MISSION'S
SANKARACHARIYAR
DENTAL COLLEGE**

Certificate of Participation

Awarded to

Dr. **MURUGANANDAM** DCI.NO. 0407

for successfully completing the International Webinar titled
"Occlusion & TMD – The Do s and Don'ts for Dentists"
AS A FACULTY DEVELOPMENT PROGRAMME


Organised by the Department of Prosthodontics & Crown and Bridge,
Vinayaka Mission's Sankarachariyar Dental College, Salem


on 11th of September, 2020




PRINCIPAL Dr. J. Baby John, MDS
Principal
VMSDC

Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaravathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 605 319


Dr. N. Mohan, MDS
Vice Principal - Academics,
VMSDC



Dr. Jayashree Mohan, MDS
Prof. and Head
Dept. of Prosthodontics,
VMSDC

TNDC Approval No : 123/20



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

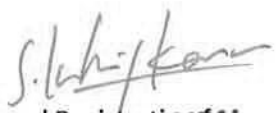
CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Indhu .K.
- Designation: MDS
- Department: Periodontics.
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: Dec.15 , 2020
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration receipt.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....12-24.....

Date.....22.12.2020.....


Paid to Mrs/Mr...Dr. Indhu.K...... Head of Account...Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for M.D.U Renewal charges</u>		
	<u>500</u>	
Total Rs.	<u>500</u>	

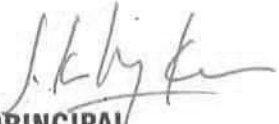
Bill Prepared In words Rs. Five hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: Dec 15, 2020

Sl No: **24543**

Name **INDHU K**

Regn. No **14051**

Date of Registration **Aug 19, 2010**

Qualification **Master of Dental Surgery**

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from **Jan 01, 2015** to **Dec 31, 2021** Vide Receipt No **3642** Dated **Dec 15, 2020** TNDC,

Chennai.



[Signature]
For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Senthil Kumar R*
- Designation: *MDS*
- Department: *ENDODONTICS*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *Jan 8, 2021*
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *[Signature]*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



[Signature]
PRINCIPAL
of. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi


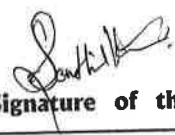
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....124.....

Date...19.01.2021.....

Paid to Mrs/Mr... <i>Dr. Senthil Kumar R</i>		Head of Account <i>Staff Welfare</i>	
<i>Towards payment for TV Ds Renewal charges</i>		Debit	
		Rs.	P.
		<i>500</i>	
Total Rs.		<i>500</i>	
Bill Prepared	In words Rs. <i>Five hundred only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.



Prof. Dr. S. Karthiga Kannan, MDS.,

PRINCIPAL

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: Jan 08, 2021

SI No: **25940**

Name **SENTHIL KUMAR R**

Regn. No **13668**

Date of Registration **May 24, 2010**

Qualification **Master of Dental Surgery**

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from **Jan 01, 2021** to **Dec 31, 2021** Vide Receipt No **5039** Dated **Jan 8, 2021** TNDC, Chennai.



[Signature]
For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.




[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

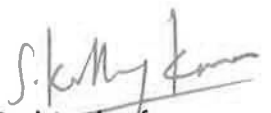
CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Sakthidaran.S
- Designation: MDS
- Department: ~~Orthodontics~~
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: Jan 13, 2021
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No. 128.....

Date. 20/11/2021.....


Paid to Mrs/Mr. Dr. Sakthidaran S..... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards Payment for TV DCI Renewal charges</u>	<u>500</u>	
Total Rs.	<u>500</u>	

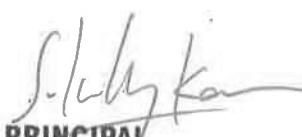
Bill Prepared In words Rs. Five hundred only


Accounts Manager
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Annam Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

SI No: 26158

Date: Jan 13, 2021

Name SAKTHIDARAN S

Regn. No 12371

Date of Registration Jun 16, 2009

Qualification Master of Dental Surgery

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from Jan 01, 2021 to Dec 31, 2021 Vide Receipt No 5257 Dated Jan 13, 2021 TNDC,

Chennai.



S. Karthiga
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS



ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chennai Taluk, Chengalpattu District
Tamil Nadu - 605 319

S. Karthiga
For Registrar

Tamil Nadu Dental Council


Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Raj Prakash B*
- Designation: *MDS*
- Department: *Oral and maxillofacial surgery*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *Jan 25 , 2021*
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:


Note :

Reimbursement will be provided after submission of Participation Certificate and Registration fee receipt.



S. Karthiga Kannan
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



S. Karthiga Kannan
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....238.....

Date...22.02.2020.....

Paid to Mrs/Mr... <u>Dr. Raj. Prakash. B.</u>		Head of Account... <u>Staff Welfare</u>	
<u>Towards payment for surgical strike 2-0</u> <u>state conference charges</u>		Debit	
		Rs.	P.
		<u>2000</u>	
Total Rs.		<u>2000</u>	
Bill Prepared	In words Rs. <u>Two thousand only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Recommended 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: **Jan 25, 2021**

SI No: **26523**

Name **RAJ PRAKASH B**

Regn. No **11413**

Date of Registration **Aug 20, 2008**

Qualification **Master of Dental Surgery**

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from **Jan 01, 2021** to **Dec 31, 2021** Vide Receipt No **5622** Dated **Jan 25, 2021** TNDC, Chennai.



[Signature]
For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Sathish - S*
- Designation: *MDS*
- Department: *Endodontics*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *Jan 25 2021*
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *[Handwritten Signature]*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration receipt.



[Handwritten Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

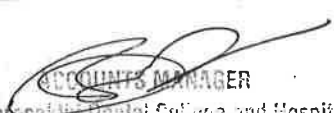

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....162.....

Date. 31.1.2021.....

Paid to Mrs/Mr. <u>Dr. Sathish S.</u>		Head of Account .. <u>Staff Welfare</u>	
<u>Towards payment for TN DCI Renewal charges</u>	Debit		
	Rs.	P.	
			<u>500</u>
		Total Rs.	<u>500</u>
Bill Prepared	In words Rs. <u>Five hundred only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No 5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

SI No: 26529

Date: Jan 25, 2021

Name SATHISH S

Regn. No 18524

Date of Registration Jun 27, 2014

Qualification Master of Dental Surgery

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from Jan 01, 2021

to Dec 31, 2021

Vide Receipt No 5628

Dated Jan 25, 2021

TNDC,

Chennai.



[Handwritten Signature]

For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.



[Handwritten Signature]

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Preethi Archana.s
- Designation: MDS
- Department: Pedodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: Jan 25, 2021

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



Prof. Dr. S. Karthiga Kannan, MDS,
PRINCIPAL
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No... 152

Date. 29.11.2021

Paid to Mrs/Mr.. <u>Dr. Preethi Archana S</u> Head of Account <u>Staff Welfare</u>		
<u>TOWARDS Payment for TNDU Renewal Charges</u>	Debit	
	Rs. P.	
	<u>500</u>	
Total Rs.	<u>500</u>	
Bill Prepared	In words Rs. <u>Five hundred only</u>	
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No. 5-0-3, No.216, J. N. Salu, Koyambodu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: **Jan 25, 2021**

SI No: **26519**

Name **PREETHI ARCHANA S**

Regn. No **17137**

Date of Registration **May 20, 2013**

Qualification **Master of Dental Surgery**

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from **Jan 01, 2021**

to **Dec 31, 2021**

Vide Receipt No **5618**

Dated **Jan 25, 2021**

TNDC,

Chennai.



[Handwritten Signature]

For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Sowmiya .T
- Designation: MDS
- Department: Endodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: Jan 25, 2021.
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....201.....

Date...1.2.2021.....

Paid to Mrs/Mr... <i>Dr. Soumya.T</i>		Head of Account ... <i>Staff Welfare</i>	
<i>Towards payment for TV DCI Renewal Charges</i>		Debit	
		Rs.	P.
		<i>500</i>	
Total Rs.		<i>500</i>	
Bill Prepared	In words Rs. <i>Five hundred only</i>		
 ACCOUNTS MANAGER <i>Recommended</i> Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

SI No: 26527

RENEWAL CERTIFICATE

Date: Jan 25, 2021

Name SOWMIYA T

Regn. No 21671

Date of Registration May 13, 2016

Qualification Master of Dental Surgery

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from Jan 01, 2021

to Dec 31, 2021

Vide Receipt No 5626

Dated Jan 25, 2021 TNDC,

Chennai.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.C.




For Registrar
Tamil Nadu Dental Council


Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU


CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. V.C. Karthick
- Designation: MDS
- Department: Prosthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: Jan 25, 2021
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No...149.....

Date...29/1/2021...

Paid to Mrs/Mr... <i>Dr. Karthika - V.C.</i>		Head of Account... <i>Staff Welfare</i>	
<i>Towards payments for TVDCP Renewal Charges</i>		Debit	
		Rs.	P.
		<i>500</i>	
Total Rs.		<i>500</i>	
Bill Prepared	In words Rs. <i>Five hundred only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: Jan 25, 2021

SI No: 26521

Name KARTHIK V C


Regn. No 14845

Date of Registration Apr 1, 2011

Qualification Master of Dental Surgery

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from Jan 01, 2021 to Dec 31, 2021 Vide Receipt No 5620 Dated Jan 25, 2021 TNDC, Chennai.





For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 219



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Kirubakaran A
- Designation: M.D.S
- Department: prosthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: Jan 25 2021.
- Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

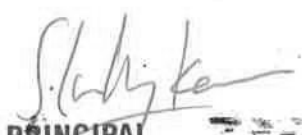
MELMARUVATHUR-603 319.

Voucher No.....146.....

Date..27/1/2021.....

Paid to Mrs/Mr. <i>Dr. K. S. Subramanian A</i>		Head of Account ... <i>Staff Welfare</i>	
<i>Towards payment for TV DCI Renewal charges</i>		Debit	
		Rs.	P.
		<i>500</i>	
Total Rs.		<i>500</i>	
Bill Prepared	In words Rs. <i>Five hundred only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



TAMIL NADU DENTAL COUNCIL

Arbuzar Magnetic Towers, Flat No.3-D-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107

RENEWAL CERTIFICATE

Date: Jan 25, 2021

SI No: 26522

Name KIRUBAKARAN A

Regn. No 12403

Date of Registration Jun 24, 2009

Qualification Master of Dental Surgery

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from Jan 01, 2021 to Dec 31, 2021 Vide Receipt No 5621 Dated Jan 25, 2021 TNDC, Chennai.



[Signature]
For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan
ADHIPARASAKTI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Scanned with CamScanner



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Nathiya B.
- Designation: MDS
- Department: Oral & Maxillofacial surgery
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: Jan 25, 2021
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 160.....

Date. 31-1-2021.....

Paid to Mrs/Mr. <u>Dr. Nabhiya. B.</u>		Head of Account <u>Staff Welfare</u>	
<u>Towards payment for TN DCI Renewal Charges</u>		Debit	
		Rs.	P.
		<u>500</u>	
Total Rs.		<u>500</u>	
Bill Prepared	In words Rs. <u>Five hundred only</u>		



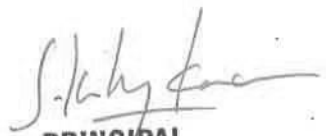
ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.

TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - (00) 107.

RENEWAL CERTIFICATE

Date: **Jan 25, 2021**

SI No: **26534**

Name **NATHIYA B**

Regn. No **14636**

Date of Registration **Feb 8, 2011**

Qualification **Master of Dental Surgery**

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from **Jan 01, 2021**

to **Dec 31, 2021**

Vide Receipt No **5633**

Dated **Jan 25, 2021**

TNDC,

Chennai.



S. Karthiga Kannan

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI



[Signature]

**For Registrar
Tamil Nadu Dental Council**

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Sudhakar V.
- Designation: MDS
- Department: Endodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: Jan 25 . 2021
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration receipt.


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.



Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No...158.....

Date...29/1/2021.....

Paid to Mrs/Mr. <i>Dr. Sudhakar - V.</i>		Head of Account <i>Staff Welfare</i>	
<i>Towards payment for TV DCI Renewal.</i>		Debit	
		Rs.	P.
		<i>500</i>	
Total Rs.		<i>500</i>	
Bill Prepared	In words Rs. <i>Five hundred only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Anhant Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: **Jan 25, 2021**

SI No: **26528**

Name **SUDHAKAR V**

Regn. No **17155**

Date of Registration **May 22, 2013**

Qualification **Master of Dental Surgery**

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from **Jan 01, 2021** to **Dec 31, 2021** Vide Receipt No **5627** Dated **Jan 25, 2021** TNDCC, Chennai.



[Signature]
For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.




[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengayur Taluk, Chengalpattu District
Tamil Nadu - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

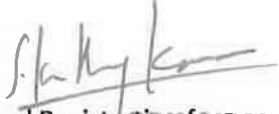
CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Sonia Abraham
- Designation: MDS
- Department: Prosthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 12.02.2021
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration receipt.




PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No... 204

Date... 19. 2. 2021

Paid to Mrs/Mr. <i>Dr. Sonia Abraham</i>		Head of Account <i>Staff Welfare</i>	
<i>Towards payment for PDU Renewal charges</i>		Debit	
		Rs.	P.
		500	
Total Rs.		500	
Bill Prepared	In words Rs. <i>Five hundred Only</i>		
 Accounts Manager Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

STATE DENTAL COUNCIL

U.T. of PUDUCHERRY
PONDICHERRY

Certificate of Registration as Dentist
Under The Dentist Act, 1948.



IT IS TO CERTIFY that the person named below has been registered
under Part A as Dentist under the provisions of The Dentist Act, 1948.

This Certificate shall remain in force 31.12.2015

Name: Dr. SONJA ABRAHAM

Qualification: BDS MDS (PROSTHODONTICS AND CROWN & BRIDGE)
JUNE 2012

Registration No: 0407



Shabith
REGISTRAR
STATE DENTAL COUNCIL
PONDICHERRY - 605 005.



Renewed up to 31.12.2016
Date: *24/12/18*
Registrar: *Shabith*
SDC
U.T. of Puducherry

Renewed up to 31.12.2017
Date: *27/12/18*
Registrar: *Shabith*
SDC
U.T. of Puducherry

Renewed up to 31.12.2017
Date: *27/12/18*
Registrar: *Shabith*
SDC
U.T. of Puducherry

Renewed up to 31.12.2019
Date: *8/10/19*
Registrar: *Shabith*
SDC
U.T. of Puducherry

Renewed up to 31.12.2020
Date: *17/11/20*
Registrar: *Shabith*
SDC
U.T. of Puducherry

Renewed up to 31.12.2021
Date: *12.02.2021*
Registrar: *Shabith*
SDC
U.T. of Puducherry

25/12/20
11/12/20



Shabith
PRINCIPAL
Prof. Dr. S. KARTHIGA KANNAN, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaravathur
Chennai Taluk, Chengalpattu District
Tamil Nadu - 605 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Lakshman V.L
- Designation: MDS
- Department: oral medicine & Radiology
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: March 9 2021.
- Relevant documents of the program enclosed
 - (Yes/No)

• Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
S. K. Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

20-21


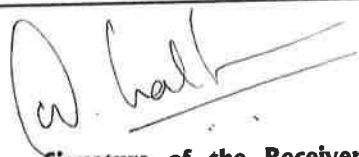
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....166.....

Date.....9-3-2021.....

Paid to Mrs/Mr. <i>Dr. Lakshman V.K.</i>		Head of Account <i>Staff Welfare</i>	
<i>Towards payments for PY DCI Renewal Charges</i>		Debit	
		Rs.	P.
		<i>500</i>	
Total Rs.		<i>500</i>	
Bill Prepared	In words Rs. <i>Five hundred only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

STATE DENTAL COUNCIL

U.T. of PUDUCHERRY
PONDICHERRY

Certificate of Registration as Dentist
Under The Dentist Act, 1948.



THIS IS TO CERTIFY that the person named below has been registered
under Part A as Dentist under the provisions of The Dentist Act, 1948.

This Certificate shall remain in force 31.12.2013

Name: Dr. V.L. LAKSHMAN

Qualification: B.D.S. M.D.S. (ORAL MEDICINE AND RADIOLOGY)

Registration No: 0183

Aug-2016



Shahid
REGISTRAR
REGISTRAR
STATE DENTAL COUNCIL
PUDUCHERRY - 605 006.



Renewed up to 31.12.2016 Date: 19/11/15 Registrar: <i>Shahid</i> SDC U.T. of Puducherry	Renewed up to 31.12.2017 Date: 25/11/18 Registrar: <i>Shahid</i> SDC U.T. of Puducherry	Renewed up to 31.12.2018 Date: 24/11/17 Registrar: <i>Shahid</i> SDC U.T. of Puducherry	Renewed up to 31.12.2019 Date: 8/11/19 Registrar: <i>Shahid</i> SDC U.T. of Puducherry
Renewed up to 31.12.2020 Date: 18/11/20 Registrar: <i>Shahid</i> SDC U.T. of Puducherry	Renewed up to 31.12.2021 Date: 12/02/2021 Registrar: <i>Shahid</i> SDC U.T. of Puducherry		

25/11/2014
12/11/14
Registrar: *Shahid*



Shahid
PRINCIPAL
of. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Anagha .c*
- Designation: *MDS*
- Department: *Pedodontics*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *15/4/2021.*
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *Anagha*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

21-22


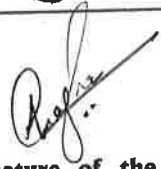
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....432.....

Date. 22.4.2021.....

Paid to Mrs/Mr. Dr. Anagha C.....		Head of Account Staff Welfare.....	
Towards payment for 1st - DCI Renewal charges		Debit	
		Rs.	P.
		3000	
Total Rs.		3000	
Bill Prepared	In words Rs. Three thousand only.		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
 Prof. Dr. S. Kartiga Kannan, MDS.,
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319



Phone : 0471 -2478759 (Office)
Email : registrar.kdc@kerala.gov.in

KERALA DENTAL COUNCIL
AMBALATHUMUKKU, VANCHIYOOR, THIRUVANANTHAPURAM - 695 035, KERALA

No. D.5232/21/DC

Dated : 15/04/2021

To

Dr. Anagha C.
Plot No.113, Priyadarsini Nagar,
Paravattani, Thrissur District,
Kerala.

Sir,

Sub :- Kerala Dental Council – Validity of M.D.S. Registration– reg.

Ref :- Your request letter dated 15/04/2021.

With reference to the above it is informed that the validity period of your B.D.S registration (ie. 31/12/2023) is also applicable to the M.D.S. registration with this Council.

Yours Faithfully,



REGISTRAR
V. BHADRAN. S
REGISTRAR
Kerala Dental Council
Ambalathumukku, Vanchiyoor
Thiruvananthapuram - 695 035



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

Recognised by Dental Council of India

Affiliated to The Tamilnadu Dr.M.G.R Medical University

A Unit of Adhiparasakthi Charitable, Medical, Educational & Cultural Trust

ACADEMIC YEAR 2019-20



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE:- 2.05.2019

FROM:

Staff Name: Dr. Thillainayagam S

Department Name: ENDO DONTICS

Designation: MDS

Employee Number: 10071

Phone Number: 9443715272 .

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event: 5th PDR colloquium, May 9 2019, (1 day), Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): delegate participant
- Registration amount for the event: 5000

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL PRINCIPAL SIGNATURE
Prof.Dr.S.Karthiga Kannan, MDS.,



STAFF SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: *Dr. Thillainayagam. S*

• Designation: *MDS*

• Department: *ENDODONTICS*

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: *May 9, 2019 (1day)*

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature: *Thillainayagam. S*



Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 608319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

2019-20

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 522

Date.. 16.05.2019

Paid to Mrs/Mr. Dr. Thillainayagam S


Head of Account ... Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for 5th pbi colloquium National Conference charges</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	

Bill Prepared In words Rs. five thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH (Deemed to be University)

CONSERVATIVE DENTISTRY & ENDODONTICS
ASSOCIATION OF TAMILNADU (CEAT)



&

DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS
SRI RAMACHANDRA DENTAL COLLEGE & HOSPITAL



Certificate of Appreciation

This is to certify that

Dr. S. Thillainayagam

has participated in

"5th PG COLLOQUIUM"

Sri Ramachandra Dental College and Hospital,

May 9, 2019.

H.R. Srinivasan
Dr. M.R. Srinivasan
President
CEAT

Ravindran
Dr. C. Ravindran
Dean
Sri Ramachandra Dental College & Hospital

Arathi G
Dr. Arathi. G
Organizing Chairman

M. Rajasekaran
Dr. M. Rajasekaran
Secretary
CEAT



S. Karthiga

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8/05/2019.

FROM:

Staff Name: Dr. K. RAJESWARY

Department Name: PUBLIC HEALTH DENTISTRY

Designation: MDS

Employee Number: 10031.

Phone Number: 9489038724.

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Implant on general dentist 14/15/2019, 1 day, Pondicherry
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 700

STAFF SIGNATURE

K. Rajeswary



SAF CHAIRPERSON SIGN

S. Karthiga Kannan
PRINCIPAL

Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603319

S. Karthiga Kannan
PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. K. RAJESWARY
- Designation: MAS
- Department: PUBLIC HEALTH DENTISTRY,
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

14/5/2019 1 day.

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

S. Rajeswary

S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



S. Thilalnayagam
PRINCIPAL
Dr. S. Thilalnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

18-19

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 528.....

Date. 23/05/2019.....


Paid to Mrs/Mr. Dr. Rajeswary K...... Head of Account staff welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for implant for General Dentist state conference charges</u>		
	<u>700</u>	
Total Rs.	<u>700</u>	


Bill Prepared In words Rs. seven hundred only


ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karchiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Indian Dental Association, Puducherry Branch




In collaboration with
Department of Dentistry, Indira Gandhi Medical College and Research Institute
National Oral Health Program, Puducherry State Health Mission




Certificate of Participation

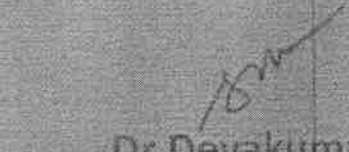
This certificate is awarded to
Dr. K. RAJESHWARY

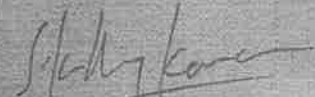
For Actively Participating in the 1st Continuing Dental Education Program on "Implant for General Dentist" held on Tuesday 14th May 2019 at Indira Gandhi Medical College and Research Institute, Kathirkamam, Puducherry.


Dr. Abdoul Rahman
President




Dr. M. Senthil
Hon. Secretary


Dr. Devakumari
Head, Dept of Dentistry, IGMC


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu, Chennai District
Tamil Nadu - 601 005
SNO, NCHP



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.7.2019.

FROM:

Staff Name: Dr. Kirubakaran A

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10079

Phone Number: 9884841266.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
A conference on cortical implant, 22nd July 2019, (1 day)
Kanchipuram
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 2,000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319



PRINCIPAL SIGNATURE

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Kirubakaran A
- Designation: MDS
- Department: prosthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program: 22nd July 2019, (1 day)

- Relevant documents of the program enclosed

- Staff signature: (Yes/No)

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 603 319.

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....752.....

Date.....29.7.2019.....


Paid to Mrs/Mr.Dr. K. Ruba Saran. A...... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>To words Payment for 4th Conference on Cortical implant charges</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	

Bill Prepared In words Rs. Five thousand only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319	MANAGING DIRECTOR	 Signature of the Receiver.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Karunan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

4th International Conference on
CORTICAL IMPLANTOLOGY

CERTIFICATE
OF PARTICIPATION



SOILI


Celebrating
STRATEGIC
IMPLANTOLOGY

Presented to

DR KIRUBAKARAN A

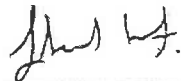
He/she/they attended the Pre-Conference Course on "Advanced Course - Pterygoid Implants" (Lecture/Lecture with hands-on) as part of the 4th International Conference on Cortical Implantology held on 22nd July 2019 at Karpaga Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India


PROF STEFAN IHDE
FOUNDER


DR. CHANDRAHAS BATHINI
COURSE CO-DIRECTOR


DR. VIVEK GAUR
ORGANISING CHAIRMAN


DR. S.B. SETHURAJAN
ORGANISING SECRETARY


DR. R. KAMALAKANNAN
ORGANISING JT. SECRETARY


PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Thiruvallur Road, Melipparamore
Chennai - 600 092, Tamil Nadu, India


4th ICCI CHENNAI



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15. 7. 2019

FROM:

Staff Name: Dr. Ramesh Karthick

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10088

Phone Number: 9994705530

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

4th conference on cortical implant 2nd July 2019 (1 day) Kanchipuram

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ Delegant participant presenter/Scientific chairperson):

- Registration amount for the event: ₹. 5000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. I. Ramesh Karthick
- Designation: MDS
- Department: Prosthodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 2nd july 2019 (1 day)

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi


CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

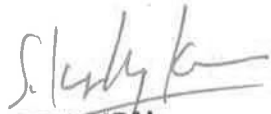
MELMARUVATHUR-603 319.

Voucher No...749.....

Date...29.7.2019.....

Paid to Mrs/Mr. <u>Dr. Ramesh Karthickas</u> Head of Account <u>Staff Welfare</u>		
<u>towards payment for 4th conference on Cortical Implant Charges</u>	Debit	
	Rs. P.	
	5000	
Total Rs.	5000	
Bill Prepared	In words Rs. <u>Five thousand only</u>	
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.

4th International Conference on
CORTICAL IMPLANTOLOGY

CERTIFICATE
OF PARTICIPATION



SOILI

Celebrating
STRATEGIC
IMPLANTOLOGY

Presented to

DR RAMESH KARTHICK I

He/She/They attended the Pre-Conference Course on "Advanced Course - Pterygoid Implants" (Lecture/Lecture with hands-on)
as part of the 4th International Conference on Cortical Implantology held on 22nd July 2019 at
Karpaga Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India

PROF. STEFAN IHDE
FOUNDER

[Signature]
DR. CHANDRAHAS BATHINI
COURSE CO-DIRECTOR

[Signature]
DR. VIVEK GAUR
ORGANISING CHAIRMAN

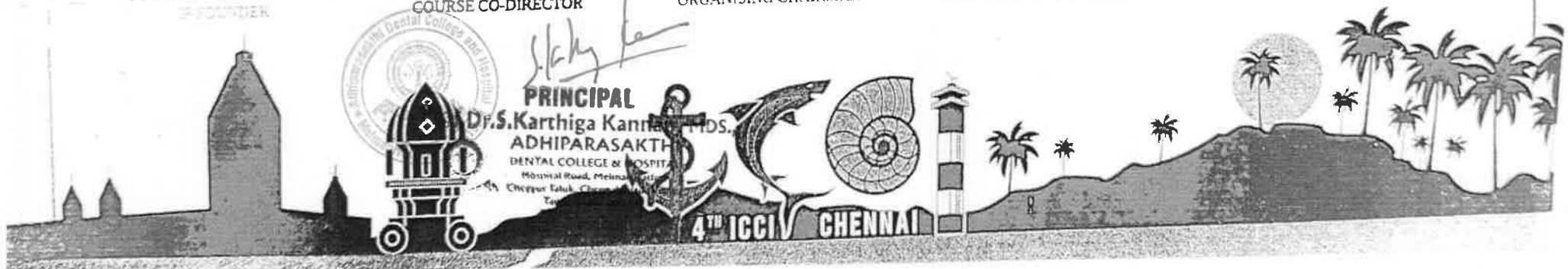
[Signature]
DR. S.B. SETHURAJAN
ORGANISING SECRETARY

[Signature]
DR. R. KAMALAKANNAN
ORGANISING JT. SECRETARY



[Signature]
PRINCIPAL
Dr.S.Karthiga Karthikeyan MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Moolmal Road, Melmarthur,
Chennai 600 031, Tamil Nadu

4th ICCI CHENNAI





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.7.2019.

FROM:

Staff Name: Dr. Pon Sekhar Abraham A

Department Name: Endodontics

Designation: MDS

Employee Number: 10143

Phone Number: 9444200720

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
4th conference on cortical implant , 20th July 2019 (1day)
Kanchipuram
- Type of conference (State/National/International) (Onsite/Virtual):
National
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
Delegatu participant
- Registration amount for the event: ₹. 5000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319

PRINCIPAL
Prof. Dr. S. Karthiga Kannan
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur, Chengam Road,
Cheyur, Melmaruvathur,
Tamil Nadu - 608 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Pon Sekhar Abraham
- Designation: MDL
- Department: Endodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 22nd July 2019 (1 day)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *Pon Sekhar Abraham*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....214.....

Date..3-02-2020.....

Paid to Mrs/Mr..Dr. P. N. Sekar... Abraham.. A Head of AccountStaff Welfare.....

	Debit	
	Rs.	P.
Towards Payment for 11th Ips Conference Kodaskand National conference charges		
	5000	
Total Rs.	5000	


Bill Prepared In words Rs. Five Thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Recommended 603 319.

MANAGING DIRECTOR

Ponsekai
Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.

4th International Conference on
CORTICAL IMPLANTOLOGY

CERTIFICATE
OF PARTICIPATION



SOILI

Celebrating
STRATEGIC
IMPEANTOLOGY

Presented to

DR PON SEK HAR ABRAHAM A

Participant attended the Pre-Conference Course on "Advanced Course - Pterygoid Implants" (Lecture/Lecture with hands-on)
as part of the 4th International Conference on Cortical Implantology held on 22nd July 2019 at
Kannaga Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India

[Signature]
PROF STEFAN IHDE
FOUNDER

[Signature]
DR. CHANDRAHAS BATHINI
COURSE CO-DIRECTOR

[Signature]
DR. VIVEK GAUR
ORGANISING CHAIRMAN

[Signature]
DR. S.B. SETHURAJAN
ORGANISING SECRETARY

[Signature]
DR. R. KAMALAKANNAN
ORGANISING JT SECRETARY





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.7.19.

FROM:

Staff Name: Dr. Jitin varghese Mathew

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10127

Phone Number: 9597709370.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
4th Conference on Cortical Implant. 22nd July 2019.
Kanchipuram.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegates participants presenter/Scientific chairperson):
- Registration amount for the event: 5000/- Jitin Var

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College
Melmaruvathur



PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Jitin Varghese Mathew*
- Designation: *MDS*
- Department: *Prosthodontics*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *22nd July 2019 (1 day)*
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *Jitin Van*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE AND HOSPITAL
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

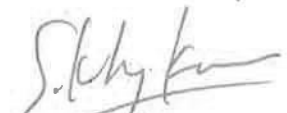
MELMARUVATHUR-603 319.

Voucher No...742.....

Date...29.7.19.....

Paid to Mrs/Mr. <i>Dr. Jitin Varghese Mathew</i> Head of Account <i>Staff Welfare</i>		
<i>Towards payment for 4th Conference on Cortical Implant</i>	Debit	
	Rs. P.	
	<i>5000</i>	
	Total Rs. <i>5000</i>	
Bill Prepared	In words Rs. <i>Five thousand only</i>	
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319 Recommended	MANAGING DIRECTOR	 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

4th International Conference on
CORTICAL IMPLANTOLOGY

CERTIFICATE
OF PARTICIPATION



SOILI

Celebrating
STRATEGIC
IMPEANTOLOGY

Presented to

DR JITIN VARGHESE MATHEW

He/She/They attended the Pre-Conference Course on "Advanced Course - Pterygoid Implants" (Lecture/Lecture with hands-on) as part of the 4th International Conference on Cortical Implantology held on 22nd July 2019 at Karpaga Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India

STELAN IHDE
PRESIDENT

DR. CHANDRAHAS BATHIN
COURSE CO-DIRECTOR



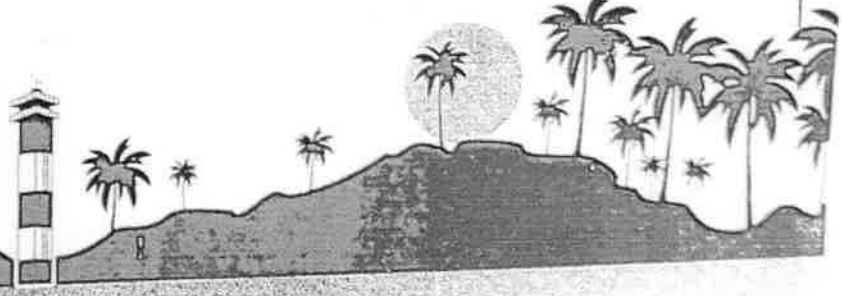
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

DR. S. Karthiga Kannan, MDS
CHAIRMAN

DR. S.B. SETHURAJAN
ORGANISING SECRETARY

DR. R. KAMALAKANNAN
ORGANISING JT SECRETARY





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.7.2019.

FROM:

Staff Name: Dr. Venkatesan

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10001

Phone Number: 8939262435

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
4th conference on cortical implant , 22nd July 2019 (1 day)
Kanchipuram
- Type of conference (State/National/International) (Onsite/Virtual):
National
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant.
presenter/Scientific chairperson):
Delegate participant.
- Registration amount for the event: ₹ 5000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Venkatesan
- Designation: MDC
- Department: Prosthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 22nd July 2019 (1 day)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: Venkatesan

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Tirumangaloor District,
Tamil Nadu - 608319


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319

Om Sakthi


CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

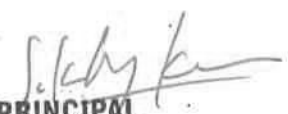
MELMARUVATHUR-603 319.

Voucher No.....7.60.....

Date...29.07.2019...

Paid to Mrs/Mr... <i>Dr. Venkatesan-N</i>		Head of Account... <i>staff welfare</i>	
<i>Towards payment 4th conference on cortical implant national conference charges</i>		Debit	
		Rs.	P.
		<i>5000</i>	
Total Rs.		<i>5000</i>	
Bill Prepared	In words Rs. <i>Five thousand only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		<i>Nesha</i> Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



4th International Conference on
CORTICAL IMPLANTOLOGY

CERTIFICATE
OF PARTICIPATION



SOILI

Celebrating
STRATEGIC
IMPLANTOLOGY

Presented to

DR VENKATESAN N

He/she attended the Pre-Conference Course on "Advanced Course - Pterygoid Implants" (Lecture/Lecture with hands-on)
as part of the 4th International Conference on Cortical Implantology held on 22nd July 2019 at
Karpaga Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India

[Signature]
PROF. STEFAN IHDE
FOUNDER

[Signature]
DR. CHANDRAHAS BATHINI
COURSE CO-DIRECTOR

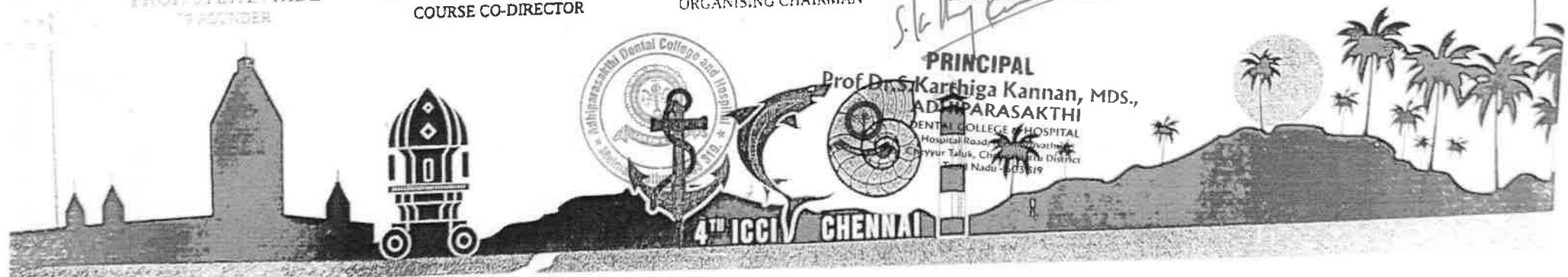
[Signature]
DR. VIVEK GAUR
ORGANISING CHAIRMAN

[Signature]
DR. S. B. SETHURAJAN
ORGANISING SECRETARY

[Signature]
DR. R. KAMALAKANNAN
ORGANISING JT. SECRETARY

[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
AD. PARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Cheyyur Taluk, Chingleput District,
Tamil Nadu - 603 319

4th ICCI CHENNAI





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.7.2019

FROM:

Staff Name: Mr. S. Anand.

Department Name: Prosthodontics

Designation: MDS.

Employee Number: 10129

Phone Number: 9884451613.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event: ✓
4th conference on cortical implant, 22nd July 2019 (1 day) Kanchipuram.
- Type of conference (State/National/International) (Onsite/Virtual): ✓
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson): ✓
- Registration amount for the event: 2.5000 ✓

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chengalpattu District,
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. S. Anand
- Designation: MDS
- Department: Prosthodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 22nd July 2019 (1day)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 608319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

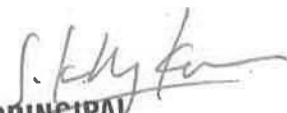
MELMARUVATHUR-603 319.

Voucher No.....753.....

Date..29.07.2019..

Paid to Mrs/Mr. <i>Dr. Arandis</i>		Head of Account <i>staff welfare</i>	
<i>Towards payment for HTH conference on cortical-implant charges</i>		Debit	
		Rs.	P.
		5000	
Total Rs.		5000	
Bill Prepared	In words Rs. <i>Five thousand only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

4th International Conference on
CORTICAL IMPLANTOLOGY

CERTIFICATE
OF PARTICIPATION



SOILI

Celebrating
STRATEGIC
IMPLANTOLOGY


Presented to

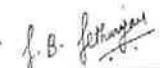
DR. S. ANAND

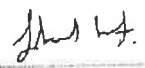
attended the Pre-Conference Course on "Advanced Course - Pterygoid Implants" (Lecture/Lecture with hands-on)
as part of the 4th International Conference on Cortical Implantology held on 22nd July 2019 at
Narasimha Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306, India

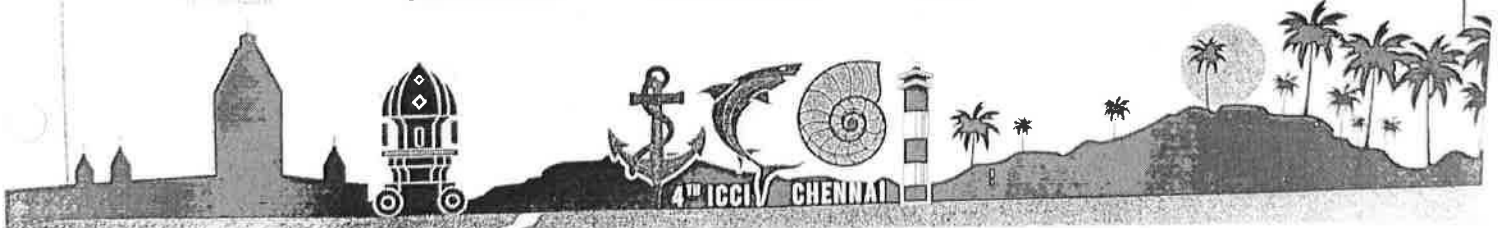

DR. STEFAN IHDE
COURSE CO-DIRECTOR



DR. CHANDRAS BATHINI
COURSE CO-DIRECTOR


DR. VIVEK GAUR
ORGANISING CHAIRMAN


DR. S.B. SETHURAJAN
ORGANISING SECRETARY


DR. R. KAMALAKANNAN
ORGANISING JT SECRETARY




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 13.8.19

FROM:

Staff Name: DR. SHAMALA RAVIKUMAR.S

Department Name: ORAL PATHOLOGY.

Designation: MDS.

Employee Number: 10113

Phone Number: 9841062838

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

• Name, Date, Duration and location of conference/ workshop event:
9th conference of Asian Society of Oral & maxillofacial pathology, 22-24th Aug 2019 (3 days)

• Type of conference (State/National/International) (Onsite/Virtual):

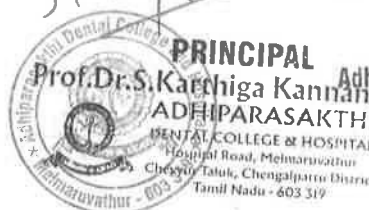
• Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):

• Registration amount for the event: ₹.10000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319



PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: DR. SHAMALA RANIKUMAR.S

• Designation: MDS

• Department: Oral pathology.

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 22, 23, 24 Aug 2019 (3 days)

• Relevant documents of the program enclosed

(Yes/No)


• Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....840.....

Date...27.8.19.....


Paid to Mrs/Mr...*Dr. Shamala S*..... Head of Account*Staff Welfare*.....

	Debit	
	Rs.	P.
<i>Towards payment for 9th conference of Agar Society of oral maxillo of oral Pathology</i>		
	<i>10,000</i>	
Total Rs.	<i>10,000</i>	

Bill Prepared In words Rs. *Ten thousand only*

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

ASOMP 2019

ASIAN SOCIETY OF ORAL & MAXILLOFACIAL PATHOLOGY

Certificate of Participation

This is to certify that

PROF. DR. S. SHAMALA RAVIKUMAR

has attended the
9TH CONFERENCE OF ASIAN SOCIETY OF ORAL AND MAXILLOFACIAL PATHOLOGY
conducted at the Faculty of Dentistry, MAHSA University, Bandar Saujana Putra
as delegate
from 22th to 24th August 2019

Organized By:



Prof. Dr. Rosnah Binti Mohd Zain
Organizing Chairperson of 9th ASOMP & President of ASOMP
President of MAOFD
Dean, Faculty of Dentistry MAHSA University

In collaboration with



Awarded 20 CPD points



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Mr. V. L. Lakshman
- Designation: MDS
- Department: Oral medicine and radiology -

Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: Aug 2016.

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.






PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....837.....

Date.22-8-2019.....

Paid to Mrs/Mr.Dr. Lakshman - V.K..... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards Payment for DCI Renewal Charges</u>		
	<u>500</u>	
Total Rs.	<u>500</u>	

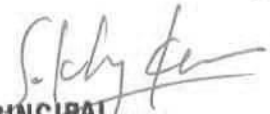
Bill Prepared In words Rs. Five hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.

STATE DENTAL COUNCIL

U.T. of PUDUCHERRY
PONDICHERRY

Certificate of Registration as Dentist
Under The Dentist Act, 1948.



THIS IS TO CERTIFY that the person named below has been registered
under Part A as Dentist under the provisions of The Dentist Act, 1948.

This Certificate shall remain in force 31.12.2013

Name: Dr. V.L. LAKSHMAN.

Qualification: B.D.S. M.D.S. (ORAL MEDICINE AND RADIOLOGY)

Registration No: 0182

Aug-2016



Shahid
REGISTRAR
REGISTRAR
STATE DENTAL COUNCIL
PONDICHERRY - 605 006.



Renewed up to 31.12.2016 Date: <i>28/11/18</i> Registrar: <i>Shahid</i> SDC U.T. of Puducherry	Renewed up to 31.12.2017 Date: <i>29/11/18</i> Registrar: <i>Shahid</i> SDC U.T. of Puducherry	Renewed up to 31.12.2018 Date: <i>29/11/18</i> Registrar: <i>Shahid</i> SDC U.T. of Puducherry	Renewed up to 31.12.2019 Date: <i>31/10/19</i> Registrar: <i>Shahid</i> SDC U.T. of Puducherry
Renewed up to 31.12.2020 Date: <i>18/11/20</i> Registrar: <i>Shahid</i> SDC U.T. of Puducherry	Renewed up to 31.12.21 Date: <i>12-02-2021</i> Registrar: <i>Shahid</i> SDC U.T. of Puducherry		

Shahid
28/11/2018



S. K. K.

PRINCIPAL
Dr. S. Karchiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
He-matal Road, Melmaruvathur
Chennai Taluk, Chengalpattu District
Tamil Nadu - 603 319



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16.8.19.

FROM:

Staff Name: Dr. K. Nithya

Department Name: Oral pathology

Designation: MDS

Employee Number: 10122

Phone Number: 9962623510.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
9th conference of Asian society of oral, 22-24 Aug 2019, (3 days)
and maxillofacial pathology.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant
presenter/Scientific chairperson):
- Registration amount for the event: 2-10,000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608319

PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI Dental College & Hospital
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 608319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. K. Nithya
- Designation: MDS
- Department: Oral pathology
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 22-24 Aug 2019 (3days)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL



ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....852.....

Date.....30-8-2019.....

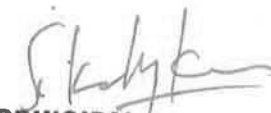
Paid to Mrs/Mr.Dr. Mithya K..... Head of Account STAFF WELFARE.....

	Debit	
	Rs.	P.
<u>towards payment for 9th conference of Asian society of oral maxillofacial pathology</u>	<u>10,000</u>	
Total Rs.	<u>10,000</u>	

Bill Prepared In words Rs. ten thousand only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319	MANAGING DIRECTOR	 Signature of the Receiver.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

ASOMP 2019

ASIAN SOCIETY OF ORAL & MAXILLOFACIAL PATHOLOGY

Certificate of Participation

This is to certify that

DR NITYA K

has attended the

9TH CONFERENCE OF ASIAN SOCIETY OF ORAL AND MAXILLOFACIAL PATHOLOGY

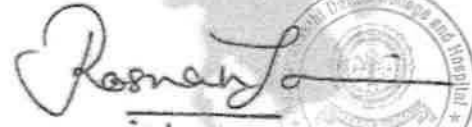
conducted at the Faculty of Dentistry, MAHSA University, Bandar Saujana Putra

as delegate

from 22th to 24th August 2019

Organized By:

MAHSA
UNIVERSITY


Prof. Dr. Rosnah Binti Mohd Zain

PRINCIPAL
Organizing Chairperson of 9th ASOMP & President of ASOMP
President of MAOFD
Dean, Faculty of Dentistry MAHSA University


Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI

In collaboration with



DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319



MALAYSIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL DENTISTS

Awarded **20** CPD points



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16.9.2019

FROM:

Staff Name: Dr. Hemasathya B

Department Name: Endodontics

Designation: MDS

Employee Number: 10142

Phone Number: 9841535787

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
IFEB 2020, 23rd-26th Sep 2020 (4 days)
- Type of conference (State/National/International) (Onsite/Virtual):
International ✓
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):
Delegate participant ✓
- Registration amount for the event: 29,000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Block, Chengam District
Tamil Nadu - 603 319
Melmaruvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. Hema Satya B

• Designation: MDS

• Department: Endodontics

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement


• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 23rd - 26th Sep 2020 (4 days)

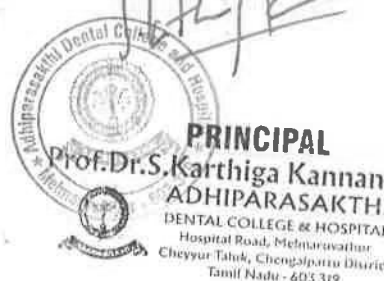
• Relevant documents of the program enclosed

(Yes/No)

• Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.




PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....1018.....

Date.....04.10.2019.....

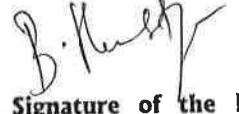
Paid to Mrs/Mr. Dr. Hema Sabhya B. Head of Account Staff Welfare.....

		Debit	
		Rs.	P.
<u>Towards payment for IFFA 2020 international conference charges.</u>			
		<u>9000</u>	
Total Rs.		<u>9000</u>	

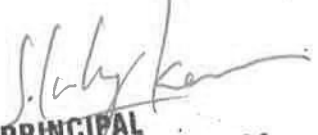
Bill Prepared In words Rs. Nine thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental Collage and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 605 319



International Federation of Endodontic Associations

IFEA WEC 2020NE

Online IFEA 12th WEC
Sep 23-26 | 2020
www.ifea2020india.com

Onsite IFEA 12th WEC
August 12-14 | 2021
Chennai | India

12th IFEA
World Endodontic
Online Congress

Certificate of Participation

This is to certify that

DR HEMA SATHYA B

has attended and actively participated during the scientific
deliberations of the IFEA 12th WEC Online Congress
held online during Sep 23rd - 26th 2020

Dr Luke Sung Kyo Kim
IFEA President

Dr Anil Kohli
Congress President

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL
Chennai
WEC 2020NE

Dr M.R.Srinivasan
Congress Chairman

Dr V Gopi Krishna
Congress Organizing Secretary



TNDC approval no. 128/20
DCI credit points-24





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 17.9.2020.

FROM:

Staff Name: Mr. V. Sudhakar

Department Name: Endodontics

Designation: MDS

Employee Number: 10132

Phone Number: 9677223692

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
IFEA 2020 23rd -26th Sep 2020 (3day)
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant/ presenter/Scientific chairperson):
- Registration amount for the event: ₹. 9000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
(Melmaruvathur - 608 319).

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. V. Sudhakar .

• Designation: MDS

• Department: Endodontics

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 23,24,25,26 Sep 2020 (4 days)

• Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No...1.D.12.....

Date...4.10.2020.....

Paid to Mrs/Mr...Dr. Sudhakar-V..... Head of Account...Staff Welfare.....

	Debit	
	Rs.	P.
<u>towards payment for international conference</u>		
<u>1 FEA - 2020</u>		
	<u>9000</u>	
Total Rs.	<u>9000</u>	


Bill Prepared In words Rs. nine thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



International Federation of Endodontic Associations

IFEA WEC 2020NE

Online IFEA 12th WEC
Sep 23-26 | 2020
www.ifea2020india.com

Onsite IFEA 12th WEC
August 12-14 | 2021
Chennai | India

12th IFEA
World Endodontic
Online Congress

Certificate of Participation

This is to certify that

DR SUDHAKAR V

has attended and actively participated during the scientific deliberations of the IFEA 12th WEC Online Congress held online during Sep 23rd - 26th 2020

Dr Luke Sung Kyo Kim
IFEA President

Dr Anil Kohli
Congress President



Dr M.R.Srinivasan
Congress Chairman

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI



DENTAL COLLEGE & HOSPITAL
Tamil Nadu - 603 319
TNC approval no. 128/20
DC credit points-24

Dr V Gopi Krishna
Congress Organizing Secretary





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 9.10.2019

FROM:

Staff Name: Dr. N. THILAKAVATHI

Department Name: Oral medicine and Radiology

Designation: MDL

Employee Number: 10006

Phone Number: 9841091077.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

National UG seminar On OMR, 20th October 2019 ; 1 day;
Porur, Chennai

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant.

- Registration amount for the event: 2000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE



PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. N. THILAKAVATHI*
- Designation: *MDS*
- Department: *ORAL MEDICINE & RADIOLOGY*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *20th October 2019. (1 day)*
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *Thilak*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



Thilak
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Thilak
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.


Voucher No. 1032

Date 23.10.2019


Paid to Mrs/Mr. Dr. Thilagavathi. N. Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards Payment for National UG Seminar on OMR charges</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	

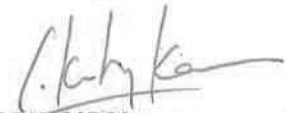
Bill Prepared In words Rs. Two thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Deemed to be University)

Porur, Chennai.



SRI RAMACHANDRA DENTAL COLLEGE

"NATIONAL UG SEMINAR ON ORAL MEDICINE & RADIOLOGY"

(ALL INDIA BDS STUDENTS SCIENTIFIC MEET)

Organized by

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY &
INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

Certificate of Appreciation

This is to certify that

Mr./Ms. DR N. THILAGAVATHI

for valuable contribution as chairperson in the

NATIONAL UG SEMINAR ON ORAL MEDICINE AND RADIOLOGY

held on 20th October, 2019 at Sri Ramachandra Institute of Higher Education

⊗ Research(DU), Porur, Chennai - 600116.

Dr. K. ANBARASI
Organising Secretary



Dr. C.V. DIVYAMBIKA
Scientific Secretary

Dr. S. ARAVIND WARRIER
Organizing Chairman

Dr. C. RAVINDRAN
Dean of SRDC



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI



DENTAL COLLEGE & HOSPITAL
Health Care Infrastructure
Chennai Taluk, Chengalpattu District
Tamil Nadu - 605 019





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 10-10-2019

FROM:

Staff Name: Dr. Ebenezer

Department Name: Periodontics

Designation: MDS

Employee Number: 10026

Phone Number: 7299814931

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
perioparadigms 17th and 18th october 2019.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participants/ presenter/Scientific chairperson):
- Registration amount for the event: 2500/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319



PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kanhan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengamur District
Tamil Nadu - 608 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Mr. Ebenezer
- Designation: MDS
- Department: Periodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program: 17th and 18th october. 2019 (2 days)

- Relevant documents of the program enclosed

- (Yes/No)
Staff signature: *[Signature]*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Signature]
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....516.....

Date...15.05.2020.....


Paid to Mrs/Mr..Dr. E. ben. d. et. - M...... Head of Account ...Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for path to publication charges</u>		
	<u>1200</u>	
Total Rs.	<u>1200</u>	

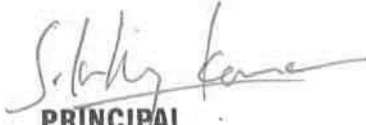
Bill Prepared In words Rs. One Thousand two hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SATHYABAMA DENTAL COLLEGE AND HOSPITAL



Department of Periodontics

PERIOPARADIGMS

Certificate of Appreciation

awarded to

Dr. EBENEZER

for moderating scientific session / judging in

"PERIOPARADIGMS - International Conference on Changing Trends & Innovations in Periodontics"

held at Sathyabama Dental College & Hospital, Chennai on 17th to 18th October 2019.

Dr. P. B. ANAND
Organizing Secretary

Dr. B. THAYUMANAVAN
Co-Convener

Dr. WILSON ARUNI
Convener

Dr. S. S. RAU
Registrar



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MD^s,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1.11.2019

FROM:

Staff Name: Dr. Sivarajani.

Department Name: Periodontics

Designation: MDS

Employee Number: 10046.

Phone Number: 9092730910

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
44th National Conference of Indian Society of Periodontology,
8th, 9th, 10th November 2019; 3 days @ Bengaluru
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 7000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: *Dr. Sivarajani*

• Designation: *MDS*

• Department: *Perio dentics*

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: *8th, 9th & 10th November 2019 ; 3 days*

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature: *Sury*



S.K. Karthiga

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No.....1118.....

Date..15.11.2019..

Paid to Mrs/Mr..Dr..Sivarajani..P.....		Head of AccountStaff Welfare.....	
Towards payment for 44th 1st 2019 National Conference Charges		Debit	
		Rs.	P.
		7000	
Total Rs.		7000	
Bill Prepared	In words Rs. seven thousand only		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319





CERTIFICATE OF APPRECIATION
Presented to

DR SIVARANJANI

Dr

The Conference Organising Committee recognises your contributions towards the success of

44th National Conference of Indian Society of Periodontology as Chairperson/Judge for a scientific session

held on 8th, 9th & 10th November 2019, at Palace Grounds, Bengaluru

Dr. Anil Melath
President - ISP

Dr. Abhay Kolte
Hon. Secretary - ISP

Dr. Ranganath V
Organizing Chairman

Dr. A.R. Pradeep
Conference Secretary

Dr. Anirban Chatterjee
Organizing Secretary



Dr. M.L.V. Prabhu
Jt. Organizing Chairman

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmarthur
Chennai-600 033, Tamil Nadu-602 319

Dr. Ashish S Nichani
Scientific Chairman



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1. 11.2019.

FROM:

Staff Name: Dr. Parthiban S

Department Name: Periodontics

Designation: MDS

Employee Number: 10146

Phone Number: 9884299618

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
44th ISD 2019, 8,9,10th Nov. 2019 (3 days) Bangalore.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: ₹ 7000

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319

STAFF SIGNATURE

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyor Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Parthiban.S
- Designation: MDS
- Department: Periodontics.
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 8,9,10 Nov 2019 (3 days)

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1122.....

Date..15.11.2019.....

Paid to Mrs/Mr.*Dr. parthiban S*..... Head of Account*staff welfare*.....

	Debit	
	Rs.	P.
<i>Towards payment for HHTH ISP 2019</i>		
<i>national conference charges</i>		
	<i>7000</i>	
Total Rs.	<i>7000</i>	

Bill Prepared In words Rs. *Seven Thousand only*

[Signature]
ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
MANAGING DIRECTOR

[Signature]
Signature of the Receiver.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





**CERTIFICATE OF APPRECIATION
Presented to**


Dr **DR PARTHIBAN S**

The Conference Organising Committee recognises your contributions towards the success of 44th National Conference of Indian Society of Periodontology as Chairperson/Judge for a scientific session held on 8th, 9th & 10th November 2019, at Palace Grounds, Bengaluru


Dr. Anil Melath
President - ISP


Dr. Abhay Kolte
Hon. Secretary - ISP

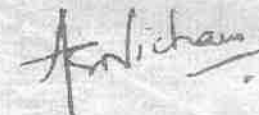

Dr. Ranganath V
Organizing Chairman


Dr. A.R. Pradeep
Conference Secretary


Dr. Anirban Chatterjee
Organizing Secretary



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE
Postgraduate Department of Periodontology
Cheyyur Taluk, Chennai-600 036
Dr. M. V. Prabhujit
Jt. Organizing Secretary


Dr. Ashish S Nichani
Scientific Chairman



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1.11.2019

FROM:

Staff Name: Dr.S.VeenaDharani

Department Name: Public health dentistry

Designation: MDS

Employee Number: 10085

Phone Number: 9092294468

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Applied Biostatistics. 8th November 2019.
(chennai)

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegated participant/ *delegant participants* presenter/Scientific chairperson):

- Registration amount for the event: 1500/- ✓ *veena*

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608319


PRINCIPAL SIGNATURE

PRINCIPAL
PRINCIPAL Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.
Prof.Dr.S.Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. S Veena dharani
- Designation: MDS
- Department: Public health dentistry
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 8th November 2019
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1126.....

Date...15.11.2019...

Paid to Mrs/Mr.. *Dr. Veena Dhanraj G.* Head of Account *Staff Welfare* ..

	Debit	
	Rs.	P.
<i>Towards payment for Applied Biostetize charges</i>		
	<i>1500</i>	
Total Rs.	<i>1500</i>	

Bill Prepared In words Rs. *one thousand five hundred only*

[Signature]
ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital - Melmaruvathur - 603 319.

MANAGING DIRECTOR

[Signature]
Signature of the Receiver.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Declared as Deemed to be University Under Section 3 of the UGC Act 1956)



FACULTY OF DENTISTRY

MEENAKSHI AMMAL DENTAL COLLEGE AND HOSPITAL

CENTRAL RESEARCH LABORATORY

CDE

One day State Level Hands-On Workshop On

“APPLIED BIOSTATISTICS”

Certificate Of Participation

This is to certify that

Mr/Ms/Dr

VEENA DHARANI S

attended one day state level hands-on workshop on **“Applied Biostatistics”**

on 8th November, 2019 held at

Meenakshi Ammal Dental College and Hospital.

Dr. A. NANDA KUMAR, M.D.S,
Principal

DR.V. PURUSHOTHAMAN Ph.D., PDF.,
Research Director



Mr. K. BOOPATHI M.Sc, MBA.,
Senior Technical Officer
ICMR -
National Institute of Epidemiology

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603302

G. MERLIN M.Sc.,
Statistician



Dr. D. NALINI Ph.D.,
Organizing Secretary



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 4.11.2019

FROM:

Staff Name: Dr. Rama Krishna

Department Name: Periodontics

Designation: MDS

Employee Number: 10065

Phone Number: 9841326736.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
44th National Conference 2SP ; 8th, 9th, 10th November 2019 ; 3days @ Bengaluru
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant
- Registration amount for the event: 7000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Ramakrishnan*
- Designation: *MDS*
- Department: *Periodontics*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
8th, 9th & 10th November 2019 & 3 days
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *[Signature]*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chennai - 603 319, Tamil Nadu - 603 319

[Signature]
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1133.....

Date..18.11.2019.....

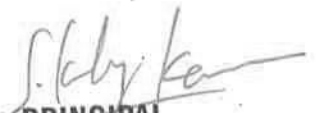
Paid to Mrs/Mr. Dr. Ramakrishnan.T..... Head of Account ...Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for 44th ISP 2019 National conference charges</u>		
	<u>7000</u>	
Total Rs.	<u>7000</u>	

Bill Prepared In words Rs. Seven Thousand Only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



CERTIFICATE OF APPRECIATION
Presented to

Dr **DR RAMAKRISHNAN T**

The Conference Organising Committee recognises your contributions towards the success of 44th National Conference of Indian Society of Periodontology as Chairperson/Judge for a scientific session held on 8th, 9th & 10th November 2019, at Palace Grounds, Bengaluru


Dr. Anil Melath
President - ISP

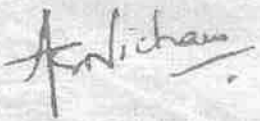




Dr. Anirban Chatterjee
Organizing Secretary


Dr. Abhay Kolte
Hon. Secretary - ISP


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKUMARI L V Prabhujee
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyor Taluk, Chengalpattu District
Tamil Nadu - 603 319
Organizing Chairman


Dr. Ranganath V
Organizing Chairman


Dr. Ashish S Nichani
Scientific Chairman


Dr. A.R. Pradeep
Conference Secretary



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 7.11.2019

FROM:

Staff Name: Dr. James Antony Blagat

Department Name: Oral & maxillofacial surgery

Designation: M.D.S

Employee Number: 10108

Phone Number: 9941626677

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Clinical application of V shaped locking miniplate in Mandibular fracture; 14th, 15th & 16th November 2019; 3days; Bengaluru

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

Delegate participant

- Registration amount for the event: 11,500/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. James Antony Bhagat

• Designation: MDS

• Department: Oral & Maxillofacial Surgery

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 14th, 15th & 16th November ; 3 days

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi


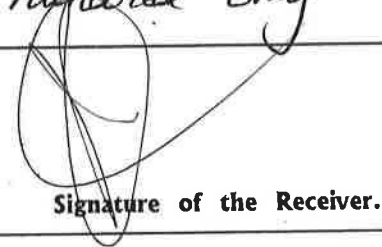
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

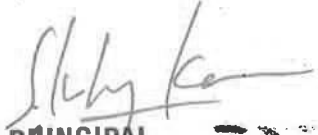
MELMARUVATHUR-603 319.

Voucher No.....11.60.....

Date..21.11.2019..

Paid to Mrs/Mr. <u>Dr. James Antony Bhajat M</u> Head of Account <u>Staff Welfare</u>		
<u>Towards Payment for 147th Annual Conference of ADMSI Charges</u>	Debit	
	Rs. P.	
	7500	
	Total Rs. 7500	
Bill Prepared	In words Rs. <u>Seven Thousand Five hundred Only</u>	
 ACCOUNTS MANAGER <i>Recommended</i> Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





44TH ANNUAL CONFERENCE OF AOMSI, BENGALURU

Certificate of Presentation

This is to certify that

DR. JAMES ANTONY BHAGAT

(FREE PAPER)

has presented the topic on

" CLINICAL APPLICATION OF V SHAPED LOCKING MINIPLATE IN MANDIBULAR FRACTURE - A PILOT STUDY "

in the *44th Annual Conference of AOMSI, Bengaluru*

held on **14th, 15th & 16th November 2019** at **Sheraton Grand, Bengaluru**

We appreciate your contribution to the success of this conference.

Dr. Krishnamurthy Bonanthaya
President, AOMSI



Dr. Pritham N Shetty
Secretary, AOMSI

Dr. Philip Mathew
Conference Secretary

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 601 010

Dr. Srinath N
Chairman, Scientific Committee

Dr. Sanjiv Nair
Organizing Chairman

Dr. Ramdas Balakrishna
Organizing Secretary



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.11.2019

FROM:

Staff Name: Dr. Geetha K

Department Name: Orthodontics

Designation: MDS

Employee Number: 10105

Phone Number: 8056520732.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
5Ath Indian Orthodontic Conference, 22-24 Nov. 2019 (2days)
Bhubaneswar.
- Type of conference (State/National/International) (Onsite/Virtual):
International (checked), Onsite (checked)
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
Delegate participant (checked)
- Registration amount for the event: ₹.11800/- Geetha

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.
Prof.Dr.S.Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. K. Geetha
- Designation: MDS
- Department: orthodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 22-24 Nov. 2019 (3 days)

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature: *Geetha*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi


CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No....1172.....

Date...29-11-2019.....

Paid to Mrs/Mr... <i>Dr. Laxtha.K</i>		Head of Account ... <i>Staff Welfare</i>	
<i>towards payment for 54th Indian Orthodontic conference Bhubaneswar Odisha.</i>		Debit	
		Rs.	P.
		11,800	
Total Rs.		11,800	
Bill Prepared	In words Rs. <i>Eleven thousand Eight hundred only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		<i>Steeth</i> Signature of the Receiver.



S. Lalitha
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



54TH INDIAN ORTHODONTIC CONFERENCE

22nd - 24th November, 2019
SOA Auditorium, Bhubaneswar

Theme: Innovate, Integrate and Actuate

CERTIFICATE OF PARTICIPATION

DR GEETHA K

has participated in
the 54th Indian Orthodontic Conference
as **DELEGATE**
during 22nd - 24th November, 2019,
held at SOA AUDITORIUM, Bhubaneswar.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melnaravathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 605 016

Dr. Pradeep Lenka
President, IOS

Dr. Sridevi Padmanabhan
Secretary, IOS

Dr. Sanjeeb Kumar Sahu
Organising Chairman

Dr. Surya Kanta Das
Organising Secretary

Dr. Ashish Kumar Barik
Chairman, Scientific Committee



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15 .11.2019

FROM:

Staff Name: Dr. Vivek Krishnamoorthy

Department Name: Pedodontics

Designation: MDS

Employee Number: 10082

Phone Number: 9442389569.

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

9th VC Program , 22nd Nov 2019. (1 day) Chennai

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant.

- Registration amount for the event: ₹1000

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 608319

STAFF SIGNATURE


PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Virek Krishnamoorthy
- Designation: MDS
- Department: Pedodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 22nd Nov. 2019. (1 day)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: 

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.






PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

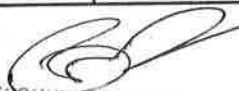

Om Sakthi

CASH / VOUCHER


ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No...11.66.....

Date...29.11.2019..

Paid to Mrs/Mr... <i>Dr. Vivek Krishnamoorthy</i> Head of Account ... <i>Staff Welfare</i>		
<i>towards payment for 9th DM program</i>	Debit	
	Rs. P.	
	<i>2000</i>	
Total Rs.	<i>2000</i>	
Bill Prepared	In words Rs. <i>two thousand only</i>	
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SREE BALAJI DENTAL COLLEGE & HOSPITAL

Velachery Main Road, Narayanapuram, Pallikaranai, Chennai - 600 100.



9th
Undergraduate Convention

Department of Paedodontics & Preventive Dentistry

Certificate of Appreciation

DR VIVEK KRISHNAMOORTHY

*for contributing as a Chairperson towards the success of
9th Undergraduate Paedodontics Convention
held at Sree Balaji Dental College and Hospital, Chennai
on 22nd November 2019.*

Ponnuurai A

Dr. PONNUURAI A, MDS.,
Head of the Department, SBDC&H

S. Raghavendra Jayesh

Dr. S. RAGHAVENDRA JAYESH, MDS.,
Principal, SBDC&H



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.11.2019.

FROM:

Staff Name: Dr. Muruganandam

Department Name: Orthodontics

Designation: MDS

Employee Number: 10141

Phone Number: 9789152599.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
54th Indian Orthodontic Conference 22-24 Nov. 2019, (3 days)
Bhubaneswar.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: ₹. 11,800

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 608 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Muruganandam S
- Designation: MDS
- Department: orthodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 22-24 NOV-2019.

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1164.....

Date.....29.11.2019.....

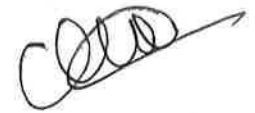
Paid to Mrs/Mr Dr. Muruganandam. S...... Head of Account Staff welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for 54th Indian Orthodontic Conference Bhuvaneshwar Odisha.</u>		
	<u>11,800</u>	
Total Rs.	<u>11,800</u>	

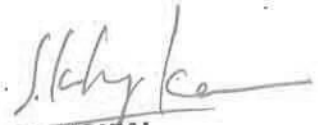
Bill Prepared In words Rs. Eleven thousand Eight hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Karthian, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



54TH INDIAN ORTHODONTIC CONFERENCE

22nd - 24th November, 2019
SOA Auditorium, Bhubaneswar

Theme: Innovate, Integrate and Actuate



DECLARATION OF PARTICIPATION

DR MURUGANADAM S

has participated in
the 54th Indian Orthodontic Conference
as **DELEGATE**
during 22nd - 24th November, 2019,
held at SOA AUDITORIUM, Bhubaneswar.

Dr. Pradeep Jena
President IOS


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.B.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaravathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Dr. Surya Kanta Das
Organising Secretary

Dr. Ashish Kumar Barik
Chairman, Scientific Committee



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15. 11. 2019

FROM:

Staff Name: Dr. Jai Ganesh

Department Name: Paedodontics & Preventive Dentistry

Designation: M.D.S.

Employee Number: 10104

Phone Number: 8939292685

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
9th Undergraduate Paedodontics Convention; 22nd November 2019; 1 day & Chennai.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant.
- Registration amount for the event: 2000/-

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319



[Handwritten Signature]

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Jai Ganesh*
- Designation: *M.D.*
- Department: *Paedodontics & preventive Dentistry*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *22nd November 2019 ; 1 day*
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: *[Signature]*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Signature]
PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

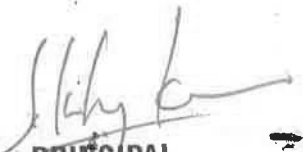
MELMARUVATHUR-603 319.

Voucher No....1155.....

Date...29.11.2019.....

Paid to Mrs/Mr... <i>Dr. Jal. Ganesh. I</i>		Head of Account ... <i>Staff Welfare</i> ..	
<i>Towards payment for 9th b1n program state Conference charges.</i>		Debit	
		Rs.	P.
		<i>2000</i>	
Total Rs.		<i>2000</i>	
Bill Prepared	In words Rs. <i>Two thousand only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SREE BALAJI DENTAL COLLEGE & HOSPITAL

Velachery Main Road, Narayanapuram, Pallickaranai, Chennai - 600 100.



9th
Undergraduate Convention

Department of Paedodontics & Preventive Dentistry

Certificate of Appreciation

DR JAI GANESH I

for contributing as a Chairperson towards the success of

9th Undergraduate Paedodontics Convention

held at Sree Balaji Dental College and Hospital, Chennai

on 22nd November 2019.

Ponnudurai A

Dr. PONNUDURAI A, MDS.,
Head of the Department, SBDC&H

S. Raghavendra Jayesh

Dr. S. RAGHAVENDRA JAYESH, MDS.,
Principal, SBDC&H

S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu, Chennai - 600 107
Tamil Nadu - 600 107





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.11.2019

FROM:

Staff Name: Dr. Ananda Devi c.

Department Name: Orthodontics

Designation: MDS

Employee Number: 10080

Phone Number: 9865061422.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
54th Indian orthodontic conference , Bhuvanewar , 22-24 Nov.2019
(3days)
- Type of conference (State/National/International) (Onsite/Virtual):
International
- Type of attendee (Guest lecture/Delegate participant/ Delegati participant presenter/Scientific chairperson):
Delegati participant
- Registration amount for the event: 11,800/-

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

STAFF SIGNATURE

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. Anandadevi . C

• Designation: MDS

• Department: Orthodontics

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 22nd - 24th NOV. 2019, (3 days)

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature:



Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....11.65.....

Date.....29-11-2019.....


Paid to Mrs/Mr. Dr. Ananda Devi L Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards Payment for 54th Indian Orthodontic Conference, Bhubaneswar Odisha.</u>		
	<u>11,800</u>	
Total Rs.	<u>11,800</u>	


Bill Prepared In words Rs. Eleven thousand, Eight hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kanifan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



54TH INDIAN ORTHODONTIC CONFERENCE

22nd - 24th November, 2019
SOA Auditorium, Bhubaneswar

Theme: Innovate, Integrate and Actuate

DELEGATE PARTICIPATION

DR ANANDA DEVI C

has participated in
the 54th Indian Orthodontic Conference
as DELEGATE
during 22nd - 24th November, 2019,
held at SOA AUDITORIUM, Bhubaneswar.



Dr. Prateep Jha
President

Dr. Sridevi Padmanabhan
Secretary, IOS

Dr. Sanjeeb Kumar Sahu
Organising Chairman

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL CLINIC & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 605 319

Dr. Ashish Kumar Bork
Chairman, Security Committee



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.11.2019.

FROM:

Staff Name: Dr. Sudhakar.

Department Name: Orthodontics

Designation: MDS

Employee Number: 10077

Phone Number: 9841874253

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
54th Indian Orthodontic Conference, 22nd - 24th November 2019; 3 days; Bhubaneswar.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate part presenter/Scientific chairperson):
- Registration amount for the event: 11,800/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319



PRINCIPAL
Adhiparasakthi Dental College and Hospital
DENTAL COLLEGE & HOSPITAL
Melmaruvathur, Kanchipuram District
Cheyyur Taluk, Chennai District
Tamil Nadu - 603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. Sudhakar*
- Designation: *MDS*
- Department: *Orthodontics*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
22nd - 24th November 2019 ; 3 days.
- Relevant documents of the program enclosed

(Yes/No)

Staff signature:



Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....11.49.....

Date...29.11.2019...

Paid to Mrs/Mr. *Dr. Sudhakar V.*..... Head of Account *Staff Welfare*.....

	Debit	
	Rs.	P.
<i>Towards payment for 54th Indian Orthodontic Conference, Bhubaneswar, Odisha</i>		
	<i>11,800</i>	
Total Rs.	<i>11,800</i>	

Bill Prepared In words Rs. *Eleven thousand Eight hundred only*

[Signature]
ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR

[Signature]
Signature of the Receiver.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



54TH INDIAN ORTHODONTIC CONFERENCE

22nd - 24th November, 2019
SOA Auditorium, Bhubaneswar

Theme: Innovate, Integrate and Actuate



CERTIFICATE OF PARTICIPATION

DR SUDHAKAR V

has participated in
the 54th Indian Orthodontic Conference
as **DELEGATE**
during 22nd - 24th November, 2019,
held at SOA AUDITORIUM, Bhubaneswar.

Dr. Pradeep Kumar
President, IOS

Dr. Sridevi Padmanabhan
Secretary, IOS



Dr. Sanjeeb Kumar Sahu
Organising Chairman

[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melimadurai,
Cheyyur Taluk, Chengam District,
Tamil Nadu - 605 013
Dr. Suryakanta Das
Organising Secretary

Dr. Ashish Kumar Barik
Chairman, Scientific Committee



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.11.2019.

FROM:

Staff Name: Dr. Sumanth Kumar Rangarajan.

Department Name: Orthodontics

Designation: MDS

Employee Number: 10086

Phone Number: 9952034634

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
54th Indian Orthodontic Conference, 22nd-24th November 2019,
3 days, Bhubaneswar
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant.
- Registration amount for the event: 11,000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengam District
Tamil Nadu-608 319

PRINCIPAL SIGNATURE

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: *Dr. Sumanth Kumar Rangarajan*

• Designation: *MDS*

• Department: *Orthodontics*

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: *22nd - 24th November 2019, 3 days*

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature: *[Signature]*

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



S. Karthiga
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,



ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Signature]
PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....1152.....

Date..29.11.2019..


Paid to Mrs/Mr...*Dr. Sumanth Kumar R.*... Head of Account ...*Staff Welfare*.....

	Debit	
	Rs.	P.
<i>Tourside payment for 5th Indian Orthodontic Conference, Bhubaneswar, Odisha</i>		
	<i>11,800</i>	
Total Rs.	<i>11,800</i>	

Bill Prepared In words Rs. *Eleven thousand and Eight hundred only*



ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital

MANAGING DIRECTOR


Signature of the Receiver.

Melmaruvathur - 603 319.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



www.iosweb.net



54TH INDIAN ORTHODONTIC CONFERENCE

22nd - 24th November, 2019
SOA Auditorium, Bhubaneswar

Theme: Innovate, Integrate and Actuate

DR SUMANTH KUMAR RANGARAJAN

has participated in
the 54th Indian Orthodontic Conference
as **ORATOR**
during 22nd - 24th November, 2019,
held at SOA AUDITORIUM, Bhubaneswar.



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 605 319

Dr. Pradeep Chandra
President, IOS

Dr. Sridevi Padmanabhan
Secretary, IOS

Dr. Sanjeeb Kumar Sahu
Organising Chairman

Dr. Surya Kanta Das
Organising Secretary

Dr. Ashish Kumar Borik
Chairman, Scientific Committee



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19. 11. 2019

FROM:

Staff Name: Dr. Nathiya B

Department Name: Oral and maxillofacial surgery

Designation: MDS

Employee Number: 10120

Phone Number: 9940865706.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
7th live surgical workshop, 26-27. Nov. 2019, (2 days), chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegati participant presenter/Scientific chairperson):
- Registration amount for the event: ₹ 5000/-

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.
ADHIPARASAKTHI

STAFF SIGNATURE

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. B. NATHIYA.B
- Designation: MDS
- Department: Oral and Maxillofacial Surgery.

Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 26 - 27 Nov. 2019 (2days)

- Relevant documents of the program enclosed

- (Yes/No)
- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chengamattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319,

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1210.....

Date..5..12..2019.....


Paid to Mrs/Mr. *Dr. Mathya B.* Head of Account *Staff Welfare*.....

	Debit	
	Rs.	P.
<i>Towards Payment for 7th live surgical workshop charges</i>		
	<i>5000</i>	
Total Rs.	<i>5000</i>	

Bill Prepared In words Rs. *Five thousand only*

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319	MANAGING DIRECTOR	 Signature of the Receiver.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY
TAGORE DENTAL COLLEGE AND HOSPITAL



&
ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS OF INDIA (AOMSI)
TAMILNADU STATE BRANCH



7th Live Surgical Workshop

Certificate of Appreciation

The Organising Committee is pleased to present this certificate to

DR NATHIYA B

as a Faculty for the Live Surgical Procedure on

"Oral Biopsy"

in 7th Annual Live Surgical Workshop and Student Convention,

held at Tagore Dental College & Hospital, Chennai

26th, 27th November 2019.



Prof. M. Mala

Prof. M. Mala
Chairperson
Educational Trust

Dr. Chitraa R.Chandran

Dr. Chitraa R.Chandran
Principal
Tagore Dental College & Hospital

Dr. S. Jimson

Dr. S. Jimson
Organising Chairman
Hon. State Secretary, AOMSI - TN Branch



Dr. R.Manikandhan

Dr. R.Manikandhan
President
AOMSI - TN Branch

S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19.11.2019

FROM:

Staff Name: Dr. Durai Raj

Department Name: Oral and maxillofacial surgery

Designation: MDS

Employee Number: 10118

Phone Number: 9444016526.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

4th Live Surgical workshop 26th-27th Nov. 2019 (2 days)
Chennai.

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ delegate participants presenter/Scientific chairperson):

- Registration amount for the event: 5000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-608 319



PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Surai Raj
- Designation: MDS
- Department: Oral and maxillofacial surgery.

• Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: Nov 2019 (2 days) Chennai

- Relevant documents of the program enclosed

- (Yes/No)

• Staff signature:



Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No...1206.....

Date 5.12.2019.....


Paid to Mrs/Mr. *Dr. Duralraj D.*..... Head of Account *Staff Welfare*.....

	Debit	
	Rs.	P.
<i>Towards payment for 7th live surgical workshop</i>		
	<i>5000</i>	
Total Rs.	<i>5000</i>	

Bill Prepared In words Rs. *Five thousand only*

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319	MANAGING DIRECTOR	Signature of the Receiver.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------	----------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY
TAGORE DENTAL COLLEGE AND HOSPITAL



&
ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS OF INDIA (AOMSI)
TAMILNADU STATE BRANCH



7th Live Surgical Workshop

Certificate of Appreciation

The Organising Committee is pleased to present this certificate to

DR DURAIRAJ

as a Faculty for the Live Surgical Procedure on


"Oral Biopsy"

in 7th Annual Live Surgical Workshop and Student Convention,

held at Tagore Dental College & Hospital, Chennai


26th, 27th November 2019.





Prof. M. Mala
Chairperson
Educational Trust


Dr. Chitraa R. Chandran
Principal
Tagore Dental College & Hospital




Dr. S. Jimson
Organising Chairman
Hon. State Secretary, AOMSI - TN Branch


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chennai
Tamil Nadu - 603 319
Dr. R. Manikandhan
President
AOMSI - TN Branch



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19.11.2019.

FROM:

Staff Name: Dr. Karthikeyan M

Department Name: Oral and Maxillofacial surgery.

Designation: MDS

Employee Number: 10068

Phone Number: 9444168787

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
7th live surgical workshop, 26-27 Nov. 2019. (2days) Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant
- Registration amount for the event: ₹.5000.

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

Prof. Dr. S. Karthiga Kannan, MDS.,



PRINCIPAL SIGNATURE

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Karthikeyan m
- Designation: MDS
- Department: oral and maxillofacial surgery
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 26-27 NOV. 2019 (2 days)
- Relevant documents of the program enclosed
 - (Yes/No)
- Staff signature: Key

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1208.....

Date..5.12.2019.....

Paid to Mrs/Mr...*Dr. Karthikeyan M.*..... Head of Account*Staff welfare*.....

	Debit	
	Rs.	P.
<i>towards payment for 7th live surgical workshop charges.</i>		
	<i>5000</i>	
Total Rs.	<i>5000</i>	

Bill Prepared In words Rs. *Five thousand only*

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319 Recommended	MANAGING DIRECTOR	<i>Key</i> Signature of the Receiver.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	------------------------------------------



S. Karthiga
PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY
TAGORE DENTAL COLLEGE AND HOSPITAL



&
ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS OF INDIA (AOMSI)
TAMILNADU STATE BRANCH

7th Live Surgical Workshop



Certificate of Appreciation

The Organising Committee is pleased to present this certificate to

DR KARTHIKEYAN M

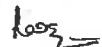
as a Faculty for the Live Surgical Procedure on

"Oral Biopsy"

in 7th Annual Live Surgical Workshop and Student Convention,


held at Tagore Dental College & Hospital, Chennai

26th, 27th November 2019.


Prof. M. Mala
Chairperson
Educational Trust


Dr. Chitraa R. Chandran
Principal
Tagore Dental College & Hospital


Dr. S. Jimson
Organising Chairman
Hon. State Secretary, AOMSI - TN Branch


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaravathur
Cheyyur Taluk, Chennai District
Tamil Nadu - 603 319
Dr. R. Manikandhan
President
AOMSI - TN Branch



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 29.11.2019

FROM:

Staff Name: Dr. G. Vasupradha

Department Name: oral pathology

Designation: MDS

Employee Number: 10056

Phone Number: 9566597871

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Maxillo facial treatment Modalities , 7/12/19 ; 1 day
Podichery
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chayyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. G. Vasupradha
- Designation: MDS
- Department: Oral pathology.
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 7/12/19 & 1 day.

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Chennai Road, Melmaruvathur
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....121b.....

Date.14.12.2019....

Paid to Mrs/Mr. Dr. Vasupradha A...... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards Payment for Maxill. of oral treatment</u>		
<u>modlaibes staff conference Charges</u>		
	1000	
Total Rs.	1000	

Bill Prepared In words Rs. One thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
RECOMMENDED

MANAGING DIRECTOR

Van
Signature of the Receiver.



Shykan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PONDICHERRY INSTITUTE OF MEDICAL SCIENCES
(Department of Dentistry)
Association of Oral Maxillofacial Surgeons of India - Tamilnadu State Branch



Certificate of Participation

CDE PROGRAMME PIMS

This is to certify that Dr. G. Vasupradha has
attended the CDE programme on **MAXILLOFACIAL TREATMENT MODALITIES**
held at Pondicherry Institute of Medical Sciences on 07/12/2019

Dr. R. MANIKANDHAN
President Tamilnadu Branch

Dr. S. JIMSON
Hon. State Secretary

Dr. R. SAJANI
Organising Chairperson

Dr. S. RAJARAM
Organising Secretary



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

2020-2021.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 18-01-2020

FROM:

Staff Name: Dr. Venkatesan N

Department Name: .

Designation: MDS

Employee Number: 10001

Phone Number: 8939262435

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Jan 25, 26 - 2020 , 2 days , 11th IP S Conference
Kodai Kanal

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

- Registration amount for the event: 5000

STAFF SIGNATURE

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 603 319

SAF CHAIRPERSON SIGNATURE

Dr. K. Prabhu, MDS.,

Reg. No.: TN/6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Venkatesan
- Designation: MDS
- Department:
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

25, 26 Jan - 2020 - 2 days

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Venkatesan

S. Karthiga Kannan

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MD
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....2/2.....

Date...3-02-2020.....


Paid to Mrs/Mr. Dr. Ven. Kabeesan. N...... Head of Account ... Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for 11th IPS conference</u>		
<u>Medal panel charges.</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	


Bill Prepared In words Rs. Five thousand only


ADHIPARASAKTHI
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyver Taluk, Chengalpattu District
Tamil Nadu - 603 319



11th INDIAN PROSTHODONTIC SOCIETY

Tamilnadu & Puducherry Branch Conference - Kodaikanal 2020

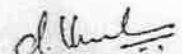
In Association with Department of Prosthodontics and Crown & Bridge - CSICDSR, Madurai

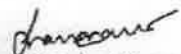
Certificate of Appreciation

Presented to Dr. **Dr. Venkatesan N** as a Chairperson/Moderator/Panelist

for the scientific session at the 11th Indian Prosthodontic society-Tamilnadu and Puducherry

Branch Annual Conference held at Kodaikanal on Jan 25 & 26, 2020.


Dr. C.J. Venkatakrishnan
INIPS Secretary


Dr. V.R. Anand Kumar
INIPS President


Dr. R. Lambodharan
Organising Chairman


Dr. K. Jesudoss
Organising Secretary


Dr. S. Sabarinathan
Scientific Convenor





PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20-01-2020

FROM:

Staff Name: Dr. Annikumar, VR

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10150

Phone Number: 7708016366

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.


TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
11th IPS conference Kodaikanal, 25,26, Jan 2020 (2 days), Kodaikanal
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: ₹. 5000

SAF CHAIRPERSON SIGNATURE


Dr.K.Prabhu, MDS.,
Reg. No.: TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



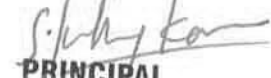
Date : Time :



STAFF SIGNATURE
PRINCIPAL

Adhiparasakthi Dental College & Hospital

Melmaruvathur - 608319
PRINCIPAL SIGNATURE


PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. Anunkumar V.R

• Designation: MDS

• Department: prosthodontics.

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 25, 26 Jan 2020 (2days)

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No....140.....

Date...31.01.2020..

Paid to Mrs/Mr./Dr.: <u>Arun p.umar...V.R.....</u>		Head of Account ... <u>Staff welfare...</u>	
<u>Travels Payment for 11th IPS conference</u> <u>Kodakanal</u>		Debit	
		Rs.	P.
		<u>5000</u>	
Total Rs.		<u>5000</u>	
Bill Prepared	In words Rs. <u>Five Thousand Only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



11TH INDIAN PROSTHODONTIC SOCIETY

Tamilnadu & Puducherry Branch Conference - Kodaikanal 2020

In Association with Department of Prosthodontics and Crown & Bridge - CSICDSR, Madurai

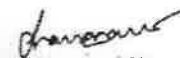
Certificate of Appreciation

Presented to Dr. arun kumar V R as a Chairperson/Moderator/Panelist

for the scientific session at the 11th Indian Prosthodontic society-Tamilnadu and Puducherry

Branch Annual Conference held at Kodaikanal on Jan 25 & 26, 2020.


Dr. C.J. Venkatakrisnan
INIPS Secretary


Dr. V.R. Anand Kumar
INIPS President


Dr. R. Lambodharan
Organising Chairman


Dr. K. Jesudoss
Organising Secretary


Dr. Sabarinathan
Scientific Convenor




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr.V.C. Karthick
- Designation: MDS
- Department: Prosthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
Jan 31 2020
- Relevant documents of the program enclosed

(Yes/No)

• Staff signature:





Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Haverai Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No.....218.....

Date...7.02.2020.....

Paid to Mrs/Mr...Dr. KARTHEK...V.C..... Head of Account ...Staff welfare.....

Towards payment for TV DCI Renewal charges

Debit

Rs. P.

500

Total Rs.

500

Bill Prepared

In words Rs.

Five hundred only



ACCOUNTS MANAGER

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.



PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 603 319



TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: **Jan 31, 2020**

SI No: **15988**

Name **KARTHIK V C**

Regn. No **14845**

Date of Registration **Apr 1, 2011**

Qualification **Master of Dental Surgery**

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from **Jan 01, 2020**

to **Dec 31, 2020**

Vide Receipt No **6216**

Dated **Jan 31, 2020** TNDC,

Chennai.

S. Karthiga Kannan



S. Karthiga Kannan

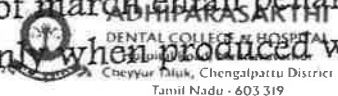
For Registrar
Tamil Nadu Dental Council

Note:

- To avoid penalty please remit **Renewal** fee from 1st December to 31st March of every year as remittance received after the 31st of March **entail penalty**.
- This receipt is valid only when produced with the original registration. Certificate quoted above.



Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI





**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8.1.2020.

FROM:

Staff Name: Mr. Priyanca Pampani

Department Name: Periodontics

Designation: MDS

Employee Number: 10125

Phone Number: 9538404090

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

periochat 2020, Feb.6 2020 (1 day) Chennai

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):

- Registration amount for the event: ₹-1200

SAF CHAIRPERSON SIGNATURE

[Signature]

Dr.K.Prabhu, MDS.,

Reg. No. : TN / 6274 ★ Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :



STAFF SIGNATURE
PRINCIPAL

Adhiparasakthi Dental College & Hospital
PRINCIPAL SIGNATURE

[Signature]
PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Priyanka pambani
- Designation: MDS
- Department: Periodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: Feb 6, 2020 (1 day)

- Relevant documents of the program enclosed

- Staff signature: (Yes/No)

Note :

Reimbursement will be provided after submission of Participation certificate and registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....222.....

Date..13.2.2020..

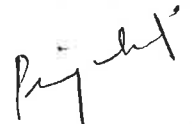
Paid to Mrs/Mr...*Dr. Priyanka Pampani*... Head of Account*Staff Welfare*.....

	Debit	
	Rs.	P.
<i>Towards payment for perid chat 2020</i>		
<i>state conference charges</i>		
	<i>1200</i>	
Total Rs.	<i>1200</i>	


Bill Prepared In words Rs. *One thousand two hundred only*


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



**EDUCATIONAL AND RESEARCH INSTITUTE
DEEMED TO BE UNIVERSITY**

(An ISO 9001:2015 Certified Institution)

University with Graded Autonomy Status

Periyar E.V.R. High Road, Maduravoyal, Chennai - 95. Tamilnadu, India.

THAI MOOGAMBIGAI DENTAL COLLEGE AND HOSPITAL

(A Constituent Unit of Dr. M.G.R. Educational and Research Institute)



PERIOCHAT 2020

ACHIEVING PREDICTABLE SUCCESS IN IMPLANT THERAPY

DEPARTMENT OF PERIODONTICS

Certificate of Participation

This certificate is awarded to

Priyanka P

*for attending the CDE Program "PERIOCHAT" held on 6th February 2020
at Thai Moogambigai Dental College and Hospital, Chennai*

Uma Sudhakar
Dr. Uma Sudhakar
Organizing Chairman

V. Shankararam
Dr. V. Shankararam
Organizing Secretary

S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. R. Senthil Kumar
- Designation: MDS
- Department: Endodontics.
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
Feb 8 2020.
- Relevant documents of the program enclosed

(Yes/No)

- Staff signature: *Senthil Kumar*



S. Karthiga Kannan

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

19-20

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No.....230.....

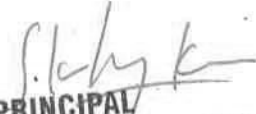
Date...15.02.2020

Paid to Mrs/Mr... <u>Dr. Senthil Kumar R</u>		Head of Account ... <u>Staff Welfare</u>	
<u>Towards payment for TV DCI Renewal</u>		Debit	
		Rs.	P.
		<u>500</u>	
Total Rs.		<u>500</u>	

Bill Prepared	In words Rs. <u>Five hundred only</u>
---------------	------------------------------------------

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	----------------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Arihant Mujestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyanbedu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: Feb 08, 2020

SI No: 16538

Name **SENTHIL KUMAR R**

Regn. No **13668**

Date of Registration **May 24, 2010**

Qualification **Master of Dental Surgery**

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from **Jan 01, 2020**


to **Dec 31, 2020**

Vide Receipt No **6770**

Dated **Feb 8, 2020**

TNDC,

Chennai.



For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.




PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Sowmiya T
- Designation: MDS
- Department: Endodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

Date and duration of the program: Feb 8, 2020

- Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319



Om Sakthi
CASH / VOUCHER

19-20


ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No... 219

Date... 12.2.2020

Paid to Mrs/Mr... <i>Dr. Sawmiya T.</i>		Head of Account ... <i>Staff Welfare</i>	
<i>TOWARDS Payment for TV DU Renewal.</i>		Debit	
		Rs.	P.
		500	
Total Rs.		500	
Bill Prepared	In words Rs. <i>five hundred only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.	




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



TAMIL NADU DENTAL COUNCIL

Arch at Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, Chennai - 600 107.

RENEWAL CERTIFICATE

Date: Feb 08, 2020

SI No: 16537

Name SOWMIYA T

Regn. No 21671

Date of Registration May 13, 2016

Qualification Master of Dental Surgery

This is to certify that the above named Dentist having complied with the requirements of section 39 of the Dentists Act, 1948. His Registration has / have been renewed for the period from Jan 01, 2020 to Dec 31, 2020 Vide Receipt No 6769 Dated Feb 8, 2020 TND C.

Chennai.



For Registrar
Tamil Nadu Dental Council

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remittance received after the 31st of March entail penalty.
2. This receipt is valid only when produced with the original registration. Certificate quoted above.



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL
Chengalpattu, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15-02-2020

FROM:

Staff Name: Dr. Ramya

Department Name: orthodontics

Designation: MDS

Employee Number: 10072

Phone Number: 9003795490

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Sri Lanka Orthodontic Society Academic Session -2020
22-23rd Feb-2020 / 2 days

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

- Registration amount for the event: 10,000

STAFF SIGNATURE

PRINCIPAL

Adhiparasakthi Dental College & Hospital
MELMARUVATHUR - 608319

SAF CHAIRPERSON SIGNATURE

Dr. K. Prabhu, MDS.,
Reg. No. ITN/6274 * Professor & HOD
Prosthodontics and Crown & Bridge

Date: _____ Time: _____



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Ramya
- Designation: MDS
- Department: orthodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:
22 & 23rd Feb 2020, 2 days

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature: 



Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

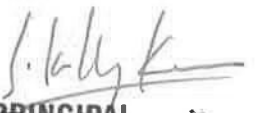
MELMARUVATHUR-603 319.

Voucher No. 304.....

Date. 2-03-2020.....

Paid to Mrs/Mr. <u>Dr. Ramya R</u>		Head of Account <u>Staff Welfare</u>	
<u>Towards Payment for Sri Lankan Orthodontic Society Academic session 2020</u>		Debit	
		Rs.	P.
		<u>10,000</u>	
Total Rs.		<u>10,000</u>	
Bill Prepared	In words Rs. <u>Ten thousand only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



**SRI LANKA ORTHODONTIC SOCIETY
ACADEMIC SESSIONS – 2020**

On the theme

"ENHANCING DENTOFACIAL AESTHETICS & FUNCTION"

Certificate of Participation

This is to certify that

Dr R Ramya

attended the

Sri Lanka Orthodontic Society Academic Sessions - 2020

22nd & 23rd February 2020

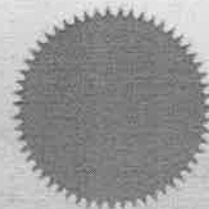
at

Galadari Hotel - Colombo, Sri Lanka

K. Paranthamalingam

Dr. K. Paranthamalingam
President

Sri Lanka Orthodontic Society



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Municipal Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 603 319

P. S. Wanigaratne

Dr. (Mrs.) P. S. Wanigaratne
Secretary
Sri Lanka Orthodontic Society



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 17/2/2020

FROM:

Staff Name: Dr. Sumanth Kumar

Department Name: orthodontics

Designation: M.D.S

Employee Number: 10086

Phone Number: 9952034634

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.


TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Srilanka orthodontic society Academic session, 22,23 Feb 2020
(2 days) Colombo, srilanka
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant
- Registration amount for the event: ₹.10,000


SAF CHAIRPERSON SIGNATURE


Dr.K.Prabhu, MDS.,
Reg. No. : TN / 6274 * Professor & HOD
Prosthodontics and Crown & Bridge



Date : Time :

STAFF SIGNATURE


Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319.

PRINCIPAL SIGNATURE


PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Sumanth Kumar.R
- Designation: MDS
- Department: Orthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program: 22, 23 Feb 2020. (2 days)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

Note :

Reimbursement will be provided after submission of Participation certificate and Registration fee receipt.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 309.....

Date. 31.12.2020.....


Paid to Mrs/Mr. Dr. Sumanth K.V. Mar. R. Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards Payment for Sri Lankan Orthodontic Society Academic Session 2020 charges</u>		
	<u>10,000</u>	
Total Rs.	<u>10,000</u>	

Bill Prepared In words Rs. Ten Thousand only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.
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PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





SRI LANKA ORTHODONTIC SOCIETY ACADEMIC SESSIONS – 2020

On the theme

"ENHANCING DENTOFACIAL AESTHETICS & FUNCTION"

This is to certify that

Dr R Sumanth Kumar

presented a free paper
at the

Sri Lanka Orthodontic Society Academic Sessions - 2020

22nd & 23rd February 2020

at

Galadari Hotel – Colombo, Sri Lanka

Stoby Kumar



PRINCIPAL

**Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI**

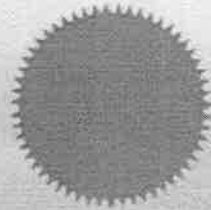
DENTAL COLLEGE & HOSPITAL

**100/1, Road, Marunattu,
Chennai - 600 015, Tamil Nadu - 600 015**

Paranthamalingam
Dr. K. Paranthamalingam

President

Sri Lanka Orthodontic Society



P. S. Wanigaratne

Dr. (Mrs.) P.S. Wanigaratne
Secretary
Sri Lanka Orthodontic Society



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

Recognised by Dental Council of India

Affiliated to The Tamilnadu Dr.M.G.R Medical University

A Unit of Adhiparasakthi Charitable, Medical, Educational & Cultural Trust

ACADEMIC YEAR 2018-19



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 29/6/2018

FROM:

Staff Name: DR. ARAND, S

Department Name: PROSTHO DONTICS

Designation: MDS

Employee Number: 10129

Phone Number: 9884451613

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;


To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.


- Name, Date, Duration and location of conference/ workshop event:
20th IPS Convention, 6-8 July 2018 3day, Chennai.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 5,000

STAFF SIGNATURE





PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR --
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. ANANDOS
- Designation: MDS
- Department: PROSTHO DONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

6-8 July 2018, 3 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thirainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....720.....

Date...15/7/2018.....

Paid to Mrs/Mr...Dr: Anand S..... Head of Account ...Staff Welfare.....

	Debit	
	Rs.	P.
Towards payment for 20th IPS convention national conference charges		
	5000	
Total Rs.	5000	

Bill Prepared In words Rs. Five Thousand only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

20th
BACK 2 BASICS

**INDIAN PROSTHODONTIC SOCIETY
NATIONAL POSTGRADUATE
STUDENT CONVENTION**

Organized by
**INDIAN PROSTHODONTIC SOCIETY,
TAMILNADU STATE BRANCH**

6-8th July 2018

UGC Approval No. 116/18
12
Credit Points

DCI No.:



Chettinad
Dental College & Research Institute

Certificate of
PARTICIPATION

Awarded to

Dr. _____


ANAND S

For having participated as a Delegate
at the 20th Indian Prosthodontic Society Post Graduate Convention,
held at Chettinad Dental College & Research Institute, Chennai on 6th - 8th July, 2018.


Dr. Kashinath K.R.
IPS, President


Dr. V. Rangarajan
IPS, Secretary Cum Treasurer


Dr. K. Murugesan
Organizing Chairman


Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur, Tamil Nadu - 605 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 2 / 7 / 2018

FROM:

Staff Name: Dr. ICIRUBALAKARAN . A.

Department Name: PROSTHODONTICS

Designation: MDS

Employee Number: 10079.

Phone Number: 9884841266

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
20th Ips , Society, 6-10 July 2018 3 day, Chennai .
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 7000

STAFF SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. KIRUBAKARAN, A
- Designation: M.D.S
- Department: PROSTHO DONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

6th to 8th July 2018 3 days

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District,
Tamil Nadu - 603 319.



PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....718.....

Date.. 14.1.7.2018.....

Paid to Mrs/Mr....Dr. S. Prubakaran A.... Head of AccountStaff Welfare.....


	Debit	
	Rs.	P.
<u>Towards payment 9th ips national conference charges</u>		
	<u>7000</u>	
Total Rs.	<u>7000</u>	

Bill Prepared In words Rs. Seven thousand only

 Recommended ACCOUNTS MANAGER	MANAGING DIRECTOR	 Signature of the Receiver.
-------------------------------------------------------------------------------------------------------------------------------	--------------------------	----------------------------------------------------------------------------------------------------------------------------

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

20th
BACK 2 BASICS

INDIAN PROSTHODONTIC SOCIETY
NATIONAL POSTGRADUATE
STUDENT CONVENTION

Organized by
INDIAN PROSTHODONTIC SOCIETY,
TAMILNADU STATE BRANCH

6th - 8th July 2018

Thuc Approval No 11/18
12
Credit Points

DCI No.



K. Kashinath
Dr. Kashinath K.R.
IPS, President

V. Rangarajan
Dr. V. Rangarajan
IPS, Secretary Cum Treasurer

K. Murugesan
Dr. K. Murugesan
Organizing Chairman

R. Sridharan
Dr. R. Sridharan
Organizing Secretary

S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Tamil Nadu - 605 319



Chettinad
Dental College & Research Institute

Certificate of
PARTICIPATION

Awarded to

Dr.

KIRUBAKARAN A

For having participated as a Delegate

at the 20th Indian Prosthodontic Society Post Graduate Convention,
held at Chettinad Dental College & Research Institute, Chennai on 6th - 8th July, 2018.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 2/7/2018

FROM:

Staff Name: DR. JITIN VARMAESE MATHEW

Department Name: PROSTHO DONTICS

Designation: MDS.

Employee Number: 10127

Phone Number: 959770 9370.

THROUGH:

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
20th SPS Convention, 6th to 8th July 2018. 3 days, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 5000

STAFF SIGNATURE

Jitin



Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengam District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

Principal

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. JITTEN VARGHESE MATHEW
- Designation: MDS
- Department: PROSTHODONTICS.

Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

Nature of the program (Tick the necessary)

- State level
- National level
- International level

Date and duration of the program:

6th to 8th July 2018, 3 days

Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Jiten



S. Karthiga Kannan
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

S. Thilainayagam

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No. 716

Date. 13/7/2018

Paid to Mrs/Mr. Dr. Jitin varghese mathew Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for national conference</u>		
<u>20th IPS convention charges -</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	


Bill Prepared In words Rs. Five thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR

Jitin
Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

20th
BACK 2 BASICS

INDIAN PROSTHODONTIC SOCIETY
NATIONAL POSTGRADUATE
STUDENT CONVENTION

Organized by
INDIAN PROSTHODONTIC SOCIETY
TAMILNADU STATE BRANCH

6th - 8th July 2018

TNDC Approval No 110/18
12
Credit Points

DCI No.:



Dr. Kashinath K.R.
IPS President

Dr. V. Rangarajan
IPS, Secretary Cum Treasurer

Dr. K. Murugesan
Organizing Chairman

Dr. R. Sridharan
Organizing Secretary

Dr. N. Gopi Chand.
Scientific Chairman



Chettinad
Dental College & Research Institute

Certificate of
PARTICIPATION

Awarded to

Dr.

JITIN VARGHESE MATHEW

S. Karthiga
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Chengalpattu Taluk, Chengalpattu District
Tamil Nadu - 603 319

For having participated as a Delegate

at the 20th Indian Prosthodontic Society Post Graduate Convention,
held at Chettinad Dental College & Research Institute, Chennai on 6th - 8th July, 2018.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 27/08/2018

FROM:

Staff Name: DR. VIVEK K

Department Name: PEDIODONTICS

Designation: MDS

Employee Number: 10082

Phone Number: 944 23 89569

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;


To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.


- Name, Date, Duration and location of conference/ workshop event:
ORAL MICROBIOME 6th Sep 2018, 1 day, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1000

STAFF SIGNATURE




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. VIVEK
- Designation: MDS
- Department: PEDODONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
6th Sep 2018, 1 day, E.
- Relevant documents of the program enclosed

(Yes/No)

Staff signature:

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....915.....

Date...12/09/2018....


Paid to Mrs/Mr...Dr. Vivek K..... Head of AccountStaff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for oral Microbiome Stabe</u>		
<u>conference charges.</u>		
	<u>1000</u>	
Total Rs.	<u>1000</u>	

Bill Prepared In words Rs. one thousand only


ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319.



SAVEETHA

INSTITUTE OF MEDICAL AND TECHNICAL SCIENCES
(Declared as Deemed to be University under Section 3 of UGC Act 1956)



SAVEETHA
DENTAL COLLEGE

Certificate of Participation

Awarded to

DR VIVEK KRISHNAMOORTHY

for participating in the CDE Programme **"ORAL MICROBIOME"**

on 6th of September 2018 at Department of Pedodontics and Preventive Dentistry,

Saveetha Dental College and Hospitals, Chennai- 600 077.



Silakya Kannan
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 602 319

Dr. Deepak Nallaswamy

Dr. Deepak Nallaswamy
Director of Academics

Dr. EMG. Subramanian

Dr. EMG. Subramanian
Head (Academic) of Department
& Organizing Chairman

Dr. Deepa Gurunathan

Dr. Deepa Gurunathan
Head (Admin) of Department
& Organizing Secretary

Dr. N.D. Jayakumar

Dr. N.D. Jayakumar
Dean,
Saveetha Dental College





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 30/8/2018

FROM:

Staff Name: DR. JAI GANESH. I

Department Name: PEDIODONTICS

Designation: MDS

Employee Number: 10109.

Phone Number: 8939292685.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
ORAL MICROBIOME, 6th SEP 2018, 1 day, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):

- Registration amount for the event: 1000

STAFF SIGNATURE



SAF CHAIRPERSON SIGN

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Jaiganeesh I
- Designation: MDS
- Department: PERIODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 6th sep 2018, 1 day, Chennai

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature: Jaiganeesh I



Prof. Dr. S. Karthiga Kannan, MDS.,
PRINCIPAL
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chennai, Tamil, Chengalpattu District
Tamil Nadu - 603 319

Dr. S. Thilainayagam, M.D.S.,
PRINCIPAL
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No. 916

Date. 12/09/2018


Paid to Mrs/Mr. Dr. Jai Ganesh. I Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for oral MICROBIOME charges.</u>		
	<u>1000</u>	
Total Rs.	<u>1000</u>	

Bill Prepared In words Rs. one thousand only

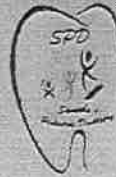
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SAVEETHA
INSTITUTE OF MEDICAL AND TECHNICAL SCIENCES
(Declared as Deemed to be University under Section 3 of UGC Act 1956)



SAVEETHA
DENTAL COLLEGE

Certificate of Participation

Awarded to

DR JAI GANESH I

for participating in the CDE Programme **"ORAL MICROBIOME"**

on 6th of September 2018 at Department of Pedodontics and Preventive Dentistry,

Saveetha Dental College and Hospitals, Chennai- 600 077.



Dr. Deepak Nallaswamy
Director of Academics

Dr. EMG. Subramanian
Head (Academic) of Department
& Organising Chairman

Dr. Deepa Gurunathan
Head (Admin) of Department
& Organising Secretary

Dr. N.D. Jayakumar
Dean,
Saveetha Dental College

Prof. Dr. S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
A. DHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chennai, Tamil Nadu - 605 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 30/08/2018

FROM:

Staff Name: DR. A. VASANTHAKUMARI

Department Name: PEO DENTICS

Designation: MDS

Employee Number: 10038

Phone Number: 9443615196

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Oral microbiome, 6th sep 2018, 1 day
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegatē participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1000

STAFF SIGNATURE

S. Karthiga



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

S. Karthiga

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. A. VASANTHA KUMARI*
- Designation: *MDS*
- Department: *PEDODONTICS*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
6th Sep 2018, 1 day.
- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

S. Lakshmi

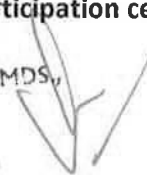
[Signature]

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....917.....

Date.13/09/2018.....

Paid to Mrs/Mr. Dr. Vasanthakumari. A..... Head of Account staff welfare.....

	Debit	
	Rs.	P.
Towards payment for oral microbiology lab conference charges		
	1000	
Total Rs.	1000	

Bill Prepared In words Rs. One thousand only

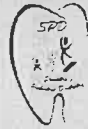
ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR

Signature of the Receiver.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Certificate of Participation

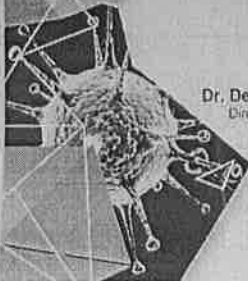
Awarded to

DR. A. VASANTHAKUMARI

for participating in the CDE Programme "ORAL MICROBIOME"

on 6th of September 2018 at Department of Pedodontics and Preventive Dentistry,

Saveetha Dental College and Hospitals, Chennai- 600 077.



[Signature]
Dr. Deepak Nallaswamy
Director of Academics

[Signature]
Dr. EMG. Subramanian
Head (Academic) of Department
& Organising Chairman

[Signature]
Dr. Deepa Gurunathan
Head (Admin) of Department
& Organising Secretary

[Signature]
Dr. N.D. Jayakumar
Dean
Saveetha Dental College

[Signature]
Dr. Mahesh Ramakrishnan
Organising Joint Secretary

[Signature]
Dr. Geo Mani
Scientific Co-ordinator



[Signature]

[Signature]

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Cuddalore District,
Tamil Nadu - 605 010



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 31/08/2018

FROM:

Staff Name: DR. VIVEK KRISHNAMOORTHY

Department Name: PERIODONTICS

Designation: MDS

Employee Number: 10082

Phone Number: 9442389569.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
ORAL MICROBIOME, 6th sep 2018, 1 day, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1000

STAFF SIGNATURE

SAF CHAIRPERSON SIGN



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. VIVEK KRISHNAMOORTHY
- Designation: MDS
- Department: PERO DONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

6th sep 2018 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....913.....

Date..11/9/2018.....

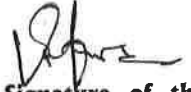
Paid to Mrs/Mr..Dr. V. V. K. Krishnamoorthy Head of AccountStaff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for oral microbiome state conference charges .</u>		
	<u>1000</u>	
Total Rs.	<u>1000</u>	

Bill Prepared In words Rs. One Thousand Only


ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kaffinan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SAVEETHA
INSTITUTE OF MEDICAL AND TECHNICAL SCIENCES
(Declared as Deemed to be University under Section 3 of UGC Act 1956)



SAVEETHA
DENTAL COLLEGE

Certificate of Participation

Awarded to

DR VIVEK KRISHNAMOORTHY

for participating in the CDE Programme **"ORAL MICROBIOME"**

on 6th of September 2018 at Department of Pedodontics and Preventive Dentistry,

Saveetha Dental College and Hospitals, Chennai- 600 077.



S.K. Kannan
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Chengalpattu, Chengalpattu District
Tamil Nadu - 601 319

Dr. Deepak Nallaswamy
Director of Academics

Dr. EMG. Subramanian
Head (Academic) of Department
& Organising Chairman

Dr. Deepa Gurunathan
Head (Admin) of Department
& Organising Secretary



Dr. N.D. Jayakumar
Dean
Saveetha Dental College



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 12/09/2019.

FROM:

Staff Name: DR. PREM KUMAR .E

Department Name: ENDO DONTICS

Designation: MDS

Employee Number: 10107.

Phone Number: 9443045450

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

The name , 15th sep 2019 , 1 day , hyderabad .

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):

- Registration amount for the event: 5000

STAFF SIGNATURE



SAF CHAIRPERSON SIGN

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. PREM KUMAR. E
- Designation: MDS
- Department: ENDO DONTICS.
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

10th sep 2019, 1 day.

- Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

[Handwritten signature]

[Handwritten signature]
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



[Handwritten signature]

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.



Voucher No.....260.....

Date..27.02.2019..


Paid to Mrs/Mr..Dr. premkumar.F..... Head of AccountStaff welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for scientific writing workshop charges</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	

Bill Prepared In words Rs. Five thousand only

 **Recommended** **MANAGING DIRECTOR**  **Signature of the Receiver.**




PRINCIPAL
Prof.Dr.S.Karthiga Kannan
ADHIPARASAKTHI
DENTAL COLLEGE AND HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chevayur District,
Tamil Nadu



Continuing Dental Education

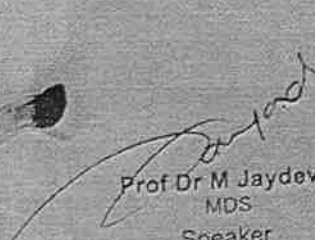
INDIAN DENTAL ASSOCIATION - DECCAN BRANCH

CERTIFICATE OF ATTENDANCE

Certified that Dr. **E Prem kumar**

has attended the Continuing Dental Education Program on
"THE CURVE"

held on 15th September, 2019 at Daspalla Hotel, Hyderabad
has been credited with 6 CDE points.



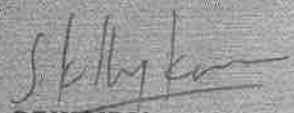
Prof Dr M Jaydev
MDS
Speaker



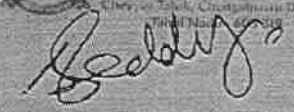

Dr. S. Jagadeeswara Rao
MDS
Member TSDRT



Dr. P. Haritha Rao
MDS
Member TSDRT



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chennai Taluk, Chengalpattu District
Tamil Nadu - 603109



Dr. Y. S. Reddy
BDS
President ida Deccan branch



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 11/10/2018

FROM:

Staff Name: Dr. RAJ PRAKASH.B,

Department Name: ORAL MAXILLO FACIAL SURGERY

Designation: MDS

Employee Number: 10095.

Phone Number: 9894730166

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Cosmetology 10th Oct 2018, 1 day, Chennai.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1000

STAFF SIGNATURE



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. RAJ PRAKASH B
- Designation: MAS
- Department: ORAC MAXILLOFACIAL SURGERY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

10th Oct 2018, 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

[Handwritten signature]



[Handwritten signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Handwritten signature]
PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....127.....

Date...17/11/2016.....


Paid to Mrs/Mr. Dr. Raj Prakash B. Head of Account Staff Welfare

Towards	Debit	
	Rs.	P.
<u>Towards payment for cosmetology charges</u>		
	<u>1500</u>	
Total Rs.	<u>1500</u>	

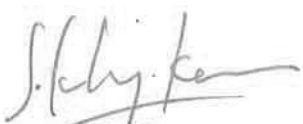
Bill Prepared In words Rs. One thousand five hundred only


ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chennai
Tamil Nadu



43rd Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)



1st INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Date: 11 12 13 October 2018


Certificate of Appreciation

Presented to

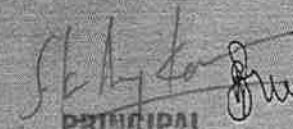
Dr. Rajprakash

for your invaluable contribution for conducting the **Pre - Conference Course** on
"COSMETOLOGY" - HANDS - ON / LECTURE
at the **43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference**
held on **10th October 2018** at **Manam Dentofacial Hospitals, Chennai.**






DR. PHILIP MATHEW
President, AOMSI

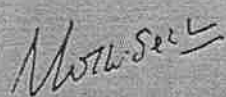

DR. PRITHAM N SHETTY
Secretary, AOMSI


PRINCIPAL
Prof. Dr. S. Karthiga Ramani
DR. R. S. NEELAKANDAN
Conference Secretary
ABHIPARASAGI
DENTAL COLLEGE & HOSPITAL
Rashtreeya Road, Melmaruthur
Chennai - 600 155
Chennai - Chengalpattu District
Tamil Nadu - 602 319


DR. GUNASEELAN RAJAN
Organising Chairman


DR. S. RAMKUMAR
Organising Secretary


DR. M. VEERABAHU
Chairman, Scientific Committee


DR. M. R. MUTHUSEKHAR
Chairman, Pre - Conference

6



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 3/10/2018

FROM:

Staff Name: DR. D. DURAIRAJ

Department Name: ORAL MAXILLOFACIAL SURGERY

Designation: MDS

Employee Number: 10118.

Phone Number: 9444016526

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Cosmetology, 10th Oct 2018, 1 day, Chennai.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1500

STAFF SIGNATURE

SAF CHAIRPERSON SIGN



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. D. DURAIRAJ
- Designation: MDS
- Department: ORAL MAXILLOFACIAL SURGERY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

10th Oct 2018, 1 day

- Relevant documents of the program enclosed

(Yes/No)

Staff signature





PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....1021.....

Date...16/10/2018.....


Paid to Mrs/Mr. Dr. Durairaj D..... Head of Account Staff Welfare.....

Towards	Debit	
	Rs.	P.
Towards payment for cosmebology staff conference charges.		
	1500	
Total Rs.	1500	

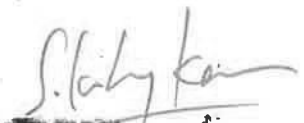
Bill Prepared In words Rs. One thousand five hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



43rd Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)



Manakkam Chennai

1st INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Date: 11 12 13 October 2018



Certificate of Appreciation

Presented to

DR DURAIRAJ D

for your invaluable contribution for conducting the **Pre - Conference Course** on
"COSMETOLOGY" - HANDS - ON / LECTURE
at the **43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference**
held on **10th October 2018** at **Manam Dentofacial Hospitals, Chennai.**

DR. PHILIP MATHEW
President, AOMSI



DR. PRITHAM N SHETTY
Secretary, AOMSI

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DR. R. S. NEELAKANDAN
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmarthur District
Chennai, Tamil Nadu - 601 319
Conference Secretary

DR. GUNASEELAN RAJAN
Organising Chairman

DR. S. RAMKUMAR
Organising Secretary

DR. M. VEERABAHU
Chairman, Scientific Committee

DR. M. R. MUTHUSEKHAR
Chairman, Pre - Conference



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 3/10/2018

FROM:

Staff Name: Dr. JAMES BHAGYAT

Department Name: ORAL MAXILLO FACIAL SURGERY

Designation: MDS

Employee Number: 10108

Phone Number: 9941626677.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Cosmetology 10th Oct 2018, Chennai.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1500

STAFF SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. JAMES BHABHA
- Designation: MDS
- Department: ORAL MAXILLOFACIAL SURGERY

• Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

• Nature of the program (Tick the necessary)

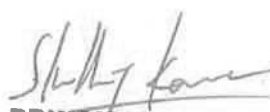
- State level
- National level
- International level

• Date and duration of the program:


10th Oct 2018, 1 day

• Relevant documents of the program enclosed

• Staff signature: (Yes/No)


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319




PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



43rd Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)



Manakkam Chennai

1st INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Date: 11 12 13 October 2018

Certificate of Appreciation

Presented to

DR JAMES ANTONY BHAGAT

for your invaluable contribution for conducting the *Pre - Conference Course* on
"COSMETOLOGY" - HANDS - ON / LECTURE
at the 43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference
held on 10th October 2018 at Manam Dentofacial Hospitals, Chennai.



Philip Mathew

DR. PHILIP MATHEW
President, AOMSI

Pritham N Shetty

DR. PRITHAM N SHETTY
Secretary, AOMSI

S. Karthiga
PRINCIPAL

Prof. Dr. S. Karthiga
DR. P. S. NEELAKANDAN
DENTAL COLLEGE & HOSPITAL
Conference Secretary
Medical Road, Michalavathur
Chennai - 605 319
Tamil Nadu

Gunaseelan Rajan

DR. GUNASEELAN RAJAN
Organising Chairman

S. Ramkumar

DR. S. RAMKUMAR
Organising Secretary

M. Veerabahu

DR. M. VEERABAHU
Chairman, Scientific Committee

M. R. Muthusekhar

DR. M. R. MUTHUSEKHAR
Chairman, Pre - Conference



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 3/10/2018

FROM:

Staff Name: DR. SURESH KUMAR G

Department Name: ORAL MAXILLO FACIAL SURGERY

Designation: MDS

Employee Number: 10074.

Phone Number: 9894827977

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
COSMETOLOGY , 10th OCT 2018, 1 day, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 1500

STAFF SIGNATURE

[Handwritten Signature]



[Handwritten Signature]
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

[Handwritten Signature]
PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. SURESH KUMAR. CH
- Designation: MDS
- Department: ORAL MAXILLO FACIAL SURGERY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

10th Oct 2018, 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

[Handwritten signature]



[Handwritten signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Handwritten signature]
PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1025.....

Date...17/10/2018...

Paid to Mrs/Mr. Dr. Suresh Kumar..... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for cosmebology state conference charges</u>		
	1500	
Total Rs.	1500	

Bill Prepared

In words Rs.

one thousand five hundred only

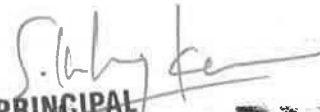

ACCOUNTS MANAGER

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



43rd Annual Conference of
Association of Oral and Maxillofacial Surgeons of India (AOMSI)



1st INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

VENUE : Chennai Trade Center, Nandambakkam, Chennai

Date: 11 12 13 October 2018

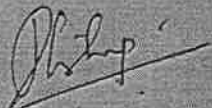
Certificate of Appreciation


Presented to

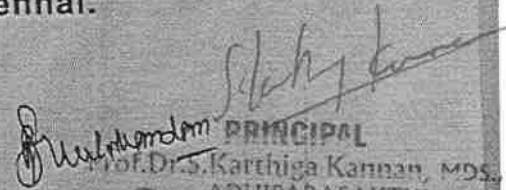
DR SURESH KUMAR G

for your invaluable contribution for conducting the **Pre - Conference Course** on
"COSMETOLOGY" - HANDS - ON / LECTURE
at the **43rd Annual Conference of AOMSI & 1st Indo - Japan OMS Conference**
held on **10th October 2018** at **Manam Dentofacial Hospitals, Chennai.**






DR. PHILIP MATHEW
President, AOMSI

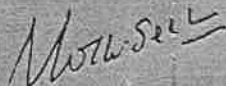

DR. PRITHAM N SHETTY
Secretary, AOMSI


DR. R. S. NEELAKANDAN
Conference Secretary
Principal, Adhiparasakthi College of Hospital
Chennai, Tamil Nadu - 600 011


DR. GUNASEELAN RAJAN
Organising Chairman


DR. S. RAMKUMAR
Organising Secretary


DR. M. VEERABAHU
Chairman, Scientific Committee


DR. M. R. MUTHUSEKHAR
Chairman, Pre - Conference



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 13/11/2018

FROM:

Staff Name: Dr. DHIVA K

Department Name: ORAL PATHOLOGY

Designation: MDS

Employee Number: 10041.

Phone Number: 9884960484.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
C.D Programme, 20th Nov 2018, 1 day Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1000

STAFF SIGNATURE

[Handwritten Signature]

[Handwritten Signature]
PRINCIPAL
Kanchipuram, MDS.,
Prof. Dr. S. K. ARASAKETHAN, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 608319
Kanchipuram District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

[Handwritten Signature]
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. DHIVYA. K
- Designation: MDS
- Department: ORAL PATHOLOGY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

20th NOV 2018, 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Dhivya

S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319



S. Thirumayagam
PRINCIPAL
Dr. S. Thirumayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1149.....

Date..27/11/2018.....


Paid to Mrs/Mr..Dr.:Dhivya:k..... Head of Account ...Staff welfare.....

	Debit	
	Rs.	P.
Towards Payment for CD program state conference charges		
	1000	
Total Rs.	1000	

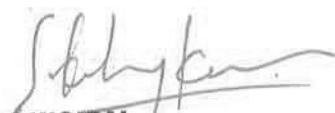
Bill Prepared In words Rs. one thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH



Declared as Deemed to be University under Section 3 of the UGC Act, 1956

FACULTY OF DENTISTRY

Meenakshi Ammal Dental College & Hospital
Department of Oral Pathology & Microbiology

Certificate of Participation

This is to certify that

Dr. K. Dhivya

has attended the CDE programme conducted

on 20th November 2018 at

Meenakshi Ammal Dental College & Hospital, Chennai.



TNDC approval No. 223/18

Dr. B. Sivapathasundharam

Dr. B. Sivapathasundharam MDS
Organizing Chairman

Prof. Dr. S. Karthiga Kannan

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Mettupalayam,
Cheyur Taluk, Chennai District

Dr. B. Kavitha
Dr. B. Kavitha MDS
Organizing Secretary

Dr. N. Ambalavanan

Dr. N. Ambalavanan MDS
Principal



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20/11/2018

FROM:

Staff Name: Dr. KRISHNA KUMAR . R

Department Name: PUBLIC HEALTH DENTISTRY

Designation: BDS

Employee Number: 20064

Phone Number: 8754072414

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

SAF 6th CDE PROGRAM - 28th November 2018 - 1 day, Chennai

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):

- Registration amount for the event: 500

STAFF SIGNATURE Krishna Kumar.

SAF CHAIRPERSON SIGN




PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319


PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: **DR. KRISHNA KUNAR**
- Designation: **MDS**
- Department: **PUBLIC HEALTH DENTISTRY**
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

28th November 2018, 1 day


- Relevant documents of the program enclosed

(Yes/No)

- Staff signature: **Krishnakumar**


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319




PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1237.....

Date...6.1.2018.....

Paid to Mrs/Mr...Dr...Krishna Kumar...R... Head of AccountStaff Welfare.....

	Debit	
	Rs.	P.
Towards payment for ID BTh CDE program charges		
	500	
Total Rs.	500	

Bill Prepared

In words Rs.

Five hundred only

ACCOUNTS MANAGER

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Recommended

MANAGING DIRECTOR

Krishnakumar
Signature of the Receiver.



S. Karthiga
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Indian Dental Association - Madras Branch

presents

6th CDE Program 2018

CERTIFICATE

This Certificate is awarded to

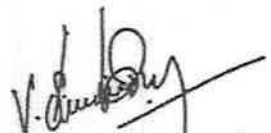
DR KRISHNAKUMAR R

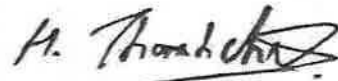
for attending the 6th CDE Program


titled **“Know-How” The Clinical Establishments Act** held on

28th November 2018 at Tamil Nadu Cricket Association Club, Chepauk, Chennai.




Dr. V. SHANKAR RAM
President
IDA - Madras Branch


Dr. H. THAMIZHELVAN
Hon. Branch Secretary
IDA - Madras Branch


Dr. POORNIMA KARTHIK
CDE Convener
IDA - Madras Branch

Prof. Dr. S. Karthiga Kannan, MDS
ADHIYASA
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 314



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 22/11/2018

FROM:

Staff Name: Dr. KRISHNARAJ - E

Department Name: PUBLIC HEALTH DENTISTRY

Designation: BDS

Employee Number: 20063

Phone Number: 9786193648.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

30th 6th CDE PROGRAM - 28th November 2018, Chennai

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): delegate participant

- Registration amount for the event: 500

STAFF SIGNATURE

Dr. Krishnaraj

SAF CHAIRPERSON SIGN



Dr. S. Karthiga Kannan
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Dr. S. Karthiga Kannan

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. KAMSHIDARAJ.E
- Designation: MDS
- Department: PUBLIC HEALTH DENTISTRY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

- Relevant documents of the program enclosed

(Yes/No)

Staff signature: *Krishnarej*



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Principals
PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1236.....

Date.....4.1.2018.....

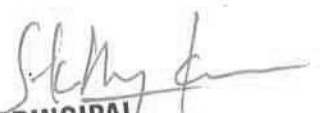
Paid to Mrs/Mr.....Dr. Krishnaraj.E..... Head of Account.....staff welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for ID BTH CDE Program charges</u>		
	<u>500</u>	
Total Rs.	<u>500</u>	

Bill Prepared In words Rs. Five hundred only

 ACCOUNTS MANAGER Recommended Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	----------------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Indian Dental Association - Madras Branch

presents

6th CDE Program 2018

CERTIFICATE

This Certificate is awarded to


DR KRISHNARAJ E

for attending the 6th CDE Program


titled **“Know-How” The Clinical Establishments Act** held on

28th November 2018 at Tamil Nadu Cricket Association Club, Chepauk, Chennai.




Dr. V. SHANKAR RAM
President
IDA - Madras Branch


Dr. H. THAMIZHCHELVAN
Hon. Branch Secretary
IDA - Madras Branch


DR. POORNIMA KARTHIK
PRINCIPAL
CDE Convener
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Chey, ur Taluk, Chengalpattu District
Tamil Nadu - 603 319



**ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU**

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 29/11/2018

FROM:

Staff Name: *D.N. VENKATESAN*
 Department Name: *PROSTHODONTICS*
 Designation: *MDS*
 Employee Number: *10001*
 Phone Number: *8939262435*

THROUGH:

Chairperson
 Scientific Academic Forum,
 Adhiparasakthi Dental College and Hospital.

TO:

To Principal,
 Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
EVOQUE 2018 1st december 1 day, Chennai.

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ *Presenter* presenter/Scientific chairperson):

Vengal • Registration amount for the event: *2000*
STAFF SIGNATURE

SAF CHAIRPERSON SIGN



S. Karthiga Kannan
PRINCIPAL
 Prof. Dr. S. Karthiga Kannan, MDS.,
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur,
 Cheyyar Taluk, Chengalpattu District
 Tamil Nadu - 608 319

S. Karthiga Kannan
PRINCIPAL
 Adhiparasakthi Dental College & Hospital
 Melmaruvathur - 608 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. N. VENKATESAN
- Designation: MDS
- Department: PROSTHOENTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

1st december 2018, 1 day.

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature



S. Karthiga Kannan
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 608319

S. Thilalnayagam
PRINCIPAL
Dr. S. Thilalnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

2018-19

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No...../238.....

Date..6/12/2018.....

Paid to Mrs/Mr..Dr...Venkatesan...N..... Head of Account ...Staff Welfare.....

	Debit	
	Rs.	P.
Towards Payment for EVOQUE-2018 State Conference Charges	2000	
Total Rs.	2000	


Bill Prepared

In words Rs.


Two thousand only


ACCOUNTS MANAGER
 Adhiparasakthi Dental College and Hospital
 Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.

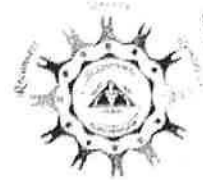



PRINCIPAL
 Prof.Dr.S.Karthiga Kannan, MDS.,
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengam District
 Tamil Nadu - 603 319



SRI RAMACHANDRA

INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Deemed to be University)
Porur, Chennai - 600116, INDIA.



FACULTY OF DENTAL SCIENCES
SRI RAMACHANDRA ALUMNI ASSOCIATION - DENTAL CHAPTER

Certificate of Presentation


This certificate is awarded to

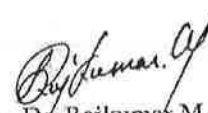
Dr. N. VENKATESAN


for his/her paper presentation titled CURRENT TRENDS IN DENTAL IMPLANTS
EVOQUE 2018

held on 1st December, 2018 at Faculty of Dental Sciences,
Sri Ramachandra Institute of Higher Education & Research.




Dr. Mythili S.
Organizing Chairman.


Dr. Rajkumar M.
Organizing Secretary


Dr. Deepak C.
Treasurer


Dr. Rayindran C.
Faculty




PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 605 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 23/11/2017

FROM:

Staff Name: DR. VASUPRAADHA.

Department Name: ORAL PATHOLOGY

Designation: MDS

Employee Number: 10056.

Phone Number: 9566597871

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

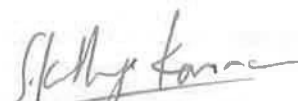
To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.


- Name, Date, Duration and location of conference/ workshop event:
International sal 2019, 31 to 2 Feb 3 days, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):
- Registration amount for the event: 11200

Vasupradha
STAFF SIGNATURE




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. VASUPRAJHA
- Designation: MDS
- Department: ORAL PATHOLOGY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level


- Date and duration of the program:

31st to 2nd Feb 3 days


- Relevant documents of the program enclosed

(Yes/No)

- Staff signature: Vasuprajha


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319




PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....214.....

Date...6.1.02/2019.....

Paid to Mrs/Mr...Dr. Vasupradha. G...... Head of Account ...Staff Welfare.....

	Debit	
	Rs.	P.
<u>towards Payment for international salsi - 2019 charges</u>		
	<u>11,200</u>	
Total Rs.	<u>11,200</u>	

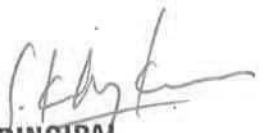
Bill Prepared In words Rs. Eleven thousand two hundred only

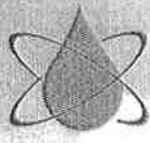

ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR

Vasupradha
Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MD
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



2018
North American
Saliva Symposium



1st International Summit of

SALIVA SYMPOSIUM INDIA

SALSI

PRESENTED BY INDIAN ACADEMY FOR CLINICAL AND DENTAL GENETICS (IACDG)



Certificate of Participation

This certificate is presented to

Dr. / Mr. / Ms. VASUPRADHA SANKAR

has participated in the

1st International Summit of Saliva Symposium India (SALSI 2019) held on

31st Jan – 2nd Feb 2019 at Saveetha Dental College, SIMATS, Chennai, India



Prof. Paul D. Slowey
Founder, NASS

Dr. Deepak Nallaswamy
Organising Chairman

PRINCIPAL
S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Technopark
Chengalpattu, Chengalpattu District
Tamil Nadu - 605 319

Dr. Sindhu Ramesh
Organising Secretary

Dr. Gargi Roy Goswami
Chairman



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 23/01/2019

FROM:

Staff Name: Dr. VIJAYAKUMAR KV

Department Name: PUBLIC HEALTH DENTISTRY

Designation: MDS.

Employee Number: 10054.

Phone Number: 9052725099.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Insight on research methodology and patent ability, 29,1,2019 1 day
Cheryalpettu.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant

Registration amount for the event: 1500
STAFF SIGNATURE



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. VIJAYAKUMAR KV
- Designation: MDS
- Department: Public health dentistry.
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

29/1/2019, 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Vijayakumar KV



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur, Taluk, Chengalpattu District
Tamil Nadu - 603 319



S. Thilainayagam

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....215.....

Date.....6/2/2019.....

Paid to Mrs/Mr.Dr. Vijaya Kumar K.V...... Head of Account Staff Welfare.....

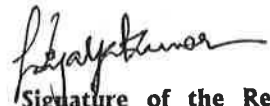
	Debit	
	Rs.	P.
Towards Payment for insight on Research Methodology and Patent filing charges	1500	
Total Rs.	1500	

Bill Prepared In words Rs. one thousand and five hundred only



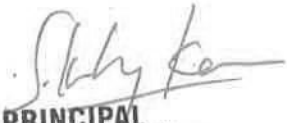
ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ASAN MEMORIAL DENTAL COLLEGE & HOSPITAL

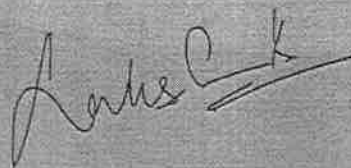
AFFILIATED TO THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY
KEERAPAKKAM, ORAGADAM ROAD, CHENGALPATTU, KANCHIPURAM DISTRICT 503105, TAMIL NADU, INDIA



CERTIFICATE OF PARTICIPATION

CDE PROGRAM

This is to certify that Dr. **VIJAYAKUMAR K V** participated in
the CDE Program Titled **INSIGHT ON RESEARCH METHODOLOGY AND PATENCY FILING**
held at Asan Memorial Dental College & Hospital on **29-01-2019**



DR. LAKSHMI RAVI
PRINCIPAL



GUEST SPEAKER



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmarakathur,
Chengalpet, Chengalpattu District,
Tamil Nadu - 603 319



CDE CO-ORDINATOR



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 25/1/2019.

FROM:

Staff Name: ANAND DEVI. C

Department Name: ORTHODONTICS

Designation: MDS

Employee Number: 10080

Phone Number: 98650 61423

THROUGH:

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO:

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Orthodontist Premier League, 6 to 7th Feb 2019, 2 day,
Bengaluru
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/
presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 2000

STAFF SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chongalpur District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: ANAND DEVI. C
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:
6th to 7th Feb 2019 2 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



PRINCIPAL
Dr. S. Thilalnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 222

Date. 13/02/2019


Paid to Mrs/Mr. Dr. Ananda Devi. C. Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for orthodontic Premier League charge</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	


Bill Prepared In words Rs. Two thousand only


ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.



Bangalore Orthodontic Study Group



Presents

Orthodontist Premier League

CERTIFICATE OF PARTICIPATION

DR ANANDA DEVI C

This is to certify that has participated in the Orthodontist Premier League (A Public Awareness Initiative Programme) held on 6th & 7th February 2019 by Indian Orthodontic Society & Bangalore Orthodontic Study Group.



PATRONS

Dr. Shamanur Shivashankarappa

Dr. K Sadashiva Shetty

Sri SS Mahikarjun

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melnarasathur
Chengalpattu District
Tamil Nadu - 605 319

Dr. Santosh Ramegowda
Organising chairman, OPL

Dr. Pradeep Jain
President, IOS

Dr. A T Prakash
Vice President, IOS

Dr. Sridevi Padmanabhan
Secretary, IOS

Dr. Kiran Kumar H C
Organizing treasurer, OPL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 28/1/2019.

FROM:

Staff Name: Dr. GEEETHA.K

Department Name: ORTHODONTICS

Designation: MDS

Employee Number: 10105.

Phone Number: 8056520732

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.


Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.


- Name, Date, Duration and location of conference/ workshop event:
Orthodontic Premier League 6th, 7th Feb 2019, 2 day
Bangalore
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 2000

STAFF SIGNATURE: 

SAF CHAIRPERSON SIGN




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. GEETHA.K
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

6th, 7th Feb 2019, 2 days Bangalore.

- Relevant documents of the program enclosed

(Yes/No)

Staff signature: *Geetha*

S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Dr. S. Thilalnayagam
PRINCIPAL
Dr. S. Thilalnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....234.....

Date.....18/02/2013.....


Paid to Mrs/Mr.Dr. Reetha K..... Head of Account ...Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for orthodontic premier league charges</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	

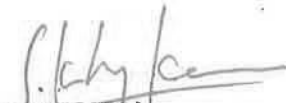
Bill Prepared In words Rs. Two thousand only


ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kangan,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chengam Taluk, Chengam District
Tamil Nadu - 603 319



Bangalore Orthodontic Study Group



Presents

Orthodontist Premier League

CERTIFICATE OF PARTICIPATION

This is to certify that DR GEETHA K has participated in the Orthodontist Premier League (A Public Awareness Initiative Programme) held on 6th & 7th February 2019 by Indian Orthodontic Society & Bangalore Orthodontic Study Group.

PATRONS

K. Sadashiva Shetty
Dr. K Sadashiva Shetty

Dr. Shamanur Shivashankarappa
Dr. Shamanur Shivashankarappa

Sri SS Mallikarjun
Sri SS Mallikarjun

Prof. Dr. S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Chengayur Taluk, Changanassery District
Tamil Nadu - 605 319



Dr. Santosh Ramegowda
Dr. Santosh Ramegowda
Organising chairman, OPL

Dr. Pradeep Jain
Dr. Pradeep Jain
President, IOS

Dr. A T Prakash
Dr. A T Prakash
Vice President, IOS

Dr. Sridevi Padmanabhan
Dr. Sridevi Padmanabhan
Secretary, IOS

Dr. Kiran Kumar H C
Dr. Kiran Kumar H C
Organizing treasurer, OPL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 28/01/2019.

FROM:

Staff Name: Dr. V. SUDHAKAR

Department Name: ORTHODONTICS

Designation: MDS

Employee Number: 10077

Phone Number: 9841874253

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
orthodontist premier league, 6th, 7th Feb 2019, 2 days, Bangalore
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 2000

STAFF SIGNATURE

SAF CHAIRPERSON SIGN



S. Karthiga Kannan
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

S. Karthiga Kannan
PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. V. SUDHAKAR
- Designation: MDS
- Department: Orthodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
6th, 7th Feb 2019, 2 days.
- Relevant documents of the program enclosed

(Yes/No)

Staff signature:



PRINCIPAL

Prof. Dr. S. Karthiga-Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyar Taluk, Chengalpattu District

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 230

Date. 15/02/2019

Paid to Mrs/Mr. Dr. Sudhakar V Head of Account Staff Welfare

	Debit	
	Rs.	P.
Towards payment for orthodontic premier league national conference charges.		
	2000	
Total Rs.	2000	

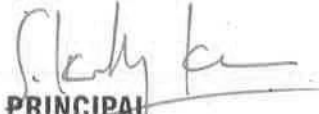
Bill Prepared In words Rs. Two thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karshiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu, Chengalpattu District
Tamil Nadu - 603 319



Bangalore Orthodontic Study Group



Presents

Orthodontist Premier League

CERTIFICATE OF PARTICIPATION

This is to certify that DR SUDHAKAR V has participated in the Orthodontist Premier League (A Public Awareness Initiative Programme) held on 6th & 7th February 2019 by Indian Orthodontic Society & Bangalore Orthodontic Study Group.

PATRONS

K. Sadasiva Shetty
Dr. K Sadasiva Shetty

S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 317



Dr. Shamanur Shivashankarappa

Dr. Santosh Ramegowda
Dr. Santosh Ramegowda
Organising chairman, OPL

Dr. Pradeep Jain
Dr. Pradeep Jain
President, IOS

Dr. A T Prakash
Dr. A T Prakash
Vice President, IOS

Dr. Sridevi Padmanabhan
Dr. Sridevi Padmanabhan
Secretary, IOS

Dr. Kiran Kumar H C
Dr. Kiran Kumar H C
Organizing treasurer, OPL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 29/11/2019.

FROM:

Staff Name: Dr. Preeti Prabhakaran

Department Name: ORTHODONTICS

Designation: MDS

Employee Number: 1239

Phone Number: 9380357544

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Orthodontist Premier League, 6th to 7th Feb 2019, 2 days
Bangalore
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 2,000

STAFF SIGNATURE



SAF CHAIRPERSON SIGN

Principal

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Principal

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. PREETHI PRABHAKARAN
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

6th to 7th 2019 2 days

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Preethi Prabhakaran



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District,
Tamil Nadu - 603 319

S. Thirainayagam
PRINCIPAL
Dr. S. Thirainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 229

Date... 14.1.2018.....


Paid to Mrs/Mr. Dr. Preethi prabhakaran Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for orthodontic premier League charges</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	


Bill Prepared In words Rs. Two thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Karman, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Bangalore Orthodontic Study Group



Presents

Orthodontist Premier League

CERTIFICATE OF PARTICIPATION

This is to certify that DR PREETI PRABHAKARAN has participated in the Orthodontist Premier League (A Public Awareness Initiative Programme) held on 6th & 7th February 2019 by Indian Orthodontic Society & Bangalore Orthodontic Study Group.



PATRONS

Dr. Shamanur Shivashankarappa

Dr. K Sadashiva Shetty

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Chengamathur, Melavanchur
Chennai - 605 319

Sri SS Mallikarjun

Dr. Santosh Ramegowda
Organising chairman, OPL

Dr. Pradeep Jain
President, IOS

Dr. A T Prakash
Vice President, IOS

Dr. Sridevi Padmanabhan
Secretary, IOS

Dr. Kiran Kumar H C
Organizing treasurer, OPL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 11/02/2019.

FROM:

Staff Name: Dr. R. SUMANTH KUMAR

Department Name: ORTHODONTICS

Designation: NDS

Employee Number: 10086.

Phone Number: 9952034634.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;


To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.


- Name, Date, Duration and location of conference/ workshop event:
Orthodontist premier league, 6 to 7th Feb 2019, 2 days
Bangalore.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 2,000

STAFF SIGNATURE




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 225.....

Date. 18/02/2019,...

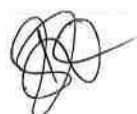
Paid to Mrs/Mr. Dr. Sumanth Kumar R Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for orthodontic Premier League charges</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	

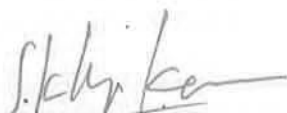
Bill Prepared In words Rs. Two thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyar Taluk, Chengalpattu District,
Tamil Nadu - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. R. SUMANTH KUMAR .
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

6th to 7th Feb 2019 2 days .

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thilalnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319,

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



Bangalore Orthodontic Study Group



Presents

Orthodontist Premier League

CERTIFICATE OF PARTICIPATION

This is to certify that DR. R. SUMANTH KUMAR has

participated in the Orthodontist Premier League (A Public Awareness Initiative Programme) held on 6th & 7th February 2019 by Indian Orthodontic Society & Bangalore Orthodontic Study Group.



Dr. Shamanur Shivashankarappa

Dr. Santosh Ramegowda
Organising chairman, OPL

Dr. Pradeep Jain
President, IOS

Dr. A T Prakash
Vice President, IOS

PATRONS

Dr. K Sadashiva Shetty

Dr. Sridevi Padmanabhan
Secretary, IOS

Sri SS Mallikarjun

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Dr. Kiran Kumar H C
Organizing treasurer, OPL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 11/02/2019.

FROM:

Staff Name: DR. RAMYA R

Department Name: ORTHODONTICS

Designation: MDS

Employee Number: 10072

Phone Number: 900 3795490

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Orthodontic Premier League, 6th, 7th Feb 2019, 2 days.
Bangalore.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):

Registration amount for the event: 2000

STAFF SIGNATURE



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. RAMYA. R
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

6th, 7th Feb 2019 2 days

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thirainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 221

Date. 13/02/2019

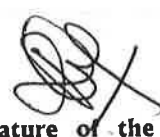
Paid to Mrs/Mr. Dr. Ramya R. Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment orthodontic premier League charges</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	


Bill Prepared In words Rs. Two thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Bangalore Orthodontic Study Group



Presents

Orthodontist Premier League

CERTIFICATE OF PARTICIPATION

DR RAMYA R

This is to certify that has

participated in the Orthodontist Premier League (A Public Awareness Initiative Programme) held on 6th & 7th February 2019 by Indian Orthodontic Society & Bangalore Orthodontic Study Group.

PATRONS



Dr. Shamanur Shivashankarappa

Dr. K Sadashiva Shetty

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Meenaravathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

Sri SS Mallikarjun

Dr. Santosh Ramegowda
Organising chairman, OPL

Dr. Pradeep Jain
President, IOS

Dr. A T Prakash
Vice President, IOS

Dr. Sridevi Padmanabhan
Secretary, IOS

Dr. Kiran Kumar H C
Organizing treasurer, OPL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 26/03/2019.

FROM:

Staff Name: DR. EBENEZER. N

Department Name: PERIODONTICS.

Designation: MDS

Employee Number: 10026

Phone Number: 7299814931.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Diagnostic symposium, 5/4/2019, 1 day, Chennai, Tamil Nadu.

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): delegate participant

- Registration amount for the event: 500

STAFF SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. EBENEZER. M
- Designation: MDS
- Department: PERIODONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
5/4/2019, 1 day.
- Relevant documents of the program enclosed

(Yes/No)

Staff signature:

eb



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 608 319.

Dr. S. Thiffenmayagam
PRINCIPAL
Dr. S. Thiffenmayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 422

Date.. 15.1.04.2019

Paid to Mrs/Mr. D.T. Ebenezer M


Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for Diagnostic Defficle state</u>		
<u>conference charges</u>		
	<u>500</u>	
Total Rs.	<u>500</u>	


Bill Prepared In words Rs. Five hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karchiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ASAN MEMORIAL DENTAL COLLEGE & HOSPITAL

AFFILIATED TO THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

KEERAPAKKAM, ORAGADAM ROAD, CHENGALPATTU, KANCHIPURAM DISTRICT 603105, TAMIL NADU, INDIA



CERTIFICATE OF PARTICIPATION

CDE PROGRAM

This is to certify that Dr. **Ebenezer M** _____ participated in
the CDE Program Titled "DIAGNOSTIQUE DIFFICILE"
held at Asan Memorial Dental College & Hospital on 05-04-2019

DR. LAKSHMI RAVI
PRINCIPAL


GUEST SPEAKER
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpet Taluk, Chengalpet District
Tamil Nadu - 603 349

GDE CO-ORDINATOR



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 30/3/2019.

FROM:

Staff Name: DR. PRIYANKA PAMPANI

Department Name: PERIODONTICS

Designation: MDS

Employee Number: 10125

Phone Number: 9538404090

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Diagnostic elective, 5/4/2019 1 day, Pondicherry.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 500

STAFF/SIGNATURE



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyur Taluk, Chengam District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

Principal

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. PRIYANKA PAMPANI
- Designation: MDS
- Department: PERIODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:
5/4/19, 1 day
- Relevant documents of the program enclosed

(Yes/No)

Staff signature: *Priyanka P*



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengam District
Tamil Nadu - 603 319

S. Thilalnayagam
PRINCIPAL
Dr. S. Thilalnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....418.....

Date: 12/4/2019.....

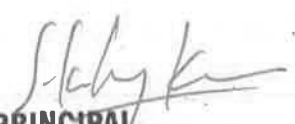
Paid to Mrs/Mr. Dr. Priyanka Pampani Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for diagnostic deffide charges</u>		
	500	
Total Rs.	500	

Bill Prepared In words Rs. Five hundred only

 ACCOUNTS MANAGER Recommended Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ASAN MEMORIAL DENTAL COLLEGE & HOSPITAL

AFFILIATED TO THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

KEERAPAKKAM, ORAGADAM ROAD, CHENGALPATTU, KANCHIPURAM DISTRICT 603105, TAMIL NADU, INDIA



CERTIFICATE OF PARTICIPATION

CDE PROGRAM

This is to certify that Dr. **Priyanka pampani** _____ participated in
the CDE Program Titled “ DIAGNOSTIQUE DIFFICILE ”
held at Asan Memorial Dental College & Hospital on 05-04-2019



DR. LAKSHMI RAVI
PRINCIPAL

GUEST SPEAKER

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Chengalpet, Chengalpattu District
Tamil Nadu - 603 319

CDE CO-ORDINATOR



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1/4/2019.

FROM:

Staff Name: DR. JANANI. I

Department Name: PERIODONTICS

Designation: MDS

Employee Number: 10090.

Phone Number: 9597628422.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Diagnostic clinic, 5/4/19, 1 day, Cheralpettu.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
- Registration amount for the event: 500

STAFF SIGNATURE



SAF CHAIRPERSON SIGN

Principal

Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Principal

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM


- Name: DR. JANANI I
- Designation: MDS
- Department: PERIODONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level


- Date and duration of the program: 5/4/19 1 day,
- Relevant documents of the program enclosed

(Yes/No)

- Staff signature: Janani


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyar Taluk, Chongalpet District
Tamil Nadu - 603 319




PRINCIPAL
Dr. S. Thirainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



ASAN MEMORIAL DENTAL COLLEGE & HOSPITAL

AFFILIATED TO THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY
KEERAPAKKAM, ORAGADAM ROAD, CHENGALPATTU, KANCHIPURAM DISTRICT 603105, TAMIL NADU, INDIA



CERTIFICATE OF PARTICIPATION

CDE PROGRAM

This is to certify that Dr. Janani I _____ participated in
the CDE Program Titled “ DIAGNOSTIQUE DIFFICILE ”
held at Asan Memorial Dental College & Hospital on 05-04-2019

DR. LAKSHMI RAVI
PRINCIPAL



GUEST SPEAKER

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Pichemavathur
Chey. - Taluk, Chengalpattu District
Tamil Nadu - 603105

CDE CO-ORDINATOR



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15/4/2019.

FROM:

Staff Name: Dr. M. KARTHIKEYAN

Department Name: ORAL MAXILLO FACIAL SURGERY

Designation: MDS

Employee Number: 10068.

Phone Number: 9444168787.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Master class on modern esthetic dentistry, 24th April 2019, 1 day
Kollkata.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):

Karthikeyan

STAFF SIGNATURE

Registration amount for the event: 700



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

S. Karthiga Kannan
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. M. Karthikeyan*
- Designation: *MDS*
- Department: *ORAL MAXILLOFACIAL SURGERY.*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: *24th April 2019 - 1 day*
- Relevant documents of the program enclosed

(Yes/No)

- Staff signature: *Karthikeyan*



S. Thilainayagam
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

S. Thilainayagam
PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No....448.....

Date...30/4/2019.....

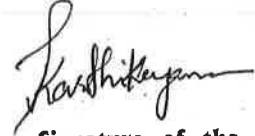
Paid to Mrs/Mr...Dr. Karthikeyan. M..... Head of Account ...Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for A. Master class on Modern Aesthetic Dentistry charges</u>		
	<u>700</u>	
Total Rs.	<u>700</u>	


Bill Prepared In words Rs. Seven hundred only


ACCOUNTS MANAGER
Recommended
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ida
Indian Dental Association
West Bengal State Branch



ida
Indian Dental Association
Kolkata City Branch



ida
Indian Dental Association
Kolkata & Suburban Branch



1920-2020



CERTIFICATE

Certified that Dr. **KARTHIKEYAN**

has attended Lecture & Demo **A Master Class on Modern Aesthetic Dentistry!!!**
on Wednesday, 24th April 2019, for 03.00 hrs. duration Conducted by **Dr. Mario Besek** at Kolkata,
organised by IDA West Bengal State Branch in association with IDA Kolkata City Branch
and IDA Kolkata & Suburban Branch and credited with CDE 3 Points

Dr. Mario Besek
(Speaker)

Dr. J K Singh
(President,
IDA West Bengal State Branch)

Dr. Raju Biswas
(Secretary, IDA West Bengal State Branch;
President, IDA Kolkata & Suburban Branch)

Dr. T Debnath
(CDE Convenor,
IDA West Bengal State Branch)

Dr. Sitangshu Ghosh
(Representative, WBDC)

Dr. Utpal Barman
(President,
IDA Kolkata City Branch)

Dr. Joydeep Banerjee
(Hon. Secretary,
IDA Kolkata City Branch)

Dr. Tapan Kr. Ghosh
(CDE Convenor,
IDA Kolkata City Branch)

Dr. Mousum Mondal
(Secretary,
IDA Kolkata & Suburban Branch)

Dr. Shounak Ghosh
(CDE Convenor,
IDA Kolkata & Suburban Branch)

WBDC Approval No. : 458/2720/2019/D



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 17/4/2019.

FROM:

Staff Name: DR. KAUSHALYA.P

Department Name: ENDO DONTICS

Designation: MDS

Employee Number: 10091.

Phone Number: 9600207703

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
master class on modern esthetic dentistry,
24th April 2019 1 day, Kollusutta.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 700

STAFF SIGNATURE

Kaushalya.P

SAF CHAIRPERSON SIGN



Prof. Dr. S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Principal
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR --

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. KAUSHALYA.P
- Designation: MDS
- Department: ENDO DONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)


- State level
- National level
- International level

- Date and duration of the program:
24th Apr 2019, 1 day

- Relevant documents of the program enclosed

(Yes/No)

• Staff signature: Kaushalya.P


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319




PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....452.....

Date. 30/4/2019.....

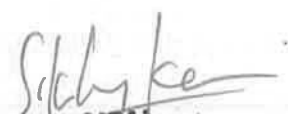
Paid to Mrs/Mr....Dr. Kausalya P...... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>towards Payment for A. Master class on</u>		
<u>Modern Aesthetic Dentistry charges</u>		
	<u>700</u>	
Total Rs.	<u>700</u>	

Bill Prepared In words Rs. Seven hundred only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Recommended 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



CERTIFICATE

Certified that Dr. **KAUSHALYA P**

has attended Lecture & Demo **A Master Class on Modern Aesthetic Dentistry!!!**
on Wednesday, 24th April 2019, for 03.00 hrs. duration Conducted by **Dr. Mario Besek** at Kolkata,
organised by IDA West Bengal State Branch in association with IDA Kolkata City Branch
and IDA Kolkata & Suburban Branch and credited with CDE 3 Points

Dr. Mario Besek
(Speaker)

Dr. J K Singh
(President,
IDA West Bengal State Branch)

Dr. Raju Biswas
(Secretary, IDA West Bengal State Branch;
President, IDA Kolkata & Suburban Branch)

Dr. T Debnath
(CDE Convenor,
IDA West Bengal State Branch)

Dr. Sitangshu Ghosh
(Representative, WBDC)

Dr. Utpal Barman
(President,
IDA Kolkata City Branch)

Dr. Joydeep Banerjee
(Hon. Secretary,
IDA Kolkata City Branch)

Dr. Tapan Kr. Ghosh
(CDE Convenor,
IDA Kolkata City Branch)

Dr. Mousum Mondal
(Secretary,
IDA Kolkata & Suburban Branch)

Dr. Shounak Ghosh
(CDE Convenor,
IDA Kolkata & Suburban Branch)



WBDC Approval No. : 458/2720/2019/D

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaravathur
Chey. or. Taluk, Chengalpattu District
Tamil Nadu - 603 319

Upgrade Dentistry



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20/4/2019.

FROM:

Staff Name: Dr. SATHISH S

Department Name: ENDOODONTICS

Designation: MDS

Employee Number: 10116

Phone Number: 9003258869

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
master class on modern esthetic dentistry. 24th April 2019, Kolkatta. 1 day.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
delegate participant
- Registration amount for the event: 700



STAFF SIGNATURE

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 605 319

SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 605 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Sathish . S
- Designation: MOS
- Department: ENDO DENTICS .
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program:
24th April 2019, 1 day

- Relevant documents of the program enclosed

6 (Yes/No)

- Staff signature:

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 440.....

Date... 28/4/2019.....

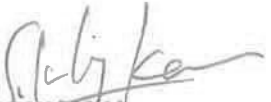
Paid to Mrs/Mr... Dr. Sathish - S..... Head of Account... Staff Welfare.....

	Debit	
	Rs.	P.
<u>towards payment for A. Master Class on Modern Aesthetic dentistry charges</u>	<u>700</u>	
Total Rs.	<u>700</u>	

Bill Prepared In words Rs. Seven hundred only

 ACCOUNTS MANAGER Recommended Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	----------------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



CERTIFICATE

Certified that Dr. **SATHISH S**

has attended Lecture & Demo **A Master Class on Modern Aesthetic Dentistry!!!**
on Wednesday, 24th April 2019, for 03.00 hrs. duration Conducted by **Dr. Mario Besek** at Kolkata,
organised by IDA West Bengal State Branch in association with IDA Kolkata City Branch
and IDA Kolkata & Suburban Branch and credited with CDE 3 Points

Dr. Mario Besek
(Speaker)

Dr. J K Singh
(President,
IDA West Bengal State Branch)

Dr. Raju Biswas
(Secretary, IDA West Bengal State Branch;
President, IDA Kolkata & Suburban Branch)

Dr. T Debnath
(CDE Convenor,
IDA West Bengal State Branch)

Dr. Sitangshu Ghosh
(Representative, WBDC)

Dr. Utpal Barman
(President,
IDA Kolkata City Branch)

Dr. Joydeep Banerjee
(Hon. Secretary,
IDA Kolkata City Branch)

Dr. Tapan Kr. Ghosh
(CDE Convenor,
IDA Kolkata City Branch)

Dr. Mousum Mondal
(Secretary,
IDA Kolkata & Suburban Branch)

Dr. Shounak Ghosh
(CDE Convenor,
IDA Kolkata & Suburban Branch)

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melnaruvathur
Chennai, Tamil Nadu, Chennai District



WBDC Approval No. : 458/2720/2019/D

Upgrade Dentistry

Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

Recognised by Dental Council of India

Affiliated to The Tamilnadu Dr.M.G.R Medical University

A Unit of Adhiparasakthi Charitable, Medical, Educational & Cultural Trust

ACADEMIC YEAR 2017-18



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20/4/2017

FROM:

Staff Name: DR. K. PRABHU

Department Name: PROSTHODONTICS

Designation: MDS

Employee Number: 10058

Phone Number: 9994179155

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
9th IPS conference, 29th, 30th April 2017 (2 days) Chennai.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant
- Registration amount for the event: ₹.5000

STAFF SIGNATURE



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 603 319.

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. K. PRABHU
- Designation: MDS
- Department: PROSTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 29,30 April 2017 (2days)

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
Hospital
Chervur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 509


Date: 21/5/2018

Paid to Mrs/Mr... Dr. Prabhu. K


Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment 9th IPS National conference charges</u>		
	<u>7000</u>	
Total Rs.	<u>7000</u>	


Bill Prepared In words Rs. seven thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



8th INDIAN PROSTHODONTIC SOCIETY TAMIL NADU STATE BRANCH CONFERENCE

Department of Prosthodontics, SRM Dental College, Ramapuram, Chennai - 89

29th - 30th April 2017

"Integrate To Rehabilitate"

Certificate of Attendance

Awarded to

Dr. K. PRABHU

(DCI Reg. No... 6275.....)

for having attended and contributed to the success of the conference.

Dr. V.R. Thirumurthy MDS,
President
IPS-TN

Dr. R. Sridharan MDS,
Secretary
IPS-TN

Dr. H. Mathakumar MDS,
Organising Chairman

Dr. N. Gopi Chandar MDS,
Organising Secretary and
Treasurer



TNDC Approval
No: 75/17



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Chevvelur Taluk, Chengam District
Tamil Nadu - 603 519



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 4/5/2017

FROM:

Staff Name: Dr. K. RAJESWARY

Department Name: PUBLIC HEALTH DENTISTRY

Designation: MDS

Employee Number: 10031

Phone Number: 9486364756

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;


To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
11th National PG Convention, 12, 13, May 2017, 2 days. (Puducherry)
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 3500 /.

STAFF SIGNATURE





PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chingleput District
Tamil Nadu - 608 319

SAF CHAIRPERSON SIGN


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. K. RAJESWRY*
- Designation: *MDS*
- Department: *PUBLIC HEALTH DENTISTRY.*

• Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: *12th / 13th May 2017, 2 days*

• Relevant documents of the program enclosed

- (Yes/No)

• Staff signature:

S. Rajeswary



S. Karthiga Kannan
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Tamil Nadu - 608319

Dr. S. Thillainayagam
PRINCIPAL

Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi


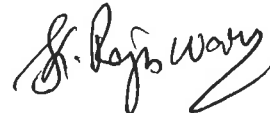
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL


MELMARUVATHUR-603 319.

Voucher No. 515.....

Date. 18/5/2017.....

Paid to Mrs/Mr. <u>Dr. Rajeswary K.</u>		Head of Account <u>Staff Welfare</u>	
<u>Towards payment for 11th National PGI convention national conference charges</u>		Debit	
		Rs.	P.
		<u>3500</u>	
Total Rs.		<u>3500</u>	
Bill Prepared	In words Rs. <u>Three thousand five hundred only</u>		
 Adhiparasakthi Dental Hospital Melmaruvathur - 603 319 Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 605 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 6/9/2017

FROM:

Staff Name: DR. A. VASANTHAKUMARI

Department Name: PEDODONTIC

Designation: MDS

Employee Number: 10038

Phone Number: 9443615196

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
39th National Conference Pedasphere, 13, 14, 15, 16 Sep. 2017
(4 days) Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
National
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
Delegate participant
- Registration amount for the event: ₹. 7000

STAFF SIGNATURE



PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. A. VASANTHAKUMAR
- Designation: M.D.
- Department: Pedodontics
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 13-16 Sep 2017 (4 days)


- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319


PRINCIPAL
Dr. B. ThiWalmayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

2/17/18

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....920.....

Date...14/9/2017.....

Paid to Mrs/Mr..Dr. Vasanthakumari. A...... Head of Account ...Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for 39th National conference</u>		
<u>Pedosphere charges</u>		
	<u>7000</u>	
Total Rs.	<u>7000</u>	

Bill Prepared	In words Rs. <u>Seven thousand only</u>
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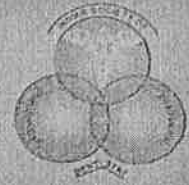
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	Signature of the Receiver.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	-----------------------------------



Skathy

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319.

C



PEDOSPHERE

39th ANNUAL CONFERENCE OF INDIAN SOCIETY OF PEDODONTICS AND PREVENTIVE DENTISTRY

13th -16th September 2017 | Sri Ramaiah University, Chennai, Tamil Nadu.

THEME "INTERDISCIPLINARY PEDIATRIC DENTISTRY"

CERTIFICATE

OF PARTICIPATION

Dr. A. Vasanthakumari

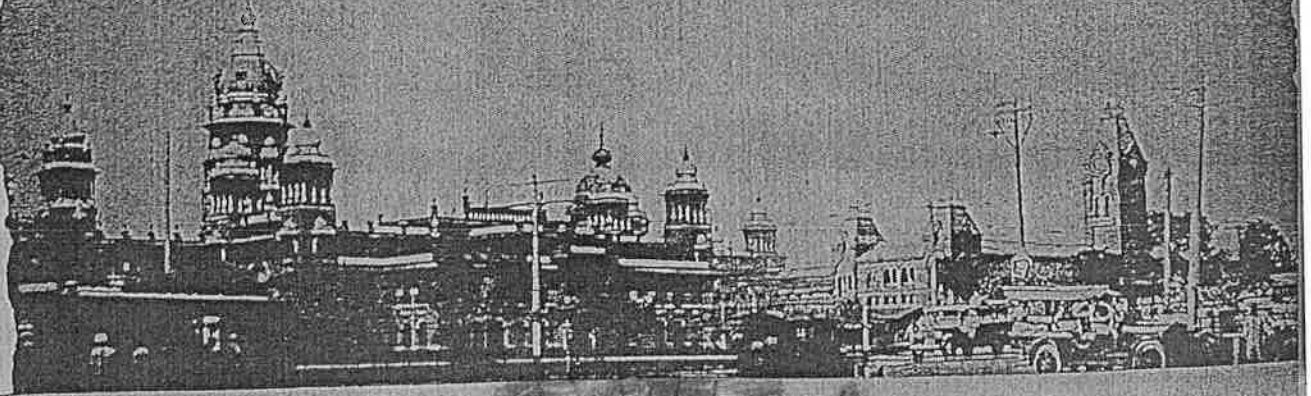
Dr. Virinder Goyal
President

Dr. Haalashwamy Kambalimath
General Secretary

Dr. Sivakumar Nuvvula
Conference Secretary

Dr. M. S. Muthu
Organising Chairman

Dr. Kavitha Swaminathan
Organising Secretary



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHISARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 6/10/2017

FROM:

Staff Name: DR. ANITHA S

Department Name: Oral pathology and Microbiology.

Designation: MDS.

Employee Number: 20058

Phone Number: 9500850454

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Empathy in patient care , 13th Oct 2017, 1 day Puducherry.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant/ presenter/Scientific chairperson):
- Registration amount for the event: 2.2000

STAFF SIGNATURE

Handwritten signature of Dr. Anitha S



SAF CHAIRPERSON SIGN

Handwritten signature of Prof. Dr. S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Kanchipuram District
Tamil Nadu - 603 319

Handwritten signature of Prof. Dr. S. Karthiga Kannan

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. ANITHA.S
- Designation: MDS
- Department: Oral pathology & microbiology.
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 13th Oct 2017 (1 day)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

af



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur
Chennai - 608 319
Tamil Nadu

Dr. S. Thillainayagam

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

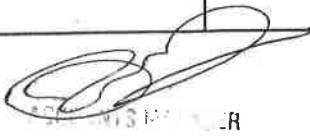

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

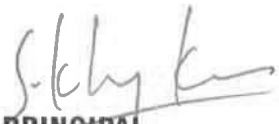
MELMARUVATHUR-603 319.

Voucher No. 1028

Date. 20/10/2017

Paid to Mrs/Mr. <u>Dr. Anitha S</u>		Head of Account <u>Staff Welfare</u>	
Towards payment for Empathy in Patient care state conference charges		Debit	
		Rs.	P.
		2000	
Total Rs.		2000	
Bill Prepared	In words Rs. <u>Two Thousand only</u>		
 Manager Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SRI BALAJI VIDYAPEETH DEEMED UNIVERSITY
Accredited by NAAC with 'A' Grade



INDIRA GANDHI INSTITUTE OF DENTAL SCIENCES

Pillaiyarkuppam, Puducherry - 607 403.

DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY

Certificate of Participation

Awarded to **DR. ANITHA S.**

for participating in the CDE Program

EMPATHY IN PATIENT CARE

conducted on 13th October 2017, by the Department of Oral Pathology & Microbiology,

&

Scientific and Academic Forum,

Indira Gandhi Institute of Dental Sciences, Sri Balaji Vidyapeeth, Puducherry.



Dr. A. Santha Devi
Organizing Chairman

Dr. N. Vezhavendhan
Organizing Secretary

Dr. R. Saravana Kumar
Principal



PRINCIPAL
Prof. Dr. S. Karchiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Near Taluk, Chengam District
Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 6/10/2017

FROM:

Staff Name: DR. BHARAVI.D

Department Name: Oral pathology and microbiology

Designation: MDS

Employee Number: 20059

Phone Number: 9449950575

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

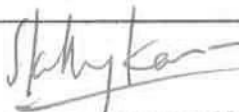
Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Empathy in patient care, 13th Oct 2017 (1day) Puducherry
- Type of conference (State/National/International) (Onsite/Virtual):
Virtual
- Type of attendee (Guest lecture/Delegate participant/
presenter/Scientific chairperson):
Delegate participant.
- Registration amount for the event: ₹. 2000


STAFF SIGNATURE

Bharavi




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 605 319

SAF CHAIRPERSON SIGN


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 605 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. BHARAVI.D
- Designation: MDS
- Department: Oral Pathology and microbiology
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 18th Oct 2017 (1 day)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

Bharavi



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL

Dr. S. Thirumayagam

PRINCIPAL
Dr. S. Thirumayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1027.....

Date.....20/10/2017.....

Paid to Mrs/Mr. Dr.: Bhal-ravi...D..... Head of Accountstaff welfare.....

	Debit	
	Rs.	P.
<u>Towards Payment for Empathy in Patient care state conference charges</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	

Bill Prepared

In words Rs.

Two thousand only



ACCOUNTS MANAGER

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.


Recommended

MANAGING DIRECTOR

Ravi

Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319.

C



SRI BALAJI VIDYAPEETH DEEMED UNIVERSITY
Accredited by NAAC with 'A' Grade



INDIRA GANDHI INSTITUTE OF DENTAL SCIENCES

Pillaiyarkuppam, Puducherry - 607 403.

DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY

Certificate of Participation

Awarded to **DR. BHARAVI D**

for participating in the CDE Program

EMPATHY IN PATIENT CARE

conducted on 13th October 2017, by the Department of Oral Pathology & Microbiology,

&

Scientific and Academic Forum,

Indira Gandhi Institute of Dental Sciences, Sri Balaji Vidyapeeth, Puducherry.



Dr. A. Santha Devi
Organizing Chairman

Dr. N. Vezhavendhan
Organizing Secretary

Dr. R. Saravana Kumar
Principal



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Pillaiyarkuppam
Chennai Tamil Nadu - 605 019



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 2/11/2017

FROM:

Staff Name: DR. ANANDA DEVI .C

Department Name: ORTHODONTICS

Designation: MDS.

Employee Number: 10080

Phone Number: 9865061429

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
52nd Indian Orthodontic Conference, 16th November 2017,
1 day, Jaipur.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 2.10000

STAFF SIGNATURE

AD



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyenne Taluk, Chengalpattu District

SAF CHAIRPERSON SIGN

Princip

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. ANANDA DEVI . C
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 16th November 2017 2 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

AD



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI

Dr. B. Thillainayagam

PRINCIPAL
Dr. B. Thillainayagam, M.D.S.,



DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

16-17

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 1251


Date... 21/12/2019

Paid to Mrs/Mr. Dr. Ananda Devi


Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for All India Student</u>		
<u>Conference charges</u>		
	<u>10,000</u>	
Total Rs.	<u>10,000</u>	

Bill Prepared In words Rs. Ten Thousand only.


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.



Stkly for
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



52nd INDIAN ORTHODONTIC CONFERENCE



Certificate of Attendance

Awarded to

DR ANANDA DEVI C

for attending Pre-Conference Course
titled-

New Horizons in Orthodontics & Dentofacial Orthopaedics

conducted by

Dr. William J Clark (Scotland)

during 52nd Indian Orthodontic Conference held on 16th November, 2017
at B.M. Birla Auditorium, Jaipur, India.

G Chandrasekhar

Dr. G Chandrasekhar
President IOS

Dr. C Deepak

Dr. C Deepak
Secretary IOS



Dr. Pradeep Jain

Dr. Pradeep Jain
Organising Chairman

Dr. Balvinder Singh Thakkar

Dr. Balvinder Singh Thakkar
Organising Secretary
Principal
Dr. S. Karthiga Kannan, M.D.S.
ADHIPARASAI
DENTAL COLLEGE & HOSPITAL
140/112/113, K. V. Road, Adhiparasai
Chevvelur Taluk, Chittoor District
Tamil Nadu - 605 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 9/4/2017

FROM:

Staff Name: DR. RAMYA.R

Department Name: ORTHODONTICS

Designation: MDS

Employee Number: 10072

Phone Number: 9003795490

THROUGH:

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO:

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
52nd INDIAN ORTHODONTIC CONFERENCE 11-16 NOV. 2017, (1 Da) Jaipur.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):
- Registration amount for the event: ₹. 10,000

STAFF SIGNATURE

Ranya



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

Princip

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. RAMYA. R
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program: 16th Nov. 2017, Jaipur.

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Ranya



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu, Chengalpattu District
Tamil Nadu - 608 319
PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 1149

Date. 23/11/2017

Paid to Mrs/Mr. Dr. Ramya R. Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for 52nd Indian Orthodontic Conference charges.</u>		
	<u>10,000</u>	
Total Rs.	<u>10,000</u>	

Bill Prepared

In words Rs.

Ten thousand only




Adhiparasakthi Dental Hospital
Melmaruvathur **Recommended**

MANAGING DIRECTOR



Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



52nd INDIAN
ORTHODONTIC
CONFERENCE



Certificate of Attendance

Awarded to

DR RAMYA R

for attending Pre-Conference Course
titled-

New Horizons in Orthodontics & Dentofacial Orthopaedics

conducted by

Dr. William J Clark (Scotland)

during 52nd Indian Orthodontic Conference held on 16th November, 2017
at B.M. Birla Auditorium, Jaipur, India.

Dr. C Deepak
Secretary IOS

Dr Pradeep Jain
Organing Chairman

Dr. Balvinder Singh Thakkar
Organising Secretary

G Chandrasekhar
Dr. G Chandrasekhar
President IOS



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASATHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Madhavaram
Chennai - 600 030, Tamil Nadu - 600 030



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 9/11/2017

FROM:

Staff Name: Dr. DEENA NANCY E

Department Name: ORTHODONTICS

Designation: MDS

Employee Number: 10096

Phone Number: 9952824586

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;



To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
52nd Indian orthodontic conference, 16th Nov. 2017 (1 day),
Jaipur.
- Type of conference (State/National/International) (Onsite/Virtual):
✓
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant.
presenter/Scientific chairperson):
✓
- Registration amount for the event: ₹. 10,000

STAFF SIGNATURE



Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. DEENA NANCY .E
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 16th Nov. 2017 (1day)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

[Handwritten signature]



[Handwritten signature: S. K. Kanna]

[Handwritten signature]

PRINCIPAL
Dr. S. Thirumayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



PRINCIPAL
Dr. S. Karthiga Kanna, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE AND HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 608 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....1148.....

Date...22.11.2017.....

Paid to Mrs/Mr...Dr. Deena Nancy...F..... Head of Account...Staff Welfare.....

	Debit	
	Rs.	P.
Towards payment for 52nd Indian Orthodontic Conference charges	10,000	
Total Rs.	10,000	

Bill Prepared

In words Rs.

Ten thousand only




MANAGING DIRECTOR
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



52nd INDIAN
ORTHODONTIC
CONFERENCE



Certificate of Attendance

Awarded to

DR DEENA NANCY E

for attending Pre-Conference Course
titled-

New Horizons in Orthodontics & Dentofacial Orthopaedics

conducted by

Dr. William J Clark (Scotland)

during 52nd Indian Orthodontic Conference held on 16th November, 2017
at B.M. Birla Auditorium, Jaipur, India.

Dr. C Deepak
Secretary IOS

Dr Pradeep Jain
Organing Chairman

Dr. Balvinder Singh Thakkar
Organising Secretary



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chevvyur Taluk, Chingleput District
Tamil Nadu - 605 319



Hospital Road, Melmaruvathur
Chevvyur Taluk, Chingleput District
Tamil Nadu - 605 319

Dr. G Chandrasekhar
President IOS



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 9/11/2017

FROM:

Staff Name: DR. SUDHAKAR.V

Department Name: ORTHODONTICS

Designation: MDS

Employee Number: 10077

Phone Number: 9841874253

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
52nd Indian Orthodontic conference . 16th Nov. 2017 (1 Day)
Jaipur.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: ₹. 10,000.

STAFF SIGNATURE



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chingleput District
Tamil Nadu - 608319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. SUDHAKAR.V
- Designation: MDS
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 16th Nov. 2017 (1 Day)

- Relevant documents of the program enclosed

- (Yes/No)

Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No. 1147

Date. 22/11/2019

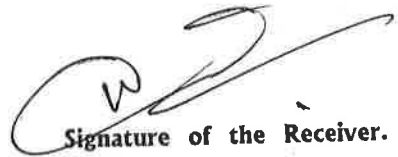
Paid to Mrs/Mr. Dr. Sudhakar.V Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for National conference</u>		
<u>52nd Indian Orthodontic Conference charges.</u>		
	<u>10,000</u>	
Total Rs.	<u>10,000</u>	


Bill Prepared In words Rs. Ten Thousand only


MANAGING DIRECTOR
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319



52nd INDIAN
ORTHODONTIC
CONFERENCE



Certificate of Attendance

Awarded to

DR SUDHAKAR V

for attending Pre-Conference Course
titled-

New Horizons in Orthodontics & Dentofacial Orthopaedics

conducted by

Dr. William J Clark (Scotland)

during 52nd Indian Orthodontic Conference held on 16th November, 2017
at B.M. Birla Auditorium, Jaipur, India.

Dr. C Deepak
Secretary IOS

Dr Pradeep Jain
Organing Chairman

Dr. Balvinder Singh Thakkar
Organising Secretary



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Chennai-600 128, Chengalpattu District



G Chandrasekhar
Dr. G Chandrasekhar
President IOS



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16/11/2017

FROM:

Staff Name: Dr. MANJUNATHAN

Department Name: PERIODONTICS

Designation: MDS

Employee Number: 10062

Phone Number: 99429325567

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
42nd National Conference Esp., 24th - 26th November 2017
(3 days), Kolkata
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate participant
- Registration amount for the event: 6500/-

STAFF SIGNATURE

(LA)



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyenne Palayam, Changanassery District
Tamil Nadu - 608 319

SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. MANISUNDAR . N

• Designation: MDS

• Department: PERIODONTICS

• Details Of The Program (Tick the necessary)

- Conference
 Workshop
 Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
 National level
 International level

• Date and duration of the program: 24th - 26th November 2017 (2 days)

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

(M)



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District

S. Thilainayagam

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No. 116/.....

Date. 29/11/2017.....


Paid to Mrs/Mr. Dr. Manisundari N..... Head of Account staff welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for 42nd National ISP</u>		
<u>Conference charges</u>		
	<u>6500</u>	
Total Rs.	<u>6500</u>	

Bill Prepared

In words Rs.


Six Thousand Five hundred only


ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
Melmaruvathur
Recommended Hospital

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



42nd National Conference



Indian Society of Periodontology



Certificate of Attendance

Presented to

Dr. **MANISUNDAR N**

For attending the 42nd National Conference of ISP held at Kolkata, 24th to 26th November, 2017.

Dr. A R Pradeep
Dr. A R Pradeep
President, ISP

Dr. A K Pal
Dr. A K Pal
Conference Secretary

Dr. Abhay Kolte
Dr. Abhay Kolte
Secretary, ISP

Dr. T K Pal
Dr. T K Pal
Organizing Chairman

Anindita Banerjee
Dr. Anindita Banerjee
Chairperson - Scientific

Dr. Abhijit Chakraborty
Dr. Abhijit Chakraborty
Organizing Secretary



Signature

PRINCIPAL

DENTAL COLLEGE & HOSPITAL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 11/1/2018

FROM:

Staff Name: Dr. M. EBENEZER.

Department Name: PERIODONTICS

Designation: MDS

Employee Number: 10026

Phone Number: 7299814931

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
18th-20th January 2018, 3 days, 5th star summit, (Chennai)
- Type of conference (State/National/International) (Onsite/Virtual): State.
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson): Delegate participant
- Registration amount for the event: 2500/-

STAFF SIGNATURE

[Handwritten signature]



[Handwritten signature]

PRINCIPAL
Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chennai-603 319, Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

[Handwritten signature]

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. M. BENEFER*
- Designation: *MDS*
- Department: *PERIODONTIC*
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program: *18th - 20th January 2018 2 3 days.*

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Ben



Shilpa Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS., PRINCIPAL
ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chennai - 608319

Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


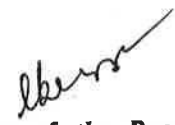
Voucher No.....148.....

Date.....25/11/2018.....


Paid to Mrs/Mr.Dr. Ebenezer M...... Head of Account staff welfare.....

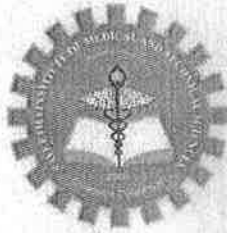
	Debit	
	Rs.	P.
<u>Towards payment for 5th star Summit state conference charges.</u>	<u>2500</u>	
Total Rs.	<u>2500</u>	

Bill Prepared In words Rs. Two thousand Five hundred Only

 Accounts Manager Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	----------------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Cheggaipattu District
Tamil Nadu - 603 319



Saveetha Transdisciplinary Annual Research Summit

CERTIFICATE OF APPRECIATION

DR. EBENEZER M.

towards contribution as a Judge in the

5th STAR Summit

held from 18th - 20th January 2018 at Saveetha Dental College,
Saveetha Institute of Medical And Technical Sciences, Chennai.

Dr. Deepak Nallaswamy
Director of Academics
SIMATS

Dr. ND Jayakumar
Dean
Saveetha Dental College

Dr. Sindhu Ramesh
Associate Dean of Research
Saveetha Dental College



PRINCIPAL
Prof. Dr. S. Archana Kannan, MD, D.D.S.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Cheyvi Taluk, Chengalpattu District
Tamil Nadu - 603 317



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16/1/2018

FROM:

Staff Name: DR. ABISHEK BALAJI

Department Name: ORTHODONTICS

Designation: M.D.S

Employee Number: 10073

Phone Number: 9884060223

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
73rd INDIAN DENTAL CONFERENCE, 23,24,25,26 Jan 2018, 4 days.
Thiruvananthapuram.
- Type of conference (State/National/International) (OnSite/Virtual):
National
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
Delegate participant
- Registration amount for the event: ₹. 7600

STAFF SIGNATURE



Dr. Kannan, M.D.S.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chennai, Tamil Nadu - 608319

SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: *Dr. ABISHEK BALAJI*
- Designation: *MDS*
- Department: *ORTHO DONTICS*
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: *23rd - 26th January 2018 2 4 days.*

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

Abh



Skhykan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI

Princip

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Chennai - 603 319
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....162.....

Date...30/11/2018.....

Issued to Mrs/Mr. Dr. Abhishek R. Balaji Head of Account staff welfare

	Debit	
	Rs.	P.
<u>Towards payment for 73rd Indian Dental Conference charges</u>		
	7600	
Total Rs.	7600	

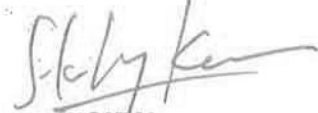
Bill Prepared In words Rs. Seven thousand six hundred only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



73rd INDIAN DENTAL CONFERENCE
 2020 JAN 23 -26 • KOVALAM • THIRUVANANTHAPURAM



Certificate of Participation

DR ABISHEK BALAJI

This is to certify that
 has attended the 73rd Indian Dental Conference conducted at Kovalam, Thiruvananthapuram
 on 23rd -26th of January, 2018 and contributed to making the conference a success.



[Signature]
 Dr. M. Raveendranath
 Chairman
 IDC 2020

[Signature]
 Dr. Suresh Kumar G.
 Organising-Secretary
 IDC 2020

[Signature]
 Dr. Sanjay S. Joshi
 Conference-Secretary
 IDC 2020

[Signature]
 Dr. Janak Sabharwal
 President
 IDA

[Signature]
 Dr. Ashok Dhoble
 Hon. Secretary General
 IDA

[Signature]
 Observer
 Kerala Dental Council



*The conference is entitled to 18 credit points vide. Kerala Dental Council order : No: 301/20/DC

AN/OTHS/IDC191262



[Signature]
PRINCIPAL
 Prof. Dr. S. Karthiga Kannan, MDS.,
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Mahanuvahur
 Cheyur Taluk, Chirappalli District
 Tamil Nadu - 603-319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8/2/2018

FROM:

Staff Name: Dr. K. Dhivya

Department Name: Oral pathology.

Designation: MDS.

Employee Number: 10041

Phone Number: 9952020405

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
*International Dental Conference 2018, 16th to 17th March 2018
2 days (Chennai).*
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: *10,500/-*

STAFF SIGNATURE

Dhivya



Dr. S. Karthiga Kannan
PRINCIPAL
Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chennai Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

Princip

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. k. Dhirya
- Designation: Oral patho. MDS.
- Department: Oral pathology.
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 16th to 17th March 2018 @ 2 days.

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Dhirya



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 603 319

Dr. S. Thilalnayagam
PRINCIPAL
Dr. S. Thilalnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 322


Date... 22/2/2018

Issued to Mrs/Mr... Dr. Dhivya.k

Head of Account ... staff welfare

	Debit	
	Rs.	P.
<u>Towards payment for international Dental conference charges.</u>		
	<u>10,500</u>	
Total Rs.	<u>10,500</u>	

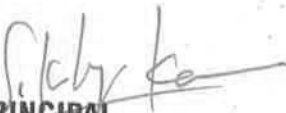
Bill Prepared In words Rs. Ten thousand and five hundred only


ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
Melmaruvathur - 603 319.

MANAGING DIRECTOR

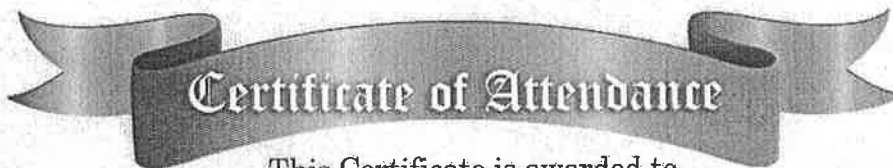

Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



International Dental Conference 2018



This Certificate is awarded to

Dr/Mr/Miss. K. Dhivya.....

for Participating at the

International Dental Conference 2018

held from 16th to 17th March 2018 at Chennai



H. Thamizhelvan

Dr. H. Thamizhelvan
Secretary
IDA Madras Branch

V. Shankar Ram

Dr. V. Shankar Ram
President
IDA Madras Branch

Poornima Karthik

Dr. Poornima Karthik
CDE Convenor
IDA Madras Branch

Rudra Bhanu Satpathy

Rudra Bhanu Satpathy
Director
BioLeagues Worldwide

Ankit Rath

Ankit Rath
CEO
BioLeagues Worldwide



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. V.L. LAIKSHMAN
- Designation: MDS
- Department: ORAL MEDICINE
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
August 2018

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengam District
Tamil Nadu - 603 319



PRINCIPAL
Dr. B. Thillamayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and
Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

17-18

Voucher No..... 455

Date..... 9/3/2018

Paid to Mrs/Mr. Dr. Lakshman V. L Head of Account Staff Welfare

	Debit	
	Rs.	P.
Towards Payment for Py DCI Renewel Charges		
	500	
Total Rs.	500	

Bill Prepared

In words Rs.

Five hundred only




Manager
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

STATE DENTAL COUNCIL

U.T. of PUDUCHERRY
PONDICHERRY

Certificate of Registration as Dentist
Under The Dentist Act, 1948.



THIS IS TO CERTIFY that the person named below has been registered
under Part A as Dentist under the provisions of The Dentist Act, 1948.

This Certificate shall remain in force 31.12.2013

Name: Dr. V.J. LAKSHMAN.

Qualification: B.D.S. M.D.S. (ORAL MEDICINE AND RADIOLOGY)

Registration No: 0163

Aug - 2016
80



[Signature]
REGISTRAR
REGISTRAR
STATE DENTAL COUNCIL
PUDUCHERRY - 605 006



Reviewed up to 31.12.2016 <i>[Signature]</i> Date: 27/11/18 Registrar: SDC U.T. of Puducherry	Reviewed up to 31.12.2017 <i>[Signature]</i> Date: 27/11/18 Registrar: SDC U.T. of Puducherry	Reviewed up to 31.12.2017 <i>[Signature]</i> Date: 27/11/18 Registrar: SDC U.T. of Puducherry	Reviewed up to 31.12.2017 <i>[Signature]</i> Date: 27/11/18 Registrar: SDC U.T. of Puducherry
Reviewed up to 31.12.2020 <i>[Signature]</i> Date: 18/11/20 Registrar: SDC U.T. of Puducherry	Reviewed up to 31.12.2021 <i>[Signature]</i> Date: 12.02.2021 Registrar: SDC U.T. of Puducherry		

[Signature]
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 605 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 29/3/2018

FROM:

Staff Name: DR. S. SHAMALA RAVIKUMAR

Department Name: Oral pathology & Microbiology

Designation: MDS

Employee Number: 10113

Phone Number: 9841062828

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Histo path slide ^{read by} 5th April 2018 (1 day) Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
Onsite ✓
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
Delegate participant ✓
- Registration amount for the event: ₹.1500

STAFF SIGNATURE



Shamala
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyvre Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

Shamala
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. S. SHAMALA RAVIKUMAR
- Designation: MDS
- Department: Oral pathology and Microbiology
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 5th April 2018 (1 day)

- Relevant documents of the program enclosed

Shamala ✓
(Yes/No)

- Staff signature:



Shamala
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE AND HOSPITAL
Hospital Road, Chengalpattu
Cheyyur Taluk, Chengalpattu
Tamil Nadu - 603 319

Shamala

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital,
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

18-19

Om Sakthi
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No. 412

Date. 12/11/2018


Paid to Mrs/Mr. Dr. Shamala S. Head of Account Staff Welfare

	Debit	
	Rs.	P.
Towards payment for Hisbopth slide		
writing stable conference charges		
Total Rs.	1500	
	1500	

Bill Prepared	In words Rs. <u>One thousand five hundred only</u>
---------------	----------------------------------------------------

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Hospital, Vatt. - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319



HISTOPATHOLOGY SLIDE READING SERIES PART IV - PAEDIATRIC ORAL PATHOLOGY

Department of Oral and Maxillofacial Pathology
Saveetha Dental College, Chennai

Certificate of Learning

Awarded to

DR. S. SHAMALA RAVIKUMAR

for participating in Saveetha's

Histopathology Slide Reading Series - Part IV - Paediatric Oral Pathology

Conducted on 5th April 2018, Chennai.

Dr. V. Deepak Nallasamy
Director of Academics
SIMATS

Dr. N. D. Jayakumar
Dean,
Saveetha Dental College

Dr. Pratibha Ramani
Professor and Head
Dept of Oral and Maxillofacial Pathology,
Saveetha Dental College



Prof. Dr. S. Karthiga K.
PRINCIPAL
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melisaravathi
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19/4/2018

FROM:

Staff Name: Dr. Ramesh Karthik. J

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10088

Phone Number: 9994705530

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
1st IRS conference., 28, 29 April 2018 (2 days), Puducherry
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: ₹ 5000

STAFF SIGNATURE

[Handwritten Signature]



[Handwritten Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 608319

SAF CHAIRPERSON SIGN

[Handwritten Signature]

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR –
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. RAMEGH KARTHICK . I
- Designation: MDS
- Department: PROSTHOODNTIC
- Details Of The Program (Tick the necessary)

- Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 28th - 29th April 2018, (2 days)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

[Handwritten signature]



[Handwritten signature]
PRINCIPAL

Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 608319.

[Handwritten signature]
PRINCIPAL

Dr. S. Thirainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



Cheyyur Taluk, Cuddalore District
Tamil Nadu - 608319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....452.....

Date.....30/4/2018.....

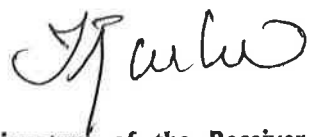
Paid to Mrs/Mr..Dr. Ramesh Kaarthick I Head of AccountStaff welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for 9th IPS National Conference Charges</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	

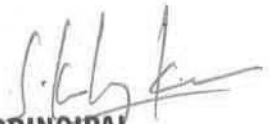
Bill Prepared In words Rs. Five thousand only.


ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319



9th INDIAN PROSTHODONTIC SOCIETY – TAMILNADU STATE BRANCH CONFERENCE
 Indira Gandhi Institute of Dental Sciences , Sri Balaji Vidyapeeth, Puducherry.

Certificate of Participation

This is to certify that Dr. RAMESH KARTHIK I of
APDCH, Maruvathur has participated in this Annual Event held on 28th
 and 29th of April 2018.

[Signature]

Dr. K. Murugesan
 PRESIDENT
 IPS – TN State Branch

[Signature]

Dr. Sridharan R
 SECRETARY
 IPS – TN State Branch

[Signature]

Dr. Manoharan PS
 ORGANISING CHAIRMAN

[Signature]

Dr. Shivasakthy M
 Organising Secretary



[Signature]
 PRINCIPAL
 Prof. Dr. S. Karthiga Kannan, MDS,
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Maruvathur
 Chennai Taluk, Changanasserai District



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19/4/2018

FROM:

Staff Name: V. C. KARTHIK

Department Name: PROSTHODONTICS

Designation: MDS

Employee Number: 10087

Phone Number: 9655193466

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
9th IFS National Conference, 28th - 29th April 2018 (2 days)
Puduchery.
- Type of conference (State/National/International) (OnSite/Virtual):
National ✓ OnSite ✓
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
Delegate participant ✓
- Registration amount for the event: ₹ 5000

STAFF SIGNATURE



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Dist. - Kanchipuram District
608319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: **Dr V.C KARTHIK**
- Designation: **MDS**
- Department: **PROSTHODONTICS**
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: **28th, 29th April 2018 (2 days)**
Puducherry.

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheruvu Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No..... 453

Date... 20/11/2018

Paid to Mrs/Mr. Dr. Karthik V.L


Head of Account ... staff welfare

	Debit	
	Rs.	P.
<u>Towards Payment for 9th IPS National Conference charges</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	


Bill Prepared In words Rs. Five thousand only


Hospital
Memaruvathur
Recommended

MANAGING DIRECTOR


Signature of the Receiver.



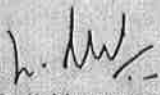

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

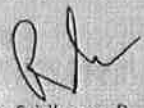



9th INDIAN PROSTHODONTIC SOCIETY – TAMILNADU STATE BRANCH CONFERENCE
Indira Gandhi Institute of Dental Sciences , Sri Balaji Vidyapeeth, Puducherry.


Certificate of Participation

This is to certify that Dr. V.C. Karthik of
APDCH, Maruvathur has participated in this Annual Event held on 28th
and 29th of April 2018.



Dr. K. Murugesan
PRESIDENT
IPS – TN State Branch


Dr. Sridharan R
SECRETARY
IPS – TN State Branch


Dr. Manoharan PS
ORGANISING CHAIRMAN


Dr. Shivasakthy M
Organising Secretary




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Maruvathur Road, Maruvathur
Cheruvu, Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 28/4/2018

FROM:

Staff Name: Mr. SAKSHI MADHOK.

Department Name: PROSTHODONTICS

Designation: MDS

Employee Number: 10112

Phone Number: 9171776879

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

8th IPB CONFERENCE, 28th & 29th April 2018 (2 days), Pondicherry

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):

- Registration amount for the event: 5000

Sakshi
STAFF SIGNATURE

SAF CHAIRPERSON SIGN



H. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 608 319

S. Karthiga Kannan
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. SARSHI MADHOK.
- Designation: MDS.
- Department: PROSTHODONTICS.
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 28th & 29th April 2018 2 days

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature: Sarshi

S. Karthiga Kannan

Dr. S. Thilainayagam



PRINCIPAL
Prof. Dr. S. Karthiga Kannan
ADHIPARASAKTHI
Hospital Road, Melmaruvathur
Chevuru Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....454.....

Date.....30/4/2018.....

Paid to Mrs/Mr.Dr. Sakshi Madhok..... Head of AccountStaff Welfare.....

	Debit	
	Rs.	P.
<u>Towards Payment for 8th IPS National Conference Charges</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	

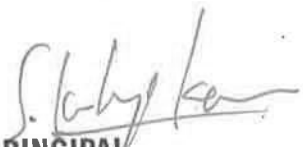
Bill Prepared In words Rs. Five thousand only


Accounts Manager
Adhiparasakthi Dental College & Hospital
Melmaruvathur 603 319.

MANAGING DIRECTOR

Sakshi
Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





9th INDIAN PROSTHODONTIC SOCIETY – TAMILNADU STATE BRANCH CONFERENCE
 Indira Gandhi Institute of Dental Sciences , Sri Balaji Vidyapeeth, Puducherry.

Certificate of Participation

SAKSHI MADHOK

This is to certify that Dr. _____ of
 APDCH Maruvathur _____ has participated in this Annual Event held on 28th
 and 29th of April 2018.

[Signature]

Dr. K. Murugesan
 PRESIDENT
 IPS – TN State Branch

[Signature]

Dr. Sridharan R
 SECRETARY
 IPS – TN State Branch

[Signature]

Dr. Manoharan PS
 ORGANISING CHAIRMAN

[Signature]

Dr. Shivasakthy M
 Organising Secretary



[Signature]
 PRINCIPAL
 Prof. Dr. S. Karthiga Kannan, M.D.S.
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Mangal Road, Madhavanchur
 Sullia, Chempurra District
 Tamil Nadu - 605 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

Recognised by Dental Council of India

Affiliated to The Tamilnadu Dr.M.G.R Medical University

A Unit of Adhiparasakthi Charitable, Medical, Educational & Cultural Trust

ACADEMIC YEAR 2016-17



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8/6/2016

FROM:

Staff Name: Dr. DHIVYA . K

Department Name: ORAL PATHOLOGY

Designation: MDS

Employee Number: 10041

Phone Number: 99520 28485

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Research Methodology & Biostatistics , 13+017th June 2016 5 days ,
Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ *delegate participant* presenter/Scientific chairperson):
- Registration amount for the event: 3000

STAFF SIGNATURE



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengam District
Tamil Nadu - 608319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 608319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. DHIVYA .K
- Designation: MDS
- Department: ORAL PATHOLOGY
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
13 to 17th June 2016, 5 day.
- Relevant documents of the program enclosed

✓ (Yes/No)

Staff signature:

[Handwritten signature]



[Handwritten signature]

[Handwritten signature]

PRINCIPAL
Dr. S. Karthiga Kannan, M.D.S.

PRINCIPAL

Dr. S. Thilalnayagam, M.D.S.

Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and
Registration fee receipt



Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 619.....

Date. 21/6/2016.....

Paid to Mrs/Mr. Dr. Dhi.vya.k..... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for Research Methodology and Biostatistics workshop charges</u>		
	<u>3000</u>	
Total Rs.	<u>3000</u>	

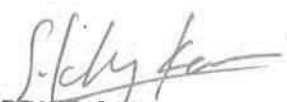
Bill Prepared In words Rs. Three thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



The Tamil Nadu Dr. M.G.R. Medical University

69, Anna Salai, Guindy, Chennai - 600 032.

CREDIT POINTS : 30

This Certificate is awarded to Dr/Mr/Mrs..... K. DHIVYA.....

For participating as ~~Resource Person~~ / Delegate in the XXXVII Workshop on

“RESEARCH METHODOLOGY & BIostatISTICS”

Organized by the Department of Epidemiology

The Tamil Nadu Dr. M.G.R. Medical University From 13th to 17th June 2016.


Dr. N. KABILAN, M.D.(S)
PROF & HEAD i/c
DEPT. OF EPIDEMIOLOGY


Prof. **Dr. S. PUSHKALA, M.D.,**
REGISTRAR (FAC)


Prof. **Dr. S. GEETHALAKSHMI, M.D. Ph.D.**
VICE CHANCELLOR


Prof. Dr. S. Karthikeyan
ADHIPARASARAI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Cheyvan Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8/6/2016.

FROM:

Staff Name: Dr. D. VIJAYALAKSHMI

Department Name: ORAL PATHOLOGY

Designation: MDS

Employee Number: 10033

Phone Number: 98420 52014.

THROUGH:

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO:

To Principal,
Adhiparasakthi Dental College and Hospital.


Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.


- Name, Date, Duration and location of conference/ workshop event:
Research methodology & Biostatistics, 13 to 17 June 2016, 5day Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate Participant presenter/Scientific chairperson):
- Registration amount for the event: 3000

STAFF SIGNATURE



SAF CHAIRPERSON SIGN


PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 603 319


PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. S. VIJAYALAKSHMI
- Designation: MDS
- Department: ORAL PATHOLOGY
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 13 to 17 June 2016, 5 days, Chennai
- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:



PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

PRINCIPAL
Prof. Dr. S. Thillainayagam, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheruvu Taluk, Chengalpattu District
Tamil Nadu - 608 319



The Tamil Nadu Dr. M.G.R. Medical University

69, Anna Salai, Guindy, Chennai - 600 032.

CREDIT POINTS : 30

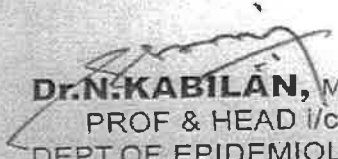
This Certificate is awarded to Dr/Mr/Mrs... **Dr VIJAYALAKSHMI K**

For participating as ~~Resource Person~~ / Delegate in the XXXVII Workshop on

“RESEARCH METHODOLOGY & BIostatISTICS”

Organized by the Department of Epidemiology

The Tamil Nadu Dr. M.G.R. Medical University From 13th to 17th June 2016.


Dr. N. KABILAN, M.D.(S)
PROF & HEAD i/c
DEPT. OF EPIDEMIOLOGY


Prof. **Dr. S. PUSHKALA**, M.D.,
REGISTRAR (FAC)


Prof. **Dr. S. GEETHALAKSHMI**, M.D., Ph.D.,
VICE CHANCELLOR




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melivarambathur
Chengalpattu District
603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8/6/2016.

FROM:

Staff Name: DR.V.SUDHAKAR

Department Name: . ORTHODONTICS.

Designation: M.D.S

Employee Number: 10077

Phone Number: 9841874253

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Research methodology & Biostatistics, 13 to 17 June 2016 5 day, Chennai.
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): delegate participant
- Registration amount for the event: 3000

STAFF SIGNATURE



SAF CHAIRPERSON SIGN

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. V. SUDHAKAR
- Designation: MDS
- Department: ~~Endodontics~~ Orthodontics.

Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

Nature of the program (Tick the necessary)

- State level
- National level
- International level

Date and duration of the program: 13 to 17 JUNE 2016, 5 days

Relevant documents of the program enclosed

(Yes/No)

Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Chengalpattu, Chengalpattu District

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.



Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi
CASH / VOUCHER


ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL
MELMARUVATHUR-603 319.

Voucher No.....621.....

Date...21/6/2018.....

Paid to Mrs/Mr... <i>Dr. Sudhakar V.</i>		Head of Account... <i>Staff Welfare</i>	
<i>Towards payment for Research Methodology and Biostatistics workshop Charges</i>			Debit
			Rs. P.
			<i>3000</i>
Total Rs.			<i>3000</i>
Bill Prepared	In words Rs. <i>Three thousand only</i>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319 <i>Recommended</i>	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengamuru District
 Tamil Nadu - 603 319



The Tamil Nadu Dr. M.G.R. Medical University

69, Anna Salai, Guindy, Chennai - 600 032.

CREDIT POINTS : 30

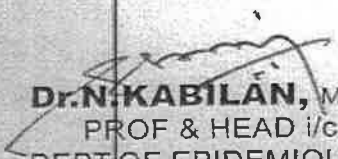
This Certificate is awarded to Dr/Mr/Mrs... **Dr Sudhakar V**

For participating as ~~Resource Person~~ / Delegate in the XXXVII Workshop on

“RESEARCH METHODOLOGY & BIostatISTICS”

Organized by the Department of Epidemiology

The Tamil Nadu Dr. M.G.R. Medical University From 13th to 17th June 2016.


Dr. N. KABILAN, M.D.(S)
PROF & HEAD i/c
DEPT. OF EPIDEMIOLOGY


Prof. Dr. S. PUSHKALA, M.D.,
REGISTRAR (FAC)


Prof. Dr. S. GEETHALAKSHMI, M.D., Ph.D.,
VICE CHANCELLOR




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI



DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmarthoor
Chennai - 600 032, Tamil Nadu - 600 032
Tamil Nadu - 600 032



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19/7/2016

FROM:

Staff Name: DR. K. RAJESWARY

Department Name: Public health dentistry

Designation: Senior Lecturer

Employee Number: 10031.

Phone Number: 9486364756

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:

Dental Fluorosis, 29th July 2016, Chennai.
1 day

- Type of conference (State/National/International) (Onsite/Virtual):

- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):

- Registration amount for the event: 1500

STAFF SIGNATURE

K. Rajeswary

SAF CHAIRPERSON SIGN

Principal

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. K. RAJESWARY
- Designation: MDS (Senior Lecturer)
- Department: Public health dentistry
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program: 2nd July 2016, 1 day.
- Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

K. Rajeswary



[Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chengalpattu District
Tamil Nadu - 608319

[Signature]
PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 608319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

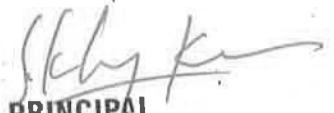
MELMARUVATHUR-603 319.

Voucher No....802.....

Date....1/8/2016.....

Paid to Mrs/Mr... <u>Dr. Rajeswary K.</u>		Head of Account <u>Staff Welfare</u>	
<u>Towards payment for Dental fluorosis charges</u>		Debit	
		Rs.	P.
		<u>1500</u>	
Total Rs.		<u>1500</u>	
Bill Prepared	In words Rs. <u>one thousand and five hundred only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR		 Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



**DEPARTMENT OF PUBLIC HEALTH DENTISTRY
MEENAKSHI AMMAL DENTAL COLLEGE & HOSPITAL**

MEENAKSHI ACADEMY OF HIGHER EDUCATION AND RESEARCH (MEENAKSHI UNIVERSITY)

and

INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY - TAMILNADU CHAPTER



Certificate of Participation

This is to certify that

DR. K. RAJESHWARY

has attended a Continuing Dental Education Program on

"Dental Fluorosis - An Overall Insight"

held at Meenakshi Ammal Dental College & Hospital, Chennai

on 29th July, 2016.

[Signature]
Dr. R.S. Neelakandan
Principal

[Signature]
Dr. Rosalita Elizabeth Chaly
Vice President IAPHD
Professor & HOD

[Signature]
Dr. M.B. Aswath Narayanan
President Elect IAPHD
President Emeritus IAPHD/TN

[Signature]
Dr. P.D. Manan Kumar
President IAPHD/TN

[Signature]
Dr. S. S. Srinivasan
President IAPHD/TN



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 2/8/2016

FROM:

Staff Name: Dr. K. PRABHU

Department Name: PROSTHODONTICS

Designation: MDS

Employee Number: 10058.

Phone Number: 9994179155

THROUGH:

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Critical Appraisal on Primary and Secondary Research
7th and 8th August 2016 2 days, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/
presenter/Scientific chairperson): Delegate participant
- Registration amount for the event: 2000

STAFF SIGNATURE



SAF CHAIRPERSON SIGN

PRINCIPAL
Dr. S. Karthiga Kannan, MDS,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyvir Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. K. PRABHU
- Designation: Mds
- Department: PROSTHODONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:
7,8th August 2016 2 days
- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:



PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

PRINCIPAL
Prof. Dr. S. Kartikeya Kumar
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Choyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....804.....

Date. 11/8/2018.....

Paid to Mrs/Mr. Dr. Prabhu. K...... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for critical appraisal on primary and secondary charges</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	

Bill Prepared

In words Rs.


Two Thousand Only



ACCOUNTS MANAGER

Adhiparasakthi **Recommended** Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District,
Tamil Nadu - 603 319.



INDIAN PROSTHODONTIC SOCIETY



SRI RAMACHANDRA
UNIVERSITY
Chennai

Certificate of Appreciation

Presented to

Dr. K. PRABHU



DCI Reg.No.: 6274

for their participation in workshop on
Critical Appraisal on Primary and Secondary Research

(TNDC Ref No. 127 /16 DCI: 12 Points)

held on 7th and 8th August 2016 at Department of the Prosthodontics, SRU, Porur, Chennai



Dr. Himanshu Agrani
President, IPS

Dr. V. Rangarajan
Secretary-Cum-Treasurer, IPS

Dr. N. Gopi Chander
Editor, IPS

Dr. Pratap Tharyan
Course Director



PRINCIPAL
Dr. S. Sathya Kumari
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Porur, Chennai



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. LAKSMAN
- Designation: MDS
- Department: Oral medicine & Radiology
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 31-12-2013

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

W. hab



S. Karthiga Kannan

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....811.....

Date...18/08/2016....

Paid to Mrs/Mr.Dr. Lakshman V.h..... Head of Account Staff Welfare....

	Debit	
	Rs.	P.
<u>Towards payment for PY DCI Renewal Charges</u>		
	<u>500</u>	
Total Rs.	<u>500</u>	

Bill Prepared

In words Rs.

Five hundred only


ACCOUNTS MANAGER


Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

MANAGING DIRECTOR



Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

STATE DENTAL COUNCIL

U.T. of PUDUCHERRY
PONDICHERRY

Certificate of Registration as Dentist
Under The Dentist Act, 1948.



THIS IS TO CERTIFY that the person named below has been registered
under Part A as Dentist under the provisions of The Dentist Act, 1948.

This Certificate shall remain in force 31.12.2013

Name: Dr. V.L. LAKSHMAN

Qualification: B.D.S. M.D.S (ORAL MEDICINE AND RADIOLOGY)

Registration No: 0183

Aug - 2016



Shahidh
REGISTRAR
REGISTRAR
STATE DENTAL COUNCIL
PUDUCHERRY - 605 006



Renewed up to 31.12.2016 Date: 29/8/15 Registrar: SDG U.T. of Puducherry	Renewed up to 31.12.2014 Date: 23/6/13 Registrar: SDG U.T. of Puducherry	Renewed up to 31.12.2013 Date: 22/6/12 Registrar: SDG U.T. of Puducherry	Renewed up to 31.12.2012 Date: 5/10/10 Registrar: SDG U.T. of Puducherry
Renewed up to 31.12.2010 Date: 16/1/10 Registrar: SDG U.T. of Puducherry	Renewed up to 31.12.2009 Date: 12/02/09 Registrar: SDG U.T. of Puducherry		

Shahidh
Date: 16/1/10
Registrar: SDG
U.T. of Puducherry

Shahidh
Date: 12/02/09
Registrar: SDG
U.T. of Puducherry

Shahidh
Date: 5/10/10
Registrar: SDG
U.T. of Puducherry



Shahidh
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Madhavaram
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1/9/2016.

FROM:

Staff Name: DR. M. KARTHIKEYAN

Department Name: ORAL MAXILLOFACIAL SURGERY

Designation: MDS

Employee Number: 10068.

Phone Number: 9444168787

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
ED-EVALUATION, 7TH SEPTEMBER 2016, 1 day, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate Participant presenter/Scientific chairperson):
- Registration amount for the event: 2000

STAFF SIGNATURE

[Handwritten Signature]



[Handwritten Signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chennai Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

[Handwritten Signature]

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DY. N. KARTHIKEYAN
- Designation: MOS
- Department: ORAL MAXILOFACIAL SURGERY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

7th September 2016 1 day

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

[Handwritten signature]



[Handwritten signature]
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Handwritten signature]

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....910.....

Date.....9/9/2016.....


Paid to Mrs/Mr.Dr. Karthikeyan M...... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for ED-Evaluation 2016.</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	

Bill Prepared In words Rs. Two Thousand Only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	----------------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319


Association of Oral & Maxillofacial Surgeons Of India
Tamilnadu Branch

'ED-EVALUATION'-2016

Certificate of Merit

Awarded to Prof. M. KARTHIKEYAN in
 appreciation of his/her contribution to the symposium on "POSTGRADUATE
 EDUCATION IN ORAL & MAXILLOFACIAL SURGERY" in the state of Tamilnadu
 held on 7th September 2016 at Tamilnadu Government Dental College, Chennai.


Prof. Dr. B. Saravanan
 President, AOMSI TN


Prof. Dr. S. Ramkumar
 Secretary, AOMSI TN




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Meimaranvathur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1/9/2016

FROM:

Staff Name: Dr. M. EBENEZER

Department Name: PERIODONTICS

Designation: MDS

Employee Number: 10026.

Phone Number: 7299814931.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
ISP colloquium series 9th, 10th september 2016 2 day, Pattanamangula
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 1500

STAFF SIGNATURE



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. M. EBENEZER
- Designation: MDS
- Department: PERIODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 9th, 10th September 2016, 2 days

- Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

[Handwritten signature]



[Handwritten signature]

[Handwritten signature]

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

PRINCIPAL
Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI



DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....9114.....

Date...14/9/2016.....

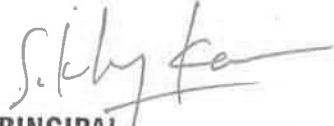
Paid to Mrs/Mr...Dr. Ebenezer M...... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for ISP colloquium series charges.</u>		
	<u>1500</u>	
Total Rs.	<u>1500</u>	

Bill Prepared In words Rs. one thousand and five hundred only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR	 Signature of the Receiver.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



ISP Colloquium Series Controversies in Periodontology
 Indian Society of Periodontology
 &
 Department of Periodontology,
 Tagore Dental College and Hospital



Certificate



of appreciation and thanks to

Dr. EBENEZER

for Immense contribution as an Organising Committee Member in successfully conducting the
 "ISP Colloquium Series" on 9th-10th September 2016
 held at Abdul Kalam Auditorium, Tagore Dental College & Hospital Rathinamangalam.


 Dr. Praveen Kudava
 President, ISP


 Dr. Balaji Manohar
 Secretary, ISP


 Dr. Chitraa R Chandran
 Organizing Secretary



PRINCIPAL
 Prof. Dr. S. Karthiga Kannan, MDS.,
 ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyar Taluk, Chengalpattu District
 Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8/9/2016.

FROM:

Staff Name: Dr. G. VASUPRAAN

Department Name: ORAL PATHOLOGY

Designation: MDS

Employee Number: 10056

Phone Number: 9566597871

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
6th COE *Oral Pathologic Conference* 11th September 2016 1 day Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 5000

STAFF SIGNATURE

Vasupraan



S. Karthiga Kannan
PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur,
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

Principa

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. G. VASUPRAKHA
- Designation: MDS
- Department: ORAL PATHOLOGY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 11th September 2016, 1 day, Chennai

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

Vasupraka



S. Karthiga

Prin

PRINCIPAL

Dr. B. Thillainayagam, M.B.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

PRINCIPAL
Prof. Dr. S. Karthiga
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengam District
Tamil Nadu - 603 319.



Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....915.....

Date. 14/9/2016.....


Paid to Mrs/Mr. Dr. Vasupradha. G...... Head of Account Staff welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for 6th CDE - Clinico-pathologic conference charges.</u>		
	<u>5000</u>	
Total Rs.	<u>5000</u>	

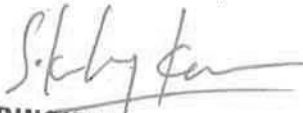
Bill Prepared In words Rs. Five thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



Indian Dental Association - Madras Branch
in association with
Indian Association of Oral and Maxillofacial Pathologists
presents

Certificate

This Certificate is awarded to

Dr. G. VASUPRADHA

for attending the 6th CDE Program on **"Clinico Pathologic Conference"**
 held on 11th September 2016 at ITC Grand Chola, Chennai.

Dr. K. Ranganathan	Dr. N. Chaitanya Babu	Dr. M.B. Aswath Narayanan	Dr. H. Thamizhchelvan	Dr. Priya Prabhakar
Organizing Chairperson, President - IAOMP & Asian Councillor of International Dental Association	Hon. Secretary IAOMP	President IDA - Madras Branch	Hon. Branch Secretary IDA - Madras Branch	CDE Convener IDA - Madras Branch



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Chevayur Taluk, Chengalpattu District
 Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 21/9/2016.

FROM:

Staff Name: DR. A. VASANTHA KUMARI.

Department Name: Pedodontics.

Designation: MDS (HOD)

Employee Number: 10038

Phone Number: 9443615196.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Laxmi Atelier, 27/9/2016, 1 day, Pondicherry.
- Type of conference (State/National/International) (Onsite/Virtual): State.
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate Participant.
- Registration amount for the event: Rs. 800.

STAFF SIGNATURE



[Handwritten Signature]

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

[Handwritten Signature]
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. VASANTHAKUMARI. A.
- Designation: MDS (HOD)
- Department: Pedodontics.
- Details Of The Program (Tick the necessary)

- Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 27/9/2016, 1 day.

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

[Handwritten signature]



[Handwritten signature]

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Handwritten signature]

PRINCIPAL

Dr. S. Thirumanayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and
Registration fee receipt



[Handwritten signature]

2016-17

Om Sakthi


CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

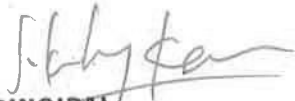
MELMARUVATHUR-603 319.

Voucher No..... 952

Date... 29/9/2016

Paid to Mrs/Mr. <u>Dr. Vasanthakumari A.</u>		Head of Account <u>Staff Welfare</u>	
<u>Towards payment for Laser Aesthetic</u>		Debit	
		Rs.	P.
<u>Conference charges</u>			
		800	
Total Rs.		800	
Bill Prepared	In words Rs. <u>Eight hundred only</u>		
 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319.	MANAGING DIRECTOR		Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, M.D.S.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



S. Karthiga Kannan



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
 DENTAL COLLEGE & HOSPITAL
 Hospital Road, Melmaruvathur
 Cheyyur Taluk, Chengalpattu District
 Tamil Nadu - 603 319

[Handwritten signature]



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8/12/2016

FROM:

Staff Name: DR. N. BHARATH

Department Name: ENDOODONTICS

Designation: MDS

Employee Number: 10019

Phone Number: 9444792260.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Conclave 2016, CDE Program, 15th december 2016, 1 day, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 2,000

STAFF SIGNATURE

Nb

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyur Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

Principal

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. N. BHARATH
- Designation: MDS
- Department: ENDOODONTICS
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 15th december 2016, 1 day, Chennai

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Voucher No.....1210.....

Date...12/12/2016.....


Paid to Mrs/Mr. Dr. B. Narath. N...... Head of Account staff welfare.....

	Debit	
	Rs.	P.
<u>Towards payment for PG colloquium 2016</u>		
<u>Conclave 2016</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	

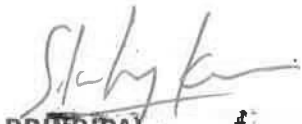
Bill Prepared In words Rs. Two thousand only


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319





DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS
TAMILNADU GOVERNMENT DENTAL COLLEGE AND HOSPITAL
CHENNAI - 3

Certificate of Participation



This is to certify that

Dr. N BHARATH

has participated in

Conclave 2016 - CDE Programme on Full Mouth Rehabilitation

organized by the Department of Conservative Dentistry and Endodontics

Tamil Nadu Government Dental College & Hospital, Chennai

on 15th December 2016.

M.K.H
Dr. M. Kaviitha
Organizing Chairperson



Dr. B. Saravanan
Dr. B. Saravanan
Principal & Chief Patron

Dr. B. Rama Prabha
Dr. B. Rama Prabha
Organizing Secretary



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 21/12/2016

FROM:

Staff Name: DR. VIVEK KRISHNAMOORTHY

Department Name: PEDIODONTICS

Designation: MDS

Employee Number: 100 82

Phone Number: 9442 389569

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Hanson 2017 January 8, 2017 (1 day, Chennai)
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 2500

STAFF SIGNATURE

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheruvu Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -
608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. VIVEK KRISHNAMOORTHY
- Designation: NDS
- Department: PEDIODONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program: 8th January 2017 (day) Chennai

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:



PRINCIPAL
Dr. S. Thillanayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

PRINCIPAL
Prof. Dr. S. Karthiga
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chennai - 603 319, Tamil Nadu - 603 319

Om Sakthi
CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No.....119.....

Date.....9/11/2017.....


Paid to Mrs/Mr. Dr. Vivek Krishnamoorthy Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
<u>Towards payments for hanecon - 2017 state conference charges</u>		
	2500	
Total Rs.	2500	

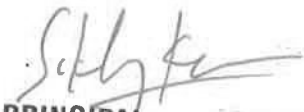
Bill Prepared In words Rs.
Two thousand and five hundred only.


ACCOUNTS MANAGER
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



GLOBAL INSTITUTE OF
ONCOLOGY



Gleneagles Global Health City
A PARKWAY PANTAI ENTERPRISE

HANOCON 2017

(HEAD AND NECK ONCOLOGY CONFERENCE)

CERTIFICATE OF PARTICIPATION

This is to certify that Dr. ... **VIVEK KRISHNAMOORTHY** ... has participated
as Speaker / Panelist / Chairperson in the **HANOCON 2017 - HEAD & NECK ONCOLOGY CONFERENCE**
held on January 8, 2017 organised by **The Institute of Oncology**, Gleneagles Global Health City, Chennai.

Prof. S. RAJASUNDARAM

Organising Chairman - HANOCON 2017
Director, Global Institute of Oncology
Gleneagles Global Health City, Chennai



Prof. H. THAMIZHELVAN
Indian Dental Association
Madras Branch

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
PARASAKTHI
DENTAL CLINIC



Cheyyur Taluk, Chennai
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 5/1/2017

FROM:

Staff Name: DR. GIAYATHRI.M

Department Name: ORAL MEDICINE AND RADIOLOGY

Designation: MDS

Employee Number: 10094

Phone Number: 7350424586

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
Sti Ramachandra university - OMR Faculty, 19th - 21st Jan (2017)
3 days Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
State National International Onsite Virtual
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant/presenter/Scientific chairperson):
Delegate participant
- Registration amount for the event: ₹ . 1500

STAFF SIGNATURE

[Handwritten Signature]



[Handwritten Signature]

PRINCIPAL
Prof. Dr. S. Kartiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Dist. Nadu - 603 319

SAF CHAIRPERSON SIGN

[Handwritten Signature]

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. Gayathri M
- Designation: MDS
- Department: Oral medicine and Radiology
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program: 19th - 21st Jan, 2017 (3 days)

- Relevant documents of the program enclosed

- (Yes/No)

- Staff signature:

[Handwritten signature]



[Handwritten signature of Prof. Dr. S. Karthiga Kannan]

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL

[Handwritten signature of Dr. S. Thilainayagam]

PRINCIPAL
Dr. S. Thilainayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.


Date... 25/1/2017.....

Voucher No..... 136.....


Paid to Mrs/Mr. Dr. Gayathri. M..... Head of Account Staff Welfare.....

	Debit	
	Rs.	P.
Towards payment for Sri Ramachandra University - DMR Faculty of Dental Sciences charges	1500	
Total Rs.	1500	


Bill Prepared In words Rs. One Thousand Five hundred. only


Accounts Manager
Adhiparasakthi Dental College and Hospital
Melmaruvathur
Recommended

MANAGING DIRECTOR


Signature of the Receiver.




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SRI RAMACHANDRA UNIVERSITY

(Declared under Section 3 UGC Act, 1956)

Accredited by NAAC with 'A' grade

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY

FACULTY OF DENTAL SCIENCES

PORUR, CHENNAI - 116.



Certificate of Participation

This is to certify that

Dr. Gayathri M.

has participated in the "1st National I-G Rapid Review in Oral Medicine & Radiology"

organized by the Department of Oral Medicine & Radiology, Faculty of Dental Sciences,

Sri Ramachandra University, Chennai. From 19th - 21st January 2017.

Dr. S. Sathasivasubramanian
Organizing Chairman

Dr. S. Aravind Warriar
Organizing Secretary

Dr. C. V. Divyambika
Scientific Secretary



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruthur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 10/11/2017

FROM:

Staff Name: DR. R. GAYATHIRI

Department Name: ORAL MEDICINE & RADIOLOGY

Designation: MDS

Employee Number: 10059

Phone Number: 9940592307

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date. Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
RAPID REVIEW, 19 to 21 January 2017, 3 days, Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate participant presenter/Scientific chairperson):
- Registration amount for the event: 2,000

STAFF SIGNATURE



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyvre Taluk, Chengalpattu District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -

608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: Dr. A. MAYATHIRI
- Designation: MDS
- Department: ORAL MEDICINE & RADIOLOGY
- Details Of The Program (Tick the necessary)

- Conference
- Workshop
- Membership reimbursement

- Nature of the program (Tick the necessary)

- State level
- National level
- International level

- Date and duration of the program:

19 to 21 January 2017, 3 days Chennai

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

PRINCIPAL

Dr. S. Thilainayagam, M.D.S.,

Adhiparaskathi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt



PRINCIPAL
Prof. Dr. S. Karthikeyan, M.D.S.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Chennai Taluk, Chengalpattu District
Tamil Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.



Voucher No...../221.....

Date. 21/12/2016.....

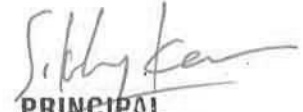
Paid to Mrs/Mr. Dr. Gayathri. M. Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for Rapid Review State</u>		
<u>Conference charges</u>		
	<u>2000</u>	
Total Rs.	<u>2000</u>	

Bill Prepared In words Rs. Two Thousand only

 ACCOUNTS MANAGER Adhiparasakthi Dental College and Hospital Melmaruvathur - 603 319. Recommended	MANAGING DIRECTOR	 Signature of the Receiver.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	----------------------------------------------------------------------------------------------------------------------------




PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 603 319



SRI RAMACHANDRA UNIVERSITY

(Declared under Section 3 UGC Act, 1956)

Accredited by NAAC with 'A' grade

DEPARTMENT OF ORAL MEDICINE & RADIOLOGY

FACULTY OF DENTAL SCIENCES

PORUR, CHENNAI - 116.



Certificate of Participation

This is to certify that

Dr.

Gayathri M.

has participated in the "1st National PG Rapid Review in Oral Medicine & Radiology"
organized by the Department of Oral Medicine & Radiology, Faculty of Dental Sciences,
Sri Ramachandra University, Chennai. From 19th - 21st January 2017.

S. Sathasivasubramanian
Dr. S. Sathasivasubramanian
Organizing Chairman

S. Aravind Warriar
Dr. S. Aravind Warriar
Organizing Secretary

C.V. Divyambika
Dr. C. V. Divyambika
Scientific Secretary



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR
608319, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19.01.2017

FROM:

Staff Name: *Dr. THILLAI NAYAGIAM.S*

Department Name: *ENDODONTICS*

Designation: *MDS*

Employee Number: *10071*

Phone Number: *9443715272*

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal,
Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grant me permission to attend conference /workshop for specified date .Below I provided the conference /workshop details for the reference.

- Name, Date, Duration and location of conference/ workshop event:
first World Gold Restoration - Summit - 28, 29 Jan 2017 (2 days)
Chennai
- Type of conference (State/National/International) (Onsite/Virtual):
International
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):
Delegate participant
- Registration amount for the event: *₹.10,000*



STAFF SIGNATURE

[Handwritten Signature]

SAF CHAIRPERSON SIGN

[Handwritten Signature]
PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyar Taluk, Chengalpattu District
Tamil Nadu - 603 319

[Handwritten Signature]
PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- Name: DR. THILLAINAYAGAM, S
- Designation: MDS
- Department: ENDO DONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - Membership reimbursement

- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level

- Date and duration of the program: 28, 29 Jan 2017 (2 days)

- Relevant documents of the program enclosed

(Yes/No)

- Staff signature:

[Handwritten Signature]



[Handwritten Signature]

PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hosur Road, Melmaruvathur
Chennai Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319.

Note : Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 204

Date. 3.02.2017

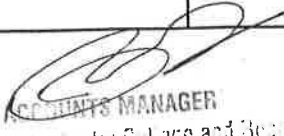
Paid to Mrs/Mr. Dr. Thillainayagam S. Head of Account Staff Welfare

	Debit	
	Rs.	P.
<u>Towards payment for 1st World Gold Restoration Summit charges</u>		
	<u>10,000</u>	
Total Rs.	<u>10,000</u>	

Bill Prepared

In words Rs.

Ten thousand only


ACCOUNTS MANAGER

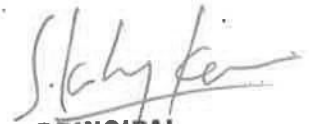
Adhiparasakthi Dental College and Hospital
Melmaruvathur - 603 319
Recommended

MANAGING DIRECTOR



Signature of the Receiver.





PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyar Taluk, Chengalpattu District

Tamil Nadu - 603 319





CERTIFICATE OF APPRECIATION



Indian Academy of Gold Foil Operators

Division of American Academy of Gold Foil Operators

Recognize the distinguished participation of

DR. THILLAI NAYAGAM. S

In the Round Table Conference at the

First World Gold Restoration Summit

held on 28th & 29th January, 2017

at

Hotel Accord Metropolitan,

Chennai, India.



Handwritten signature

Handwritten signature
Dr. Prabhakar Joseph
Organising Chairman

Handwritten signature
Dr. Priya Prabhakar
Organising Secretary

Handwritten signature
Dr. Alfred Wendell Foltz
Organising Co-Chairman

Handwritten signature
Dr. Susanne Grennell
Conference Secretary

