

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

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

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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ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

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Affiliated to The Tamilnadu Dr.M.G.R Medical University
A Unit of Adhiparasakthi Charitable, Medical, Educational & Cultural Trust

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

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PRRUMERAL

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





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ACADEMIC YEAR 2020-21



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 grand 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-ba. May 2020, Iday

- 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

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasaxthi Dental College & Hospital
Mottmaruvathuz-603 319

PRINCIPAL SIGNATURE

PRINCIPAL Adhiparasakthi Dentai Zollege & Hospital

Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Or. Prabhu-1c
• Designation: MDS
Department: Prosthodonitics
• 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: 2rd may 2020, [day
Relevant documents of the program enclosed
o (Yes/No)
Staff signature: Note: Reimbursement will be provided after submission of Participation certificate and Registration fee
Prof. Dr. S. Kaithiga Kannan, MDS., ADHIPAL SAKTHI DENTAL COLLEGIE WHO SHITAL Naminal Road, Moligary, Linguistic Dental College &

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmarusathus
Chertas Tabis, Chengalpatra District,
Tamii Natiu - 603 319

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 Iver

Course Director

Dr. Ninette Banday Course Co-Director

Jindte Bansay

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

Fax: 908-527-8587 www.smiletuea.corp.of.Dpl.s.kayfingakannan, MDs.,

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



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8.5. 2020

FROM:

Staff Name: Dr. Ramesh Kaartnick. I

Department Name: Prosthodon His

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 grand 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:

Movid 19 live webinal sens, 14-16 may 2020, 2 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

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Prosthodontics and Crown & Bridge

Date : Time :

PRINCIPAL SIGNATURE

PRINCIPAL

PRINCIPAL

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

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melinaruvathur

Cheyyur Taluk, Chengalparta District

Tamil Nadu - 603 319

PRINCIPAL



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
o (Yes/No)
Staff signature:

Reimbursement will be provided after submission of Participation certificate and Registratibates PAL Prof.Dr.S.Karthiga Kannan, MDS.

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 403 319 receipt.

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date...2215 2020. Voucher No...5.42..... Paid to Mrs/Mr. Dr. Ram. esh. 13007. Thick: I Head of Account ... Staff Welfare... Debit Rs. Total Rs. In words Rs. Bill Prepared and Thousand one Adhiperassistic Dental College and Respital Signature of the Receiver. MANAGING DIRECTOR Recommended 603 319.



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

PENTAL COLLEGE & HOSPITAL
Maspital Road, Melmaruvattur
Cheyyur Tatuk, Chengalpattu District
Tamil Nadu - 603 319



SATHYABAMA DENTAL COLLEGE & HOSPITAL



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

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

Dr.WILSON ARUNI

Pro - Vice Chancellos





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 grand 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 Medinar serles, May 14-16, 2000, (3days) 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

STAFF SIGNATURE

PRINCIPAL

PRINCIPAL SIGNATURE ospital

Meimaruyat/ur 1/003 31

PRINCIPAL

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melinaruvathur Cheyyur Taluk, Chengalpartu Distriet Tansil 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

• \	lame:	Dr.	Am i	nah	گ
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- · Designation: Mas
- · Department: Pedodontics
- Details Of The Program (Tick the necessary)

 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - □ National level
 - ☐ International level
- Date and duration of the program: May 19-16 (3 days
- Relevant documents of the program enclosed

o (Yes/No)

• Staff signature:

Reimbursement will be provided after submission of Participation certificate and Registration (Prof.Dr.S.Karthiga Kannan, MDS.,

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

Om Sakthi

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ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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Paid to Mrs/Mr. Dr. Aminah. S. Head of Account ... Staff Welfaste...

Towards payment for cowind of Live webinary Rs. P.

Series Changes

Total Rs. 1500

Bill Prepared In words Rs.

One Thousand and Five hundred only

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MANAGING DIRECTOR Signature of the Receiver.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
BENTAL COLLEGE ALLOS PUTAL
HOUSELD ROSAL PRINCIPAL





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Certificate of Participation

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

Depn

Dr.WILSON ARUNI

Pro Vice Chancellor

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

DENTAL COLLEGE & HOSPITAL



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8.5.2020

FROM:

Staff Name: Dr. Dhivya.s

Department Name:

Designation: MD4

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 grand 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, 8020 (2 days)

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson): Delegate poul i part
- Registration amount for the event: 2.1500

STAFF/SIGNATURE

SAF CHAIRPERSON SIGNATURE

Dr. K.Prabhu, MDS.,

Reg. No.: TN / 6274 * Professor & HOD

Prosthodontics and Crown & Bridge

Date : Time :





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ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr. Dhivya.s
---	-------	--------------

- Designation: MDS.
- · Department: Pedodonfile
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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 feet Prof. Dr. S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmariuvathur
Chieyyur Taluk, Chengalpattu District
Tanili Nadu - 603 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 15 5 2020 Voucher No.......... Head of Account Staff Welfore... Paid to Mrs/Mr. Dr. Dhivya. S Debit Rs. Total Rs. In words Rs. Bill Prepared and Thousand Five one Adhipate Sental College and Hospital Signature of the Receiver. MANAGING DIRECTOR



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

DENTAL COLLEGE & HOSMEAL ...
Hospital Road, Mehmariyathur.
Cheyyur Taluk, Chengalpatru District
Tamil Nadu - 603 319





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SATHYABAMA DENTAL COLLEGE & HOSPITAL

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Certificate of Participation

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Tor their active participation during the event of "COVID - 19 LIVE WEBING AND POST-PANDEM SPECIALITY DENTAL PRACTICE DURING AND POST-PANDEM SPECIAL PRACTICE PRA

Organized by Sathyabama Dental College & Nospital, Sathyabama Institute of Science and Technology, Sathyabama Institute of Science and Technology,

held between May 14,2020 to May 16,2020

This certificate was issued on May 16,2020

P

Dr.WILSON ARUNI Pro Vice Chancellor

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

Jun Bry

B.NAVANAMUYAHT.1Q

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STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 21-05-2010

FROM:

Staff Name: Dr Ebene Teg M

Department Name: Peliodontology

Designation: HDS

Employee Number: 100 26

Phone Number: 7299 814931

THROUGH;

Chairperson Scientific Academic Forum, Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

patr do 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

STAFF SIGNATURE

PRINCIPAL

Adhiparasakthi Dental College & Hosp

PRINCIPAL SIGNATURE thur - 603 319.

SAF CHAIRPERSON SIGNATURE

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

Prosthodontics and Crown & Bridge

Date : Time :



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE M HOSPITAL
HOSPITAL ROAD, Mehrarusathur



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Ebenezes	·H
_	i tallic.	70	Course Por	, ,

- Designation: MDS
- · Department: periodontology
- Details Of The Program (Tick the necessary)

 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - ☐ National level
 - ☐ International level
- Date and duration of the program: 20 th Nay 2020
- Relevant documents of the program enclosed

o (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
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Hospitat Road, Melinaruvathur
Cheyyur Taluk, Chengalparta District
Tamil Nadu - 603 319



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

3 CDE points 99/21

Certificate (Pf 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

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Dr. R. Prakash

Head of the Department

Dr. Sharath Asokan

Principal

Mr. R. Srinivasan

Vice Chairman, KSREI

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

ADHIPARASAKTHI DENTALE OTLEGE R HOSPITAL

Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. S. Parthiban
•	Designation: MD9
•	Department: Perlodontics
•	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
	o (Yes/No)

(Mari

Staff signature:

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, Melinaruvasitur
Chepytur Taluk, Chengalpatiu District
Tanill Nadu - 403 319

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 3.6. 2021..... Voucher No.....0.1.2..... Head of Account .. Staff ... Welface... Paid to Mrs/Mr. Dr. Part Thisban . S. Debit Rs. Total Rs. In words Rs. Bill Prepared hundred Thieusand TWO One Dantai College and Hospilal Signature of the Receiver. Recommended - 863 319. MANAGING DIRECTOR



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





STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20.5.2021

FROM:

Staff Name: 107. 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 grand 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 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: 2. 1200

STAFF SIGNATURE

PRINCIPAL

Adhiparasakthi Dental College & Hosp

PRINCIPAL SIGNATURE thur - 603 319.

SAF CHAIRPERSON SIGNATURE

eg. No.: TN / 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
Tamii Nadu - 603 319



K.S.RINSTITUTE OF DENTAL SCIENCE AND RESEARCH **TIRUCHENGODE**

CDE points 99/21

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

Karthiga Kannan, MDS.,

Hospital Road, Melmaruvathu

Cheyyur Taluk, Chengalpattu District Tamil Nadu - 603 319



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 2 6 2020

FROM:

Staff Name: Dr. Nitya -10

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 grand 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, Iday, chenna

- 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

STAFF SIGNATURE

PRINCIPAL Adhiparasakthi Dental Colle-

PRINCIPAL SIGNATUREvathur - 60

SAF CHAIRPERSON SIGNATURE

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

Date: Time:



PRINCIPAL
Prof. Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Medicarusathia
Cheyyou Taluk, Chengahpatra District



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Nity	a-1	k
•	I AUITIC:	•	. 41.		~

- Designation: MDs
- oral parthology Department:
- Details Of The Program (Tick the necessary)

Conference

- Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)

State level

- National level
- International level
- 8 th June 2020 (Iday) Date and duration of the program:
- Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Reimbursement will be provided after submission of Participation certificate and Registration receipt. Prof.Dr.S.Karthiga Kannan, MDS

ADHIPĀRASAKTHĪ DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Tatuk, Chengalpatcu District Tamif Nadu - 603 319

Om Sakthi

CASH / VOUCHER

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PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Tatak, Chengalpatun District
Tamill 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

des of talable

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



PRINCIPAL
PROF.Dr.S. Karthiga Kannan,
ADHIPARASAKTHI
ADHIPARAS AN HOSPITAL
DENTAL COLLECE & HOSPITAL
HOSPITAL ROAD, CHEOGRIPATE DISTRICT
TANNI, CHEOGRIPATE DISTRICT
TANNI, CHEOGRIPATE DISTRICT
TANNI NADU - 603 319



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 12-1-2020

FROM:

Staff Name: Dr. Dhuya · K

Department Name: Oral partuology

Designation: M

MUS

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 grand 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 precances - current concept Jun 19-2020, Iday

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

STAFF SIGNATURE

PRINCIPAL

Anniparasakthi Dental College & Hospit

PRINCIPAL SIGNATUREUR - 603 319.

SAF CHAIRPERSON SIGNATURE

No.: TN / 6274 * Professor & HOD

Prosthedontics and Crown & Bridge

Date : Time :



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hosinial Road, Melinariushibir
Cheyyur Tatisk, Chengahatin District
Tamil Nadu - 403-319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Dhwyg.	K
---	-------	-----	--------	---

- Designation: DS
- · Department: Oral patridogy
- Details Of The Program (Tick the necessary)

Conference

- o Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - □ National level
 - ☐ International level
- Date and duration of the program:

Jun -19 - 2000

, Iday

Relevant documents of the program enclosed

o (Yes/No)

Staff signature:

Note:

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





Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

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Prof. Dr.S. Kairthiga Kannari, MDs.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Ruad, Melmaruvathur
Cheyyur Tatuk, Chengalpatru District
Tansil Nadu - 603 319

CERTIFICATE PROUDLY PRESENTED TO

Dhivya Kumar

Oral Precancer - Cancer Current concepts



Sri Ramachandra Institute of Higher Education and

Organizer

SRI RAMACHANDRA

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



Jun 19, 2020

Date of Completion



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 18. 6-20

FROM:

Staff Name: Or 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 grand 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.
Salem

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

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

• Registration amount for the event: 7000 / -

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Department of Prosthodontics
Adhipar Jekthi Dental College & Hospital

Mapagarovathur-683 319

PRINCIPAL SIGNATURE

Prof.Dr.S.Karthiga Kannan Metosuwathur - 603 319.

ADHIPARASAKTHI
DENTAL COLLEGE SI HOSPITAL
Hospital Road, Melinariyosibur

ospitat Road, Mehitaruvarhur Pyur Tahih, Chengalpartu District Tanii Nadir - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

Name: Prasarakumay	
• 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 da	J ^s
Relevant documents of the program enclosed	
o (Yes/No)	
Staff signature: Programme Confession Confes	
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 Rough, Manual, Ma	
Hospital Road, Melmaruszta Krospital Cheyyur Taluk, Chengalpatur District Tamil Nadu - 603 319 Hospital Road, Melmaruszta Krospital Adhiparasaktin Dental College & Hospital Melmaruvathur - 603 319.	

CASH / VOUCHER

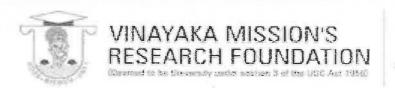
ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Adhiparasakhi Denta Recomme t Membaruyal	Legi oge and Hospital	MANAGING DIRI	CTOR	Signature of	the Receiver	r.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melnaruwathur
Cheryur Tahih, Chengalpatu District
Taniil Nadu - 403 319





CERTIFICATE OF PARTICIPATION

This certificate is awarded to

Dr./Mr./Ms./Mrs.

DR PRASANNA KUMAR

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.

Shrsatic tris

Dr. S.A.V.Satya Murty, B.Tech, PhD,

Director Research-VMRF (Deemed to be University)

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Husbrid Road, Melmanizathur
Cheyyur Taha, Chengajuarus District
Cheyyur Taha, Chengajuarus District
Cheyyur Taha, Chengajuarus District

Dr. J. Baby John, MDS

7. 84. 24

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: 108. Glayathri. 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 grand 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 webserence, 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: 2 - 1000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Payment of Prosthodontics Acaipars lakthi Dental College & Hospital PRINCIPAL SIGNATURE

Prof.Dr.S.Karthiga Kannan, MDS.

ADHIPARASAKATHIPARASAKINI Dental College & Hospital DENTAL COLLEGE & HOSPITAL Melmaruvathur - 603 319. Hospital Road, Melmarquathur Cheyyur Talirk, Chengalpatru District Tamif Nadu - 603 319

Melmaruvathur-603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: A. M. Glayathni
• 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: 25.26,27 June 2020 (3 days
Relevant documents of the program enclosed
o (Yes/No)
Staff signature:

Note:

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

receipt.

Prof.Dr.S.Karthiga Kannan, MDs.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinsarwashur
Chevyur Taliuk, Chengalisatu District
Tamif Nadu - 603 319

JPB/NC!PAL

Adhiparasaktiii Dentai College & Hospito' Thelmarusathur - 603 1

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr.: Brayathan M.: Head of Account Staff Welfall.

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MANAGING DIRECTOR



Adhiparas Recommendede and Hospital

-tovalhur - 603 319.

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDs., ** _
ADHIPARASAKTHI

Signature of the Receiver.







VINAYAKA MISSION'S SANKARACHARIYAR

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.

Shrsatje tri)

Dr. S.A.V.Satya Murty, B.Tech, PhD

Director Research-VMRF (Deemed to be University)

Dr. J. Baby John, MDS

7. By July

Principal VMSDC



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 24 - 6-2020

FROM:

Staff Name: Dr. Vasu pradha Co 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 grand 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 acticle waiting & patent publishing

- 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

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

PRINCIPAL SIGNATURE
Adhiparasakthi Deptal Callege & Hospital Melmaruvathur 4603310 Prof.Dr.S.Karthiga Kannan, MDS., ADHIPÄRASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvarhur Cheyyur Taluk, Chengalpartu District Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. vasu pradha
•	Designation: HDS
•	Department: oral pathwlogy
•	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 , long Relevant documents of the program enclosed
taf	o (Yes/No) f signature: Lasupradha

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



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 8-7-2020-Voucher No.....7.1.3..... Head of Account ... 319ff Welfare Paid to Mrs/Mr. Dr. Vasup radha Gr. Debit Total Rs. Bill Prepared In words Rs. hundoud Vasupradha MANAGER Addispress with Dental College and Hospital Recommended - 503 319. Signature of the Receiver. MANAGING DIRECTOR



PRINCIPAL

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

Eerlificate of Participation

This is to certify that

Vasupradha Sankar

had participated in online webinar on "Scientific Article Writing & Patent publishing" conducted on 184 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, Mehnarussathur Chevyur Taluk, Chengalpartu District Tamif Nado - 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: Or. Annapoorani D.

Department Name: Oral e maxillofacial Burgery

Designation: MOS

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 grand 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/Delegate participant/Delegate participant presenter/Scientific chairperson):

• Registration amount for the event: 7. 2000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

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

Pate: Time:

Adhiparasakthi Dentai Colle PRINGIPAL SIGNATURE
Melmaruvathur - 603 319.

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

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



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Anna	poorani	D.
---	-------	-----	------	---------	----

- Designation: MDS
- Department: Oral & Marillofacial surgery.
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - - National level
 - International level
- Date and duration of the program:
- Relevant documents of the program enclosed

Staff signature: Amapurani

Reimbursement will be provided after submission of Participation certificate and Registration Prof.Dr.S.Karthiga Kannan, MDS., receipt.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL



PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE ME HOSPITAL
Hospital Road, Melinaruvathur
Cheyyur Taluk, Chengalpatus District
Tamil Nadu - 403 319



srivenkateshwaraa

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 PRINCIPA

of Dr.S. Karthiga Kannan, MDS., ADHIPAR DE ANTEHYA, M.D.S

DENTAL COLLEGE BY HOSPITAL

MOSPITAL OF STATE OF SVGI

MOSPITAL Chemographics District

Chemography Colleges of the Chemography Colleges of the Chemography Chemog

SSENTE Nollie

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: 26-01-2010

FROM:

Staff Name: Dr. Swesh Kuray

Department Name: oval Maxillo facial surgery

Designation: MDS

Employee Number: 10044

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 grand 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:

total Anaestresia essential & Recort Advances 13.7.2020

- 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 & Bridge



Adhiparasakihi Dental **RRINCIPAD SIGNATURE**Melmaruvathur - 603 319.





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	suresh	Keimag
---	-------	-----	--------	--------

• Designation: MDS

Department: Swylly

• Details Of The Program (Tick the necessary)

- o Workshop
- o Membership reimbursement

• Nature of the program (Tick the necessary)

- State level
- □ National level
- ☐ International level

• Date and duration of the program: 3.7.2020 , Iday

• Relevant documents of the program enclosed

o (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, Melmarusathur
Chevyur Tatio, Chengalpatu District
Tamil Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MANAGING DIRECTOR

Signature of the Receiver.



tal College and Hospita

Recommended 903 319.

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & MOSPITAL
HOSPITAL HOSPITAL HOSPITAL HOSPITAL HOSPITAL AND STREET TAINS. (Neuropaparus Dissrici
Tainsi Nadu - 403 319



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 Ways

Dr.B.Vldhya, M.D.S Chief Operating Officer Of SVGI South Walton

Prof.Dr.5.Senthiinathan, M.D.S Principal



S. Khajikan

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Medinarizathur
Cheyyur Tatak, Chengaharia District
Tamil Nadio - 603 319



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 22,7,2019

FROM:

Staff Name: Dr. n. Vasanthalcumart

Department Name: Pedodontics

Designation: MDS

Employee Number: 16038

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 grand 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:

Mrtual 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):

• Registration amount for the event: 2.3000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparas with Dental College & Hospital
Nielmanuvathur-603 319

Authorities and Authorities an

PRINCIPAL SIGNATURE Hospital
Melmaruvathur - 603 310.

hila-



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Or A. Vasanthakumari

• Designation: MDC

· Department: PedodonHCs

• Details Of The Program (Tick the necessary)

Conference

Workshop

o Membership reimbursement

• Nature of the program (Tick the necessary)

State level

M National level

☐ International level

• Date and duration of the program:

30,31. July 2020 (2 days)

Relevant documents of the program enclosed

o (Yes/No)

• Staff signature:

Note:

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

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmanioathur
Cheyyur Tatuk, Chengalparia Diarret
Taniil Nadii - 603 319

Adhiparasaktiii Dental College & Hospital Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No8	2			Date	7 - 08 - 201	9
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Prof.Dr.S. Karthiga Kannan, MDS., ADHIPARASAKTAL ADHIPARASAKTA ADHIPARASAKTA ADHIPARASAKTA ADHIPARASAKTA ADHIPARASAKTA ADHIPARASAKTA ADHIPARASAKTA ADHIPARAS







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.



Chief Organiser, KIDS-WEBCON

Prof Dr.S.Karthiga Kannan, MDS.,

Cheyyur Taluk, Chengalpattu District



DR. JUGAJYOTI PATHI **ADHIPARASAKTHI** Asst. Director (Admin.), KIDS

DR. DHIRENDRA SINGH Scientific Coordinator

KIDS-WEBCON



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16.9. 200

FROM:

Staff Name: Dr. Sathish. S

Department Name: Endodontics

Designation:

MIDS

Employee Number: 1016

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 grand 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, 23'd-26th Sep 2020, 4 days

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

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

Registration amount for the event: 7.9000/-

SAF CHAIRPERSON SIGNATURE

PRINCIPAL SIGNATURE

Achipara Kkibi Denial College & Horoital

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

ADHIPARASAK Talhiparasaktini Dentai College & Hospital
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmanuvatinir
Cheyyur Taluk, Chengaparun Diarret
Tamil Nadu - 603 319

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receipt.

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. S. Sathish	
• Designation: MDG	
Department:	
• Details Of The Program (Tick the necessary)	
Ø Conference	
 Workshop 	
 Membership reimbursement 	
• Nature of the program (Tick the necessary)	
☐ State level	
☐ National level ☐ International level	
/ International level	
FARN & LEP	
• Date and duration of the program:	
• Relevant documents of the program enclosed 23 - 26 Sep 2020 4	day
(Yes/No)	
Staff signature:	
Note:	
Reimbursement will be provided after submission of Participation (Participation and Registration fee	

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

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

PRINCIPAL

Adhiparasakthi Dental College & Hospital

Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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

Towards payment for 18th 2020 Rs. P.

Bill Prepared In words Rs.

Nine Thousand Only

Adhipar Recommended and Hacriff at MANAGING DIRECTOR Signature of the Receiver.



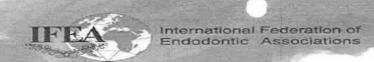
PRINCIPAL Prof.Dr.S.Karthiga Kannan, MDS.,

ADHIPARASAKTHI

**DEPITAL COLLEGIDA HOSPITAL

Hospital Road, Mckenariwahiru
Cheyur Tatuk, Chengoljatin District

Tamil Nadu - 603 319





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**

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

Songkyokin

Dr Luke Sung Kyo Kim IFEA President

Dr Anil Kohli Congress President

Dr M.R.Srinivasan Congress Chairman Map: Fry Lucy

Dr V Gopi Krishna Congress Organizing Secretary

PRINCIPAL

Prof.Dr.S.Karthiga 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. Swith R

Department Name: Endodontics

Designation:

Employee Number: 10147

Phone Number: 80171 20017

THROUGH;

Chairperson Scientific Academic Forum, Adhiparasakthi Dental College and Hospital.

TO:

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 220d - 26th 2020. (september)

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

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

Registration amount for the event: 9000 /-

STAFF SIGNATUI

SAF CHAIRPERSON SIGNATURE

PRINCIPAL

PRINCIPAL SIGNATURE

Head of the Department Department of Presthodoniles Adhioaras Athi Dontal College & Nose Meinaruvathur-603 319

Prof. Dr. S. Karthiga Kannan MDS ADHIPARASAI APHIPARASAI APHIPARAS

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur - 603 319, Cheryur Tahuk, Chengalpatru District Tahuk Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: AOT. R. Swith
•	Designation: MDS
•	Department: Endodon Hics
•	Details Of The Program (Tick the necessary)
	ConferenceWorkshopMembership reimbursement

- Nature of the program (Tick the necessary)
 - State level National level International level
- Date and duration of the program: Sep Q3, 24,25,26 (4 days)
- Relevant documents of the program enclosed

Staff signature:

Reimbursement will be provided after submission of Participation gertificate and Registration fee Prof.Dr.S.Karthiga Kannan, MDS.,

receipt.

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvarhur Cheyyar Tatub, Chernapharu Disrriet Taniil Nadu - 603 319

PRINCIPAL Adhiparasakthi Dental Collogo & Hospital

Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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





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

Sungleyotim

Dr Luke Sung Kyo Kim IFEA President Dr Anil Kohli Congress Preside

Dr M.R.Srinivasan Congress Chairman Map: Trighmen

Dr V Gopi Krishna Congress Organizing Secretary

IFEA WEC 2020NE PRINCHIADO approval no. 128/20 of Dr.S.Karthiga Kannan P.P.K.credit points-24

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

		Dr. Selva Balaji
•	Name:	Dr. Dava Baag

• Designation: MDS

· Department: Pedodontics

• Details Of The Program (Tick the necessary)

- o Conference
- Workshop

Membership reimbursement

• Nature of the program (Tick the necessary)

- ☐ State level
- ☐ National level
- ☐ International level

• Relevant documents of the program enclosed

o (Yes/No)

Staff signature

PRINCIPAL

rof.Dr.S.Karthiga Kannan, MDS

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmarusulbur
Cheyyur Taluk, Chengalpattu District

PRINCIPAL

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 313

Note:

• Reimbursement will be provided after submission of Participation certificate and

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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PRINCIPAL



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpartu Diserce
Tamil Nadu - 603319



Indian Society of Pedodontics and Preventive Dentistry

Dated: 01-10-2020

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

Indian Society of Pedodontics and Preventive Dentistry

Post Graduate Dept of Pediatric & Preventive Dentistry, Subharti Dental College & Hospital, Sward Vivelanand Subharti University, NH-58, Delhi-Haridwar-Meerut Bypass Road,

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



PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL 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 grand 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:

Sersion, 23, 24-Feb-Society Academic Enlantan Oltro dontic

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

SAF CHAIRPERSON SIGNATURE

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





PRINGIPALISTICATION Hospital

Melmaruvathur - 603 319.

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





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr Sudhakar · V
Traine: VI Sugarakau V
• Designation: MDS
Department: Oxthodontics.
• 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
o (Yes/No)
Staff signature:

Note:

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

0

receipt.

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & MOSPITAL
Hospital Road, Melmarusathur
Cheyyur Tatuk, Chengalpatiu District
Tanili Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No312		Date	3-03-2	<u>ρ</u>
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Prof.Dr.S.Karthiga Kannan, Mrs.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmanyachun
Cheyyur Tahak, Chengapartu Disirici
Tamiil 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



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

ADHIPARASAKTHI

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: Or Ahanda Dir. C

Department Name: Onthe donker

Designation: MDS.

Employee Number: 10080

Phone Number: 986506 1428.

THROUGH;

Chairperson Scientific Academic Forum, Adhiparasakthi Dental College and Hospital.

TO:

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

Exclusion & TMD", 11th 9/2020 / 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

Adhiparasaktini Dental College & Hospital

Melmaruvator INCIPAL SIGNATURE

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

SAF CHAIRPERSON SIGNATURE

Date : Time :



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

	_	Ananda	Dava	
Name:	D12.	Tonanda	OL.WI	

- Designation: Ups
- · Department: Orhodonts
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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

o (Yes/No)

• Staff signature:

Dad

Note:

Reimbursement will be provided after submission of Participation certificate and Registration fee Prof. Dr. S. Karthiga Kannan, M Prof. Dr. S. Karthiga Kannan, M ADHIPARASAKTHI

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

CASH / VOUCHER

DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

	TS MANAGER	MANAGING DIRECTOR	Signature	of the Receive	r.
Bill Prepared	In words Rs.	one thousand on	ly		
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Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur-Taluk, Chengaljaru Dhirrici
Tamiti Nadu - 603 319







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

PRINCIPAL
Karthiga Kannan Principal
ADHIPARASAKTHI Principal

bENTAL COLLEGE & HOSPITAL VMSDC Hospital Road, Melmaruvathur Geryne Talus, Chengalpattu District Tamil Nadu - 603 319

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, KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 4- 9-2020

FROM:

Staff Name: Dr. Around

Department Name: Prostro 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 grand 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 GTMD, 11th of september-2020, I 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

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





AdhiparaPRINCIPAL SIGNATURE Melmaruvathur - 603

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



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



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr Arond
• Designation: MDS
· Department: prostru 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: 11 try september 2020 11 day
• Relevant documents of the program enclosed
o (Yes/No) Staff signature:
\mathcal{U}

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 9.23

Paid to Mrs/Mr. D.x. Anand S. Head of Account Staff Welfare.

Towards payment occlusion and TMD state Rs. P.

Conference charges

Bill Prepared In words Rs.

One Thousand Only

MANAGING DIRECTOR



Adhipar Recommended liege and Hospita

Prof.Dr.S.Karthiga Kannan, Mos.



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

Signature of the Receiver.





Certificate of Participation

Awarded to

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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

7. B4 July

Dr.

Dr. J. Baby John, MDS

Principal VMSDC

S. 9 white

Dr. N. Mohan, MDS

Vice Principal - Academics VMSDC

S No pilat will be a server of the server of

Dr. Jayashree Mohan, MDS

Prof. Sin Houral Prof. Prof. Katthiga Kaman, MDS., ADHRARASAKTHI

DENTAL COLLEGE AT HOSPITAL Hospital Reads, Mehnaruvathur Cheyyur Taluk, Chengalpatru Distric Tanii Pladuli - 403 Stra

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

9789152599 Phone Number:

THROUGH;

Chairperson Scientific Academic Forum, Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

occulusion 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 pouti i pant

Registration amount for the event: 2 1000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

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

Date : Time :

Adhiparagaktin PRINCIP





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Murug	anand	ham
---	-------	-----	-------	-------	-----

- Designation: MOS
- orthodonties Department:
- Details Of The Program (Tick the necessary)

Conference

- Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)

State level

- National level
- International level
- 11th sep 2020, (Iday) Date and duration of the program:
- Relevant documents of the program enclosed

o (Yes/No)
Staff signature:

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr.: Murugariandam...S. Head of Account ... graff welfare...

Towards payment for occlusion and mod. Rs. P.

Clarges ...

Bill Prepared In words Rs.

One Thousand Only

MANAGING DIRECTOR Signature of the Receiver.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS,
ADHIPARAS
DENTAL COLLEGE (a INCOME)
Hospital Black, Melliartesthe.
Cheyyur Folac, Chienshpain Bridge
Taniil N. 10: 603 319





Certificate of Participation

Awarded to



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

Baby John, MDS

Dr.

Principal VMSDC

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

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

TMDC Approval No: 123/20



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. Indhu.K.	
• Designation: MDS	
• Department: Peniodontics	
• 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	
o (Yes/No) Staff signature:	

Reimbursement will be provided after submission of Participation certificate and Registration Ped. Prof.Dr.S.Karthiga Kannan, MDS.,

receipt.

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruwahur
Cheyyur Tahuk, Chengalpattu District
Tanul Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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

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Charges

Bill Prepared In words Rs.

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Swimaruwathur - 603 310

MANAGING DIRECTOR

Signature of the Receiver.

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Prof.Dr.S:Kambiga Kannan, MDS.,

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinaruvathir
Cheyyur Taluk, Chengalpaini 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

SI 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 od 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.



Tamil Nadu Dental Counc

Note:

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

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Mehnaruvathur Cheyyur Taluh, Chengalpattu District Taniil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Por Senthil Rumar R
• Designation: MD1
Department: ENDODONTILS
• 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: Jon 8, 2021
Relevant documents of the program enclosed
o (Yes/No)
Staff signature: Seenk

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

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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PRINCIPAL

Prof.Dr.SaKarthiga Kannan, Mos.,

ADHIPARASAKTHI



TAMIL NADU DENTAL COUNCIL

Arifunt Majestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Kovambedu, Chennat. 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 od 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.



For Registrar Tamil Nadu Dental Council

Note:

 To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entail penality.

2. This reciept is valid only when produced with the original registration. Certificate quoted above.

Problem Proble

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAROAd, Mehnaruvathur
Cheyyur 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 	
o (Yes/No) Staff signature:	

Note:

Reimbursement will be provided after submission of Participation certificate and Registration fee PRINCIPAL Prof.Dr.S.Karthiga Kannan, MDS., receipt.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date. 20 1 2021 Head of Account ... Staff welfare. Paid to Mrs/Mr. Dr. Sals. Thidaran. S. Debit Rs. 500 Total Rs. 500 In words Rs. Bill Prepared Five hundred Only Demail College and Hospital Adhiparara Signature of the Receiver. Mein Recommended 19. MANAGING DIRECTOR



PRINCIPAL

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



TAMIL NADU DENTAL COUNCIL

Aribant 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

Regu. 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 od 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.

hennai.

Note:



amil Nadu Dental Counci

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entail penality.

2. This reciept is valid only when produced with the original registration. Certificate quoted above.

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ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

	Name:	Dr. Raj	Prakash	B
•	mame:	1011 rug	1 109 00011	رد

- Designation: MDS
- Department: Oral and maxillopavial surgery
- Details Of The Program (Tick the necessary)
 - o Conference
 - Workshop
 - Membership reimbursement
 - Nature of the program (Tick the necessary)
 - State level
 - National level
 - ☐ International level
- Jan 25, 2021 Date and duration of the program:
- Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Reimbursement will be provided after submission of Participating PAI ficate and Registration fee Prof.Dr.S.Karthiga Kannan, MDS

receipt.

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

> PRINCIPAL Adhiparasakthi Dental College & Hospital

Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MANAGING DIRECTOR

A Addition of the Addition of

Recommended 803 319.

PRINCIPAL

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

Signature of the Receiver.

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinaruvailiur
Cheyyur Taluk, Chengalpatu 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 od 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.



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 remitance recieved after the 31st of march entail penality.

2. This reciept is valid only when produced with the original registration. Certificate quoted above.



PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
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Hospital Road, Melmaruvathur
Cheyyar Tahuk, Chengalpartu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. Southish-S
•	Designation: MDJ
•	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 2

Relevant documents of the program enclosed

o (Yes/No)

Staff signature:

Reimbursement will be provided after submission of Participation certificate and Registration (PAL Prof.Dr.S.Karthiga Kannan, MDS

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Adhipar-saluh Denial College and Hospital More commende de 3 319. MANAGING DIRECTOR Signature	of the Receiver.
Bill Prepared In words Rs. Five hundred Only	
Total Rs.	500
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PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinarusathur
Cheryur Taluk, Chergalipatus Discrete
Tamil Nadu - 603319

TAMIL NADU DENTAL COUNCIL

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

RENEWAL CERTIFICATE

Date: Jan 25, 2021

Name SATHISH S

SI No: 26529

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 od 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.



For Registrar Tamil Nadu Dental Council

Note:

To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entail penality.
 This reciept is valid only when produced with the original registration. Certificate quoted above.



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



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. Preethi Archana.s
•	Designation: MDS
•	Department: Pedodontics
•	Oconference Workshop Membership reimbursement
•	Nature of the program (Tick the necessary)
	☐ State level☐ National level☐ International level
•	Date and duration of the program: Jan 25, 202
•	Relevant documents of the program enclosed

Staff signature:

Reimbursement will be provided after submission of Participation certificate and Registration is Kannan, MDS., receipt. receipt.

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

CASH / VOUCHER

DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpatu Dhurrer
Tamili Nadu - 603 319

Arthant Majestic Towers, Flat No 5-0-3, No 216, J. N. Salar, Koyamheda, 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 od 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.



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 remitance recieved after the 31st of march entail penality.

2. This reciept is valid only when produced with the original registration. Certificate quoted above,

a Kannan, MDS., DHIPARASAKTHI COLLEGE & HOSPITAL Husunat Road, Melmaruvathur neyyur Tatuk, Chengalpatsu District Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr. Sowmiya	1.T
---	-------	-------------	-----

- Designation: MDS
- · Department: EndodonHies
- Details Of The Program (Tick the necessary)
 - o 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

o (Yes/No)

• Staff signature:

1. 1 mg/h

Note:

Reimbursement will be provided after submission of Participation certificate and Re

receipt.

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

CASH / VOUCHER

HI DENTAL COLLEGE AND HOSPI MELMARUVATHUR-603 319.

Voucher No2.	2	8	Date\:		
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d Prof.Dr.S.Karthiga Kannan, ADHIPARASAKTHI
DENTAL COLLECT & HOSSITAL
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TAMIL NADU DENTAL COUNCIL

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

RENEWAL CERTIFICATE

Date: Jan 25, 2021

Name SOWMIYA T

Regn. No 21671

SI No: 26527

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 od 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.



Prof.Dr.S.Karthiga Kannan, N

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 remitance recieved after the 31st of march entail penality.

2. This reciept 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: Tan 25, 2021
	Relevant documents of the program enclosed

Staff signature:

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

rof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Checypur Talul, Chengalpatu District
Tamil Nadu - 603 319

CASH / VOUCHER

THI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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TAMIL NADU DENTAL COUNCIL

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

Sl No: 26521	RENEWAL CERTIFICATE	Date: Jan 25, 2021
Name KARTHIK V C		
Regn. No 14845	Date of Registration Ap	r 1, 2011
Qualification Master of D	ental Surgery	
the Dentists Act, 1948. His B	bove named Dentist having complied to Registration has / have been renewed for the Receipt No 5620	<u> </u>

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entail penality.

2. This reciept is valid only when produced with the original registration. Certificate quoted above.



rof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	D8.	Kirubakaian	
•	Maille.	0	11100000	

- Designation:
- prostrudontics Department:
- Details Of The Program (Tick the necessary)

 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - □ National level
 - International level
- Date and duration of the program: Jan 25
- Relevant documents of the program enclosed

Staff signature:

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



Prof.Dr.S.Karthiga Kannan, ADHIPARASAKTH!

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

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PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLECT & HOSPITAL
Hospital Road, Melmartwalhur
Cheyyur Taluk, Chengalpatru District
Tamil Nadu - 403 319

TAMIL NADU DENTAL COUNCIL

Anthony Manuscrip Transport Stor Mon S.A.A. Nov 216, J. N. Salas, Koryambedo, Chemesi - 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 od 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,

scannea with camscarne

Chennai



For Registrar Tamil Nadu Dental Counci

Note:

 To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entail penality.

2. This reciept is valid only when produced with the original registration. Certificate quoted above.

Toolal Concessor

PRINCIPAL
Prof.Dr.S. Karthiga Kannan
ADHIPARASAKTI
DENTAL COLLEGE & HOSPIT
Hospital Road, Melmaruvathu
Cheyyur Taluk, Chengalparu Disur.
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. Nathiya B
•	Designation: MDg
•	Department: Orai e Maxillogacial 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

o (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



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 81-1-2021 Head of Account Staff Welfare... Paid to Mrs/Mr. Dr. Nabhlya B. Rs. P. Total Rs. In words Rs. Bill Prepared hundred Five ACCOUNTS MANAGER Signature of the Receiver. MANAGING DIRECTOR Adhipar Recommended age and Hospita

Tantal College Avospillal

nichiaruvalnur - 603 319.

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melharrovathur
Cheyyur Tatuh, Chengalparin Distreet
Tanii 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

Name NATHIYA B

SI No: 26534

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 od 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.

nttps://mail.google.com/maii/u/0/?tab=rm&ogbl#inbox/FMfcgzGmtrQtNjnmVtVGqHhQbNBINIzj?projector=1

Chennai.



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

I. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entail penality.

2. This reciept is valid only when produced with the original registration. Certificate quoted above.

For Registrar Tamil Nadu Dental Council



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Ar. Sudhakar V.
•	Designation: MD1
•	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 8021
•	Relevant documents of the program enclosed
	o (Yes/No)

Reimbursement will be provided after submission of Participation certificate and Registration Residence PAL Prof.Dr.S.Karthiga Kannan, MDS.
ADHIPARASAKTHI

receipt.

Staff signature:



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

CASH / VOUCHER

DENTAL COLLEGE AND HOSPITAL **ADHIPARASAK**

MELMARUVATHUR-603 319.

Date. 29/1/202 Voucher No....\58 Head of Account . Staff. Welfate ... Paid to Mrs/Mr. Dr.: Sudhakan - V Rs. Total Rs. 500 In words Rs. Bill Prepared Five hundred Adhipers and Dental College and Hospital Melmaruvathur - 603 319. **Recommended** Signature of the Receiver. MANAGING DIRECTOR



Prof. Dr. S. Karthiga Kannan, Mas

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Taluk, Chengalpattu District Tamii 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

Name SUDHAKAR V

Regn. No 17155

SI No: 26528

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 od section 39 o 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

TNDC.

Chennai.



For Registrar Tamil Nadu Dental Counc

Note:

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entail penality.

2. This reciept 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, Melmaruvatiur
Cheyyor Taluk, Chengalpatiu District
Tamil Nado - 603 319.

https://mail.google.com/mail/u/0/?lab=rm&ogbl#inbox/FMfcgzGmtrQtNjnmVtVGqHhQbNBINIzj?projector=1



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. Sonia Abraham
• Designation: MD\$
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
o (Yes/No)
λ /
Staff signature:

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

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLECE & HOSPITAL
Hospital Road, Melmaruwathur
Cheyyur Talluk, Cherugalpatu District
Tamil Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date. 19. 2.2021 Voucher No...2 D.L. Head of Account 3taff ... Welfere. Paid to Mrs/Mr. Dr. Sonia Abraham..... Debit Rs. 500 Total Rs. 500 In words Rs. Bill Prepared hundred Only Five Adhipers and Central Colons and Mespiral Signature of the Receiver. MANAGING DIRECTOR Recommended 3 3 8.



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



ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvaltur
Cheyyur Tatuk, Chengalparin Discret
Tamil Nadu - 603 319

STATE DENTAL COUNCIL

U.T. of PUDUCHERRY PONDICHERRY

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

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

his Certificate shall remain in force 31.12.2015

Name: Dr. SONIA ABRAHAM

Qualification: BDS MDS (ROSTHODONTICS AND CROWN & BRIDGE)

Registration No: 0407





Renewed up to 31.12.2017

REGISTRAR

STATE DENTAL COUNCIL.





Consecution to 31.12.2017

Lines Post from 12.21/9/12 State

U.S. of Fadingson,

Renewed up to 31 12.2019

Head He
Date Registras

\$ 11.5/19 SDC

11.7 of Puduckerry







DENTAL COLLEGE & HOSPITAL Hospital Boad, Melinarryadur Cheyyur Taluk, Chengalgarur District Tamil Madu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. Lakshman V.L
•	Designation: MOS
•	Department: Oral medicine e 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
	o (Yes/No)

Staff signature:

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

PRINCIPAL
ADHIPAR SAKTHI
ADHIPAR SAKTHI
Howard Road, Melmarusmitur
Tamii Nadu-603319

receipt.

CASH / VOUCHER

20-21

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Date: 9-3-2021

Paid to Mrs/Mr. Dr. Lakshman V.L. Head of Account Staff Welfahe...

Debit

Towards payment for Py DCI Renewal Charges Rs. P.

500

Bill Prepared

In words Rs.

File hundred only

ACCOUNTS MANAGER

Adhiparas of the Cental College and Hospita

Recommended 603 319.

MANAGING DIRECTOR

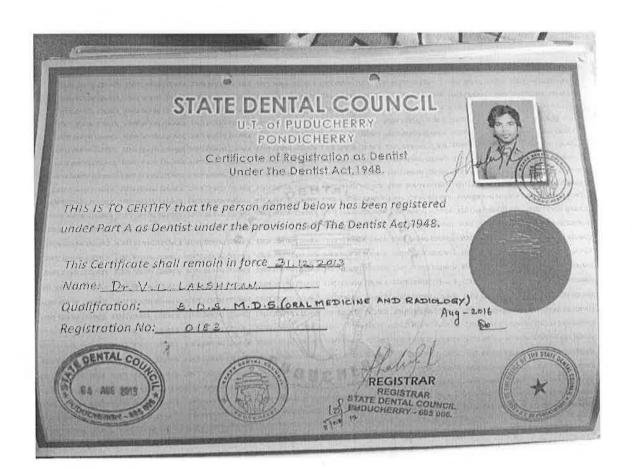
Signature of the Receiver.

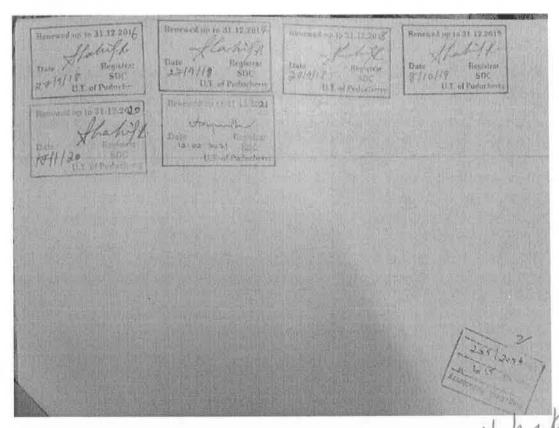
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Prof.Dr.S.Karthiga Kannan, M. ADHIPARASAKTHI









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



DENTAL COLLEGE & HOSPITAL
Hospital Wood, Melmaruwathur
Cheywar Taliak, Chengalpartu District
Tamii Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Anagha	· C

• Designation: MDS

Department: Pedadontics

• Details Of The Program (Tick the necessary)

- o 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

o (Yes/No)

Staff signature: ()

Note:

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

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

0

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Houpital Road, Melmarewarhire
Cheyyur Taluk, Chengalpatru District
Tamil Nadu - 603 319

CASH / VOUCHER

21-22

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No4.	3.2			Date. ♣.• ———	L'AL MAC	
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muards	payment for	1xh - De	ci Renewa	20-	Rs.	P.
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	2 23	e 89		Total Rs.	3,000	
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PRINCIPAL

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



ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaryanhur
Cheyyur Tahluk, Chengalpanu Dhurier
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
Nama Amarik Dental Council
Ambalathumukku, Venchiyogi

Ambalathumukka, vancaiyaar Thiruvanaathapuran - 695 035

The state of the s

PRINCIPAL PRINCI

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvarhur
Cheyyur Taluk, Chengalpartu 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. Thillainagagam S

Department Name: ENDODON'TICS

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 grand 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 por colloquium, may a 2019, Ciday), chennas

- 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 SIGNATURE

of the Department Department of Prosthodontics Adhipara akthi Dental College & Horpital Melmaruvathur-603 319

Prof.Dr.S.Karthiga Kannan, MDS.

ADHIPARASAKTHI HOSPITAL

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Pr. 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 (1 days)
•	Relevant documents of the program enclosed
	O (Yes/No)

Staff signature:

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



UD19-30

Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No5.2-2					1
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			Total Rs.	5000	
Bill Prepared	In words Rs.	five Thousand	only		
ACCUUNTS MANA Adhiparasakthi Reconfine	Menta Hospital	MANAGING DIRECTOR		of the Receiver.	
Melmaruvathur 6	03.010.		-		



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



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





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

De S Thillainessagam. has participated in

"5th PG COLLOQUIUM"

Sri Ramachandra Dental College and Hospital, May 9, 2019.

H.R. 50 -Dr. M.R. Srinivasan

President CEAT

Dr. C. Ravindran

Sri Ramachandra Dental College & Hospital

Organizing Chairman

Secretary

CEAT

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



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 8 05 2017

FROM:

Staff Name: Dr. K. RAJESWARY

Department Name: PUBLIC HEATH 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 grand 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 14/5/2019, 1 day, pordichery
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):

delgate pauticipant

• Registration amount for the event: 700

STAFF SIGNATURE

Karthiga Kannan, MDS., ADHIPARASAKTHI

MINTAL COLLEGE at HOSPITAL
*Invarial Road, Melmaruvathur
heyzur Tatuh, Chengalpattu Diatrict
Tanul Nadu - 603 319

Adhiparasakthi Dental College & Huspital Melmaruvathur - 803 319

SAF CHAIRPERSON SIGN



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

	Name:	Dr.	6.	RNJESWARY
•	INGILIC.	\sim	r ,	KI JUJUTKI

- Designation: MAS
- · Department: PUBLIC HEALTH DENTISTRY,
- Details Of The Program (Tick the necessary)
 - © Conference
 - Workshop
 - o 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

Staff signature:

Prof.Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Rosal, Melinaravathur
Cheyyur Tahuk, Chengalyaria District
Taniil Nadu - 603 319

Managoratina - 6533

PRINCIPAL
Dr. 8. Thilialnayagam, M.D.S.,
Shiparasakthi Dental College and Hospital
Melmaruvather - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Date. 23 1 05 20 19... Voucher No. 5.23. Head of Account Staff Welfore Rs. Total Rs. Bill Prepared In words Rs. hundred Soven

MANAGING DIRECTOR

Melmaruvathur - 603 319.



Karthiga Kannan, MDS., ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmatuvathur
Cheyyur Taluk, Chengalpatru District
Tamii Nadu - 603 319





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:

prostnodontics

Designation:

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 grand 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:

An conference on cortical implant, gardfuly do 19, (Iday) kanthipman

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:

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Melmaruvathung03 319

Prof.Dr.\$.Karthiga Kannan, MDS

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL Hospital Road, McMallalalasakini Dental College & Hospital Cheyyur Taluk, Chengalpatru beridi Tamil 1951

RINCIPAL SIGNATURE



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Ør.	Kirubakaran A
	Designation	1. <i>t</i>	WD.S

Department: prosthodontics

Details Of The Program (Tick the necessary)

0	Coı	Conference				
	**7	1	1			

- Workshop
- o Membership reimbursement

Nature of the program (Tick the necessary)

	State level
D	National level
	International leve

aard July 2019, (Iday) Date and duration of the program:

Relevant documents of the program enclosed

(Yes/No)

Note:

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

ADHIPARAS AND MOS,

receipt.

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Mebnarusation Cheyvar Tatus, Chengalpana District Tamil Nadu - 603 319

Adhiparasakti Jentai College & Hospital

Melmaruvathur - 603 313.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No75	2	Date. 29.7-2019
Paid to Mrs/Mr. 2.7	Kl.r.uba.lsasian	ccount Staff Welfare:
Toward	Payment for 4th Conforence	Debit Rs. P.
Contical Ing	Part charges	, ·
	0	5000
		Total Rs.
Bill Prepared	In words Rs. Five Thous	sand only
ACCOUNTS I	deads and Huspital MANAGING DIRECTOR	Signature of the Receiver.



Prof. Dr. S. Karthiga Karthan, MDS
ADHIPARASAKTHI

ADHIPARASAKTHI
DENTAL COLLIGI M HÖSPITAL
Hospital Road, Melntarizathur
Cheyyor Tahuk, Cheopopiacus District
Tamin Mater 403 339

4 International Conference on CORTICAL IMPLANTOLOGY

CERTIFICATE





SOILI



Presented to

DR KIRUBAKARAN A

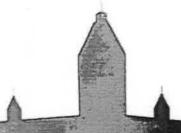
as part of the 4th International Conference on Cortical Implantology held on 22th July 2019 at Karpaga Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India

TROE STEFAN THDE

DR. CHANDRAHAS BATHINI COURSE CO-DIRECTOR DR. VIVEK GAUR
ORGANISING 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:

Dr. Ramesh karthick I Staff Name:

Department Name: Prosthodontics

Designation: MDS

Employee Number:

Phone Number: 9994105530

THROUGH;

Chairperson Scientific Academic Forum, Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

conference on cortical implant 2ard july 2019 (1day) Kanchipularo

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

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

Registration amount for the event: 4. 5000

SAF CHAIRPERSON SIGNATURE

PRINCIPAL SIGNATURE

Prof.Dr.S.Karthiga Kannagohiparasakih Vental College & Hospital ADHIPÄRASAKTHI

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmanisather
Cheyyur Taluk, Chengalpatto District
Tamil Nadu - 603 319

Metmaruvathur - 603 319

Aurigardsakthi Dentai College & Hospital Meharuvathur-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: 22rd july 2019 (1 day)
•	Relevant documents of the program enclosed
	o (Yes/No)

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

ADHIPARASAKTI

Staff signature:

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmatikathin
Cheyyur Talish, Chengaliyatia District
Taniil Malla - 803 319

PRINCIPAL Adhiparasakthi Dental College & Hospital

Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No	3		15	Date.	29.7.2019	ł
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,				g) us	Debit	
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Towards Cortical Im	plant Cho	nges		3		
		0			5000	
				Total Rs.	5,000	
Bill Prepared	In words Rs.	Five	thousand	only	*	n
Adhir a Recommen	MANAGER Identege and Hospital	MANAGIN	IG DIRECTOR	Signature	of the Receiver.	



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



4 International Conference on CORTICAL IMPLANTOLOGY

CERTIFICATE





SOILI

Silifilation MP-11000

Presented to

DR RAMESH KARTHICK I

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

THE FAN IHDE

DR. CHANDRAHAS BATHINI
COURSE CO-DIRECTOR

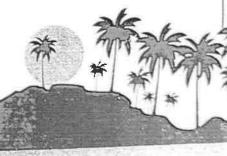
DR. VIVEK GAUR ORGANISING CHAIRMAN DR. S.B. SETHURAJAN
ORGANISING SECRETARY

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. 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 grand 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, 20nd July 2019 (iday)

 kanchipuram
- Type of conference (State/National/International) (Ohsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):

Delegati participant

• Registration amount for the event: 2,5000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthodontics
Adhiparasakthi Dental College & Hospital
Mesmaruvathur-603 315

PRINCIPAL
Prof.Dr.S.Karthiga Kannar
ADHPARASAK II
JENTAL COLLECT & HOS TO LONG JAMES AND LONG JA

ADH PARASAKE PRINCIPAL SIGNATURE

Adhiparasakta Dental College & Hospital
Melmaruyathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. Pon Sethar Abraham
• Designation: MD1
Department: Endodonties
• 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 Tuly 2019 (1 day)
Relevant documents of the program enclosed
O (Yes/No) Staff signature: Portaline
Note: Reimbursement will be provided after submipsion of Participation certificate and Registration fee receipt. ADDIPARASAKTHI LENTAL COLLEGE & HOSPITAL Hespital Road, Melimarusathur Hespital Road, Melimarusathur Land Nadu - 603 319

PRINCIPAL

Adhiparasakthi Bental College & Hospital

Melmaruvathur - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date 3-62-2020 Voucher No...2 14 Paid to Mrs/Mr. Dr. Ponseyan Abraham. A Head of Account ... Staff Welfore Debit 11Th 103 Conforence Rs. Total Rs. 5000 Bill Prepared In words Rs. Five Thousand Ponseka Adhiparasakthi Dental College and Hospital. Recommended 603 319. Signature of the Receiver. MANAGING DIRECTOR

butters of the state of the sta

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruwathur Cheyyur Taluk, Chengalpatru District Tamil Nadu - 603 319 4 International Conference on CORTICAL IMPLANTOLOGY

CERTIFICATE





SOILI

STULLED WPLLIUU

Presented to

DR PON SEKHAR ABRAHAM A

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 STEFANIHDE

DR. CHANDRAHAS BATHINI COURSE CO-DIRECTOR DR. VIVEK GAUR ORGANISING CHAIRMAN DR. S.B. SETHURAJAN ORGANISING SECRETARY

DR. R. KAMALAKANNAN ORGANISING JT SECRETARY







Highest Road, Melmaruvania

Cheyyar Taluk Chengalpattariba



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.4. M.

FROM:

Staff Name: 102. Jilin 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 grand 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: Conference Kanchipuram.

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegant participants presenter/Scientific chairperson):

Registration amount for the event: 5000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

PRINCIPAL SIGNATURE

DENTAL COLLEGE & HOSPITAL parasakthi Dental College & Hospital Cheyyur Taluk, Chengahpatu District Tamil Nadu - 603 319 Melmaruvathur - 603 319

Melmaruvatina



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. Jitin Varghese Mathew
• Designation: MDS
· Department: Prosthudontics
 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 Tuly 2019 (1 day)
• Relevant documents of the program enclosed • (Yes/No) Staff signature: Prof. Dr. S. Karthigh Kannan, MDS., Athira Asharthigh Kannan, MDS., Reimbursement will be provided after submission of terticipation of the financial district family Nadur-603 319

Adhiparasakthi Dental College & Horning Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr. Ji Lin. Vargh ese Matherse of Account Staff Welfare.

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Lor Hi Cal Implant

Bill Prepared In words Rs.

Five Thousand Cony

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Recommended ... age and Hospital

MANAGING DIRECTOR

Signature of the Receiver.

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

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Road, Melimatuvathur

Cheyyur Taluk, Chengalpattu District

Tamil Nadu - 603 319

4 International Conference on CORTICAL IMPLANTOLOGY

CERTIFICATE (





SOILI



Presented to

DR JITIN VARGHESE MATHEW

as part of the 4th International Conference on Cortical Implantology held on 22th July 2019 at
Karpaga Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India

TETAN IHDE

DR. CHANDRAHAS BATT

PRINCIPAL Karthiga Kanthin KNG YUR

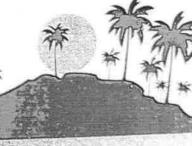
ADHI ARASAKTUCHAI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvachur
Cheyyur Taluk, Chengalpattu District

DR. S.B. SETHURAJAN ORGANISING SECRETARY Jhus hs.

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: 4939262435

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

Ath conference on cortical implant, 22 nd July 2019 (1 day)
kanchi pwam

- 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, SIGNATURE

Head of the Department Department of Prosthodontics Adhiparavakthi Dental College & Hospital Matmaruvathur-603 319 PRINCIPAL SIGNATURE

Prof. Dr. S. Karthiga Kaunan, Mastmaruvathur - 603 319.

DENTAL CONDECT OF HOSPITAL Hospital Road, Belghartsoning Chegyur Tanill, Ehengahartu District Tamil Nadu 403/319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Or. Venkatesan
•	Designation: MDG
•	Department: Prosthodonti Ls
•	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

o (Yes/No)

Staff signature: Verley

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

receipt.

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 318.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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PRINCIPAL
Prof. Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Mehnaruvathur
Cheyyor Taluk, Chengalpatus District
Tamil Nadu - 603 319

4 International Conference on CORTICAL IMPLANTOLOGY

CERTIFICATE





SOILI

Presented to

DR VENKATESAN N

as part of the 4th International Conference on Cortical Implantology held on 22th July 2019 at Karpaga Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India

PROF STEFAN THDE

DR. CHANDRAHAS BATHINI
COURSE CO-DIRECTOR

DR. VIVEK GAUR

DR. VIVEK GAUR ORGANISING CHAIRMAN DD SP SETHURA IA

OR. S.B. SETHURAJAN

Jan 14.

DR. R. KAMALAKANNAN ORGANISING JT SECRETARY









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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.7. 2019

FROM:

Staff Name:

Dr.S. Anand

Department Name: Prosthodontics

Designation:

MDS.

Employee Number: 10129

Phone Number: 9884451b13

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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, 22th July 2017 (Iday) Kanchipman.

- Type of conference (State/National/International) (Onsite/Virtual):
- Delegate participant Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

Registration amount for the event:

SAF CHAIRPERSON/SIGNATURE

Head of the Department Depailment of Presthedontics Adhlaaras kthi Cental College & Hospital Melmaruvathur-603 319

PRINCIPAL SIGNATURE

Adhiparasaktaj dental College & Hespital Prof. Dr.S. Karthiga Kannan, McMelmaruvathur - 603 319.

ADHIPARASAKTI PENTAL COLLEGE OF HOSPITAL HOSPITAL Hospital Road, Michigan Walter Taluk, 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: adm July 2019 (1day)
•	Relevant documents of the program enclosed o (Yes/No)

Staff signature:

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

receipt.

PRINCIPAL Prof.Dr. Karthiga Kannan, Mr.

ADHIPARASAK THI
DENTAL COLLEGE & HOSPIFAL
Haspiral Road, Melassyuvathus
Chevyur Taluh, Chengapatru District
Tamil Nadu 604 319

PRINCIPAL Adhiparasakthi Dental College & Hospital

Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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



4 International Conference on CORTICAL IMPLANTOLOGY







Presented to

DR. S. ANAND

atended the Pre-Conference Course on "Advanced Course - Pterygold Implants" (Lecture/Lecture with hands-on) a part of the 4th International Conference on Cortical Implantology held on 22™ July 2019 at kurpaça Vinayaga Institute of Dental Science (KIDS), Madhurantagam, Kanchipuram - 603 306. India

PROSE STEERN THIDE

DR. CHANDRAHAS BATHINI COURSE CO-DIRECTOR

DR, VIVEK GAUR ORGANISING CHAIRMAN

DR. R. KAMALAKANNAN ORGANISING JI SECRETARY















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, &

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 grand 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: e maxillofacial pathology, 22-24th Aug 2019 (3days)

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate presenter/Scientific chairperson):
- Registration amount for the event: 2.10000 STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

the Department Depart Yest of Presthedentics Adhiparasakthi Dental College & Hospital Melmaruvathur-603 319

PRINCIPAL SIGNATURE

of Dr. S. Kaechiga Kannan, MDS ADHIPARASAKTHI Melmaruvathur - 603 319.

SENTAL COLLEGE & HOSPITAL Hoppid Road, Melmanwatuu Chengin Taluk, Chengalpattu Dhanea Tamil Nadu - 603 319



receipt.

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: DR. SHAMALA RAVIKUMAR, S
• Designation: NDS
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 doin (3 days)
Relevant documents of the program enclosed
o (Yes/No)
Staff signature: Aquali
Reimbursement will be provided after submission of Participation certificate and Registration fee

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI DENTAL COLLEGE of HOSPITAL Mospital Road, Medinarrivathus Cheryrur Tatuk, Chergalpartu Diserrer Tamif Nadu - 603 319

PRINCIPAL Adhiparasaktin Dental College & Hospital Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No8.	1.0		10	Date:	27.8.19	
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PRINCIPAL
Prof. Dr. S. Karthiga Kannan, MDS.,
ADHIPARASAKTHIL

DENTAL COTLEGE & HOSPITAL

Hospital Road, Melmarusathur
Cheyyur Taluk, Chengalpartu District
Tamif Nadu - 403 319



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

Awarded 20 CPD points

In collaboration with





PRINCIPAL
PROF.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruyathir
Cheyyur Taluk, Chengalparu, District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Nr.	c. L. Lakshman
•	Designation:	MDS

Department: Oral medicine and Radiology.

•	Details	Of The	Program	(Tick the	necessary)
---	---------	--------	---------	-----------	------------

- o 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

Staff signature:

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

receipt.

PRINCIPAL Prof.Dr.S.Karthiga Kannan, Mps ADHIPARASAKTNÍ DENTAL COLLEGE & HOSPITAL Hospital Road, Metinarovathur Cheyyui Tatuk, Chengalpariu District Tamil Nadu - 603 319

Adhiparasax di Dental College & Hospital Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

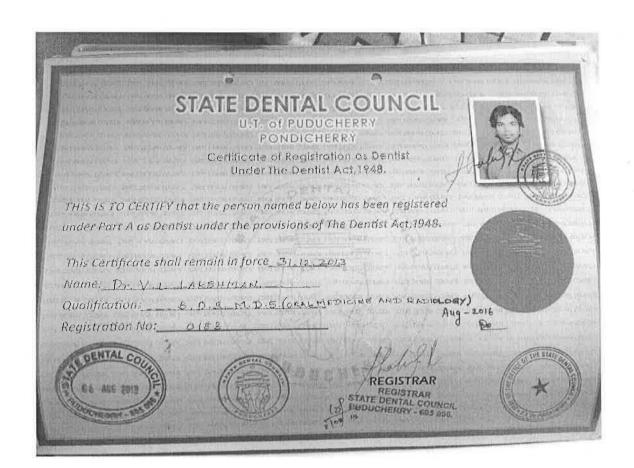
Voucher No	5.6	•		Date.	<u> </u>
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Towards f	Payment 1	for DCI RI	newal.	Charges	Debit Rs. P.
	<i>U</i>			<i>V</i> .	500
			e ."	Total Rs.	500
Bill Prepared	In words Rs.	Five	hundered	Only	
August Recommen	S MANAGER Indediage and Hospital	MANAGING	DIRECTOR	Signature	of the Receiver.
Melmaruvati	nur - 603 379.				

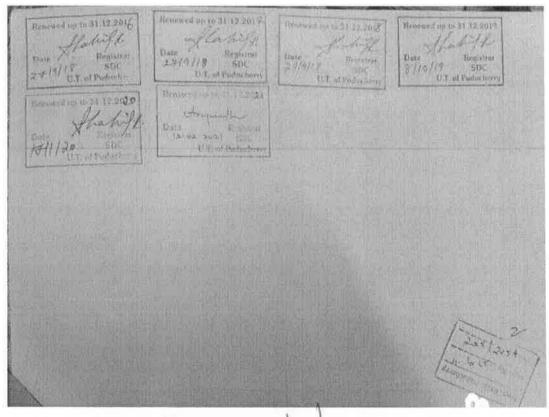


Prof.Dr.S.Karthiga Kannan, MDS.,



4







PRINCIPAL

Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
He-intal Koall, Melinaruvathur
Timul Nadu - 603319



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: Gras pathology

Designation: MDS

Employee Number: (0122-

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 grand 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: Aug 2019, (3 days) ath conserence of Asian Society of oral, 22-24 and maxillogacial

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

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

Registration amount for the event: 5.10,000

STAFF SIGNATURE

SAF CHAIRRERSON SIGNATURE

Denat/ment of Prosthodontics Adoinara Aikthi Dental College & Hospital

Medmaruvailiu-603

PRINCIPAL SIGNATURE

Prof.Dr.S.Karthiga Karthin, aspishi Dental College & Hospital

ADHIPARASAKTHI Melmaruvathur - 503 319. DENTAL COLLEGE & HOSPITAL Hospital Road, Melmanuvaltur Cheyyur Taluk, Chemathartu Diarriel Tamil Nadu - 403 319



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: Dd-24 Aug 2019 (3days)
Relevant documents of the program enclosed
o (Yes/No)
O (Yes/No) Staff signature:
Note: Reimbursement will be provided after submission of Participation certificate and Registration fee receipt. ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvalling Cheyyur Talluk, Chenglik, Ch

Adhiparasakky Dental College & Hospital Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Adhipa Recommended lage and Hospita Admir avalhur - 603 319	MANAGING DIRECTOR	MANAGING DIRECTOR Signature of th		
ACCOUNTS MANAGER		KNY		
Bill Prepared In words Rs	ten thousand only			
	-	Total Rs.	10,000	
Asian society of or	for 9th conference of maxillof rule p	pathology	10,000	
Towards Payment	for 9th conference	ced	Debit Rs.	P.
Paid to Mrs/Mr. Dr. Mitha -	Head of Ac	count GARFA	welfare.	
Voucher No85.2	***	Date	30-8-201	9



PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MDS.

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

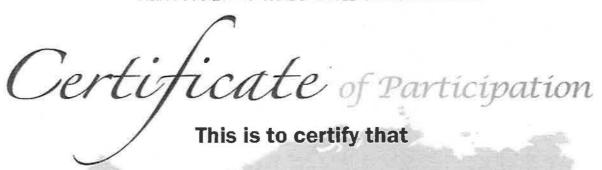
HOSPITAL Road, Melmaruvathur

Cheyyur Taluk, Chengalipacus District

Tamil Nadu - 603 319



ASIAN SOCIETY OF ORAL & MAXILLOFACIAL PATHOLOGY



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

anized By:



Prof. Dr. Rosnah Binti Mohd Zain

Organizing Chairperson of 9th ASOMP & President

President of MAOFD

Dean, Faculty of Dentistry MAHSA University and Nadu-403319

In collaboration with

PRINCIPAL
S. Karthiga Kannan, MDS
ADHIPAKASAKTHI
DENTAL COLLEGE & HOSPITAL

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
hervur Taluk, Chengalpatru District

MDS

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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 grand 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:

 IFER 2020, 28th Sep 2020 (4 days)
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):

• Registration amount for the event: 29,000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

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

PRINCIPAL SIGNATURE

PRINCIPAL

of Dr. S. Karringa Kanpanasakun Denta College & Hospital
ADHIPARASAKTHI Melmaruvathur - 603 319.

DENTAL COLLEGE AL HOSPITAL Hospital Hoad, Refusativation Cheryur Taluk, Chemig disattu Divinis Tanul Wadus 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. Hema Sathya B
•	Designation: mps
•	Department: Endodontis
•	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 (Adoys)
•	Relevant documents of the program enclosed

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

PRINCIPAL Of. Dr. S. Karthiga Kannan MDS asakthi Dental College & Hospital ADHIPARASAKTH Melmaruvathur - 603 310.

Melmaruvathur - 603 310.

Melmaruvathur - 603 310.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date 0 4 . 16 - 2019 Head of Account Staff Welfare ... Paid to Mrs/Mr. Dr.: Hema Sathya: B. Total Rs. In words Rs. Bill Prepared Thousand Nine Onle COS CHIS MANAGER Adhiparanakthi Dental College and Hospital Meintaruvalhur - 603,319. Signature of the Receiver. MANAGING DIRECTOR







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

Songkyskin

Dr Luke Sung Kyo Kim IFEA President Dr Anil Kohli

Dr M.R.Srinivasan PRINCIPAngress Chairman Map: Trigheren

Dr V Gopi Krishna Congress Organizing Secretary

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

HE DATE TO DESCRIPE

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: 17.9-2010.

FROM:

Staff Name: 10r. V. Sudhakar

Department Name: Endadontics

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 grand 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:

TFEA 2020

23rt - 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

Read of the Department
Department of Prosthedonties
Adhiparasakthi Dental College & Hospital
INTELLUARIUNATHIEST-808-810

PRINCIPAL SIGNATURE

PRINCIPAL

Adhiparasak in Jontal College & Hospital

PRINCIPAL

(delmarovathur - 603 313)

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmarusathur
Cheyyur Taluk, Chomalpatitu District
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

Name:	Dr.	٧.	Sudhakar	,
ivame.	-171:	V *	Dourna .	

- Designation: MDS
- Department: Endodontics
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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

Haff signature

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

receipt.

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

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

Adhlparasakthi vental College & Hospital Melmaruvathur - 603 310.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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

Total Rs. P.

Bill Prepared In words Rs.

Adhipars Recommended and Hospifal

MANAGING DIRECTOR

Date. A. 10. A016

Staff Welfare

Debit

Rs. P.

Total Rs. 9000

Signature of the Receiver.



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







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

of Participation

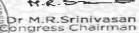
This is to certify that

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 Presiden



Dr V Gopi Krishna PRINCIPAL

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

DENTAL COLLEGE & HOSPITAL 128/20 DCM credit points-24



FFA WEC 2020ME



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. THILAL AVATHI

Department Name: Oral medicine and Radiology

Designation:

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 grand 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; Iday;

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate partitional. presenter/Scientific chairperson):

Registration amount for the event: 200/

SAF CHAIRPERSON SIGNATURE

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

PRINCIPAL SIGNATURE

Cheyyur Tahuk, Chengalpartu District Tamil Nadu - 603 319

PRINCIPAL

Prof. Dr.S. Karthiga Kannahinosisakini Dentai College & Hospital ADHIPARASAKTHI Melmaruvathur - 603 319. DENTAL COLLEGE & HOSPITAL Hospital Rusal, Melmaruvathur



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: AT.N. THILAMAVATHI
• 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: doth october 2019, (1 day)
Relevant documents of the program enclosed
o (Yes/No)
Staff signature: The best
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, Chengalpatin District Tamil Nadu - 603 319

Adhiparasakun Dental College & Hospital Melmaruvathur - 683 318.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Paid to Mrs/Mr. D.x	Thilagavathi. N. Head of A	Account Staf	f welfoore	
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ACCOUNTS MAN Adhiparasa Mecconinen	AGER age and Hospital ded 319 MANAGING DIRECTOR	Signature of	of the Receiver	·•





Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Talok, Chengalpatin 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

SKR. 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 O Research(DU), Porur, Chennai - 600116.

Dr. K. ANBARASI Organising Secretary

Dr. S. ARAVIND WARRIER Organizing Chairman

C.V. 41 Dr. C.V. DIVYAMBIKA Scientific Secretary

Dr. C. RAVINDRAN Dean of SRDC

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



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 10-10-2019

FROM:

Staff Name: DT. Ebenezer

Department Name: Periodontics

Designation: MDS

Employee Number: 10026

Phone Number: 72981493)

THROUGH;

Chairperson Scientific Academic Forum, Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

 performadigms 17th and 18th october 2019.
- 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: 25001-

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 Kanhan McCarthiga K

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmanwadhin Cheyyin Taluk, Chengalisiztu District Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• N	Name: Or Ebenezer	
• 1	Designation: MDS	
• 0	Department: Perhodontius	
• _ I	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 petober. 2019 (2	day
•	Relevant documents of the program enclosed	
Staff's	(Yes/No) signature:	

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, Melmanisathus
Cheyyur Tatuh, Chengalparto Diterier
Famil Nadu - 603 319

Adhiparasaktin Dental College & Hospital

Melmaruvathur - 603 312.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 15. 65 -2020 Voucher No........... Head of Account ... Staff welfare. Paid to Mrs/Mr. Dr. Eben ezer - M. Debit Rs. 1200 Total Rs. In words Rs. Bill Prepared Thousand TWO one Addicact with Denial College and Hamilal Signature of the Receiver. **MANAGING DIRECTOR** Recommended or - 603 319.



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

ADHIPARASAKTHI
DENTAL COLLEGE et HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpatru District
Talus Nadu - 603 319



SATHYABAMA





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

Br. S.S.Rau

Dr. S. S. RAU

Registrar





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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1.11.2019

FROM:

Staff Name: Dr. Seraranjani

Department Name: Periodon ties

Designation: 1401

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 grand 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:

Att Matteral Conference of Indian Society of periodontilogy 8th, 9th, 10th Morember 2019; 3days & 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: 700 0/ STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

he Department Department of Prosthogontics

Adhiparasakihi Dental College & Hospital Prof.Dr.S.Karthiga Kannaly, MDS Adhiparasakthi Dental College & Hospital Adhiparasakthi Dental College & Hospital Adhiparasakthi Melmaruvathur - 603 319

DENTAL COLLEGE & HOSPITAL Hospital Road, Mehmaruvathur Cheyyur Tatuk, Chengalpatru District Tamil Nadu - 603 319



receipt.

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. gliraray ani
• Designation: MDS
• Department: Perio donties
• 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 2 loth November 2019; 3
Relevant documents of the program enclosed
o (Yes/No)
Staff signature:

PRINCIPAL Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPIEM,
HOSPIEM Boad, Melmarusabur
Cheyyur Tatuk, Chengalpatun Disudet
Tamil Nadu - 603 319

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

Adhiparasakth Ventai College & Hospital Melmaruvathur - 603 313,

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

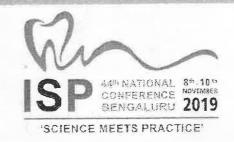
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MANAGER Collage and Hospital			Suj	f the Receiver	
	In words Rs.	yment for 44th 19p Charges In words Rs. Seven	In words Rs. Head of Sivaryanges Head of HHTh 12p 2019 Charges In words Rs.	Head of Account	Head of Account Staff Welfast Lyment for 447th 12p 2019 National Rs. Charges Total Rs. January Debit Rs. Total Rs. Food Manager Manager



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









CERTIFICATE OF APPRECIATION Presented to

DR SIVARANJAN

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

D Aust Dr. Anil Melath President - ISP

Dr. Anirban Chatterjee

Organizing Secretary

Dr. Abhay Kolte

Hon. Secretary - ISP

Dr. Ranganath V

Organizing Chairman

PRINCIPAL

Dr. M. L. V Praishey S. Karthiga Kannan, MDDr. Ashish S Nichani ADHIPARASAKTHI Jt. Organizing Cha

Scientific Chairman

Dr. A.R. Pradeep Conference Secretary



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

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 grand 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: 44 Th JSP 2019, 8,9,10 th Nov. 2019 (3 days) Bangalore.

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

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

Registration amount for the event: 2 4000

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Read of the Denartment Department of Prosthodontics Adhiyara Akthi Dental College & Hospital

Melmuravather-603 319

PRINCIPAL SIGNATURE

DATE: 1. 11.2019.

Adhiparasaktii/Dentai College & Hospital

Prof.Dr.S.Karthiga Kannan, Melmaruvathur - 603 319.

ADHIPARASAKT DENTAL COLLEGE & HOSTIETA Hospital Road, Melinaravajius Cheyyor Taluk, Chengalpatru II seriet Tamil Madu - 503 319



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
o (Yes/No)
Staff signature: Note:
Reimbursement will be provided after submission of Participation certificate and Registration fee PRINCIPAL Prof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvarhur Cheyyur Taluk, Chempalpartu Diurien Taniil Nadu - 403 319

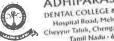
Adhiparasaktai Sentai Cellege & Hospital Melmaruvathur - 603 310

CASH / VOUCHER

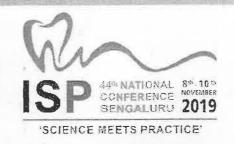
ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

		9
Paid to Mrs/Mr. Dr.: parthl. ban . 9. Head of Account . Staff	welfan	e
	Debit	
TOWARDS Payment for 44th ISP 2019	Rs.	P.
rowards payment for 44th 1SP 2019 Mabilonal conference Charges		
	7000	
Total Rs.	7000	
Bill Prepared In words Rs. Seven Thousand Only		1
Adhip are sakihi Dental College and Hospital Recommended - 603 379. MANAGING DIRECTOR Signature of	f the Receiver.	

Prof.Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvaitur
Chevyur Taluk, Chengalpatu District
Tamil Nadu - 603 319









Dr. A.R. Pradeep

Conference Secretary

CERTIFICATE OF APPRECIATION Presented to

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

Lr. Anil Melath President - ISP

Dr. Anirban Chatterjee

Organizing Secretary

Dr. Abhay Kolte Hon. Secretary - ISP

Dr. Ranganath V Organizing Chairman

Dr. Ashish S Nichani Scientific Chairman



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1.11.2011

FROM:

Staff Name: Dr.S. Veen a Dharani

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 grand 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.

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

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

• Registration amount for the event: 1500 [-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Prosthedentics
Adhipatas Athi Dental College & Hospital
Medinaruvathur-608-329

PRINCIPAL SIGNATURE

RINGIPA

PRINCIPAL Adhiparasakthi Dental College & Hospital

Prof.Dr.S.Karthiga Kannan, Masmaruvathur - 603 319.

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



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

• 1	Name: Dr. & Yeena Dharani
• I	Designation: MDS
• [Department: Public health dentistry
• I	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
	o (Yes/No)
Staff s	signature:

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

receipt.

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

PRINCIPAL

PRINCIPAL DENTAL COLLEGE & HOSPITAL
Houpida Road, Meharawathur
Cheyyur Tahih, Chengalpatu Disrelet
Tamil Nadu - 603 319

Molmanuyathur - 603 313. Melmaruvathur - 603 313.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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





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

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.

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

DENTAL COLLEGE & HOSPITAL

Statistician

Dr. D.NALINI Ph.D., Organizing Secretary

Dr. A. NANDA KUMAR, M.D.S, Principal

DR.V. PURUSHOTHAMAN Ph.D., PDF., Research Director

Mr. K. BOOPATH! M.Sc, MBA., Senior Technical Officer ICMR -

National Institute of Epidemiology

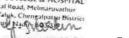


















ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 4.11.2019

FROM:

Staff Name: Dr. Rama Krishkan

Department Name: periodontici

Designation: MDJ

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 grand 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 25p; 8th, 9th, 10th Nettember
2019; 3days 2 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

Healt of the Department Department of Prosthodonics Adhiparasakthi Dental College & Hospital Melmanuvathur-603 349 PRINCIPAL SIGNATURE

CIPAL Adhiparasakun demal College & Hospital ga Kannan, MDS Melmaruvathur - 603 319.

MOSPITAL COLLEGE & HOSPITAL
Mospital Road, Melmaruvathur



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. Ramakrishnan	
•	Designation: \mathcal{HDI}	
•	Department: Perio dontin	
•	Details Of The Program (Tick the necessary)	
	○ Conference	
	o Workshop	
	 Membership reimbursement 	
•	Nature of the program (Tick the necessary)	
	☐ State level	
	National level	
	☐ International level	
	Date and duration of the program:	
•	8th, 9th 2 10th November 2019 2 3 days	
	in 11 E 10 . To the emper 2017 & 3 docys	
•	Relevant documents of the program enclosed	

o (Yes/No)
Staff signature:

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

receipt.

PRINCIPAL

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Huspital Road, Melmaruvathur - 603 319.

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Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

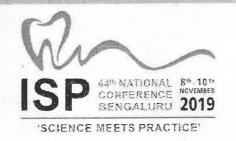
Voucher No	Date. 18:11:2019	
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Townside payment for 44Th	2019 Mabforal, Rs.	P.
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ACCOUNTS MANAGER Adhiparasakth Resembasuded nd Hospital Melmaruvathur - 603 319. Melmaruvathur - 603 319.	IG DIRECTOR Signature of the Receiver.	

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Prof. Dr. S. Karthiga Kannan, MDS.

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Tatuk, Chengalpatus Distric







CERTIFICATE OF APPRECIATION Presented to

Dr.	DR RAMAKRISHNAN T	
F 8161		

The Conference Organising Committee recognises your contributions towards the success of 44th National Conference of Indian Society of Periodontology as Chairperson | Judgs for a scientific session held on 8th, 9th & 10th November 2019, at Palace Grounds, Bengalwan

Dr. Anil Melath

Wording A

Dr. Abhay Kolte

PRINCIPAL Tolling

Dr. Anirban Chatterjee
Organizing Secretary

Prof.Dr.S.Karthiga Kannan, MDS

ADHIPARASAKDHUM LV Prabhuji

DENTAL COLIEGE N HOSPITAD Organizing Chairman

Chiyyor Taluk, Chocalpartu Division

Dr. Ranganath VOrganizing Chairman

Dr. A.R. Pradeep
Conference Secretary

Anlichan

Dr. Ashish S Nichani Scientific Chairman



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

STAFF REOUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 7.11.2019

FROM:

Staff Name: Dr. James Antony Bhogat

Department Name: Onal & manillofacial Surgery

Designation: Ap.

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 grand 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 Mandifular gracture; 14th, 15the 16th November 2019; 3days; Bengalaru

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

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

Registration amount for the event: //,500

SAF CHAIRPERSON SIGNATURE

Melniaruvathur-603 370

PRINCIPAL SIGNATURE

hiparasaktin Dehial College & Hospital

Prof.Dr.S.Karthiga Kannan, MDS.

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



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr-James	Antony	Bhagat
			(/	(/

- Designation: Mas
- Department: Ogale Maxillo Facial Surgerp
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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

Staff signature:

o (Yes/No)

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

> Adhiparasakthi Dentai College & Hospital Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinaruvathur
Cheyyur Taluk, Chengalpatu 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.

Organizing Secretary

Dr. Krishnamurthy Bonanthaya President, AOMSI

> Dr. Sanjiv Nair Organizing Chairman

Dr. Pritham N Shetty Secretary, AOMSI

rof.Dr.S.Karthiga Kannan, MDS.,

Dr. Ramdas Balakrishna. A Cheyyor Talok, Chengalpattu Distric

Dr. Srinath N

Tamil Nadu - Chrairman, Scientific Committee

Conference Secretary

Dr. Philip Mathew



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15.11-2019

FROM:

Staff Name:

Dr. Greethak

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 grand 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 Orthodonfic Conference, 22-24 Nov. 2019

Bhuvanescar

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:

SAF CHAIRPERSON SIGNATURE

Admpara/ akthi Dental College & Hospital

Melmaruvathur-603 319

PRINCIPAL SIGNATURE

PRINCIPAL Adhiparasaktni Dental College & Hospital

Prof.Dr.S.Karthiga Kannan, Mosmaruvathur - 603 319. ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Tatuk, Chengalpartu District Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. K. Greetha		
• Designation: MDS		
• Department: Orthodontic	S	
 Details Of The Program (Tick) Conference Workshop Membership reimbursem 		
Nature of the program (Tick the State level	he necessary)	
National level International level		^ \ >
• Date and duration of the progr	ram: 22-24 Nov	1. 2019 () days)
Relevant documents of the pro	ogram enclosed	
o (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., PRINCIPAL
ADHIPARASAKTHI

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPIAMI parasakthi Dental College & Hospital
Hospital Road, Melmaruvathir
Cheyyur Taluk, Chengalpatu District
Tamil Nadu - 603 319

Melmaruvathur - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Prof.Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmartuvathur
Cheyyur Tahuk, Chengalpatu District
Tamil Nadu - 603 319





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22nd - 24th November, 2019 SOA Auditorium, Bhubaneswar Theme: Innovate, Integrate and Actuate

DR GEETHA K

has participated in the tata Indian Orthodontic Conference

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during 22nd - 24th November, 2019, Leld at SOA AUDITORIUM, Bhubaneswar. sloth la

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, M.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPIFAL
Hospital Road, Melinaruvultur
Chery Tolich, Chery

Cheyyur Taluk, Chengahartu District Famil Nadu - 603 319

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Or, Sanjeeb Kumar Sahu Organising Chairman

my at him at when

Dr. Surya Kanto Das Organising Secretary Dr. Ashish Kumar Bank Chairian Scientific Committee

Or Protesplan Femina IS Dr. Snéevi Padmonabhan Secretar, 165



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15 .11 2017

FROM:

Staff Name: Dr. Vivek Krishnamoorthy

Department Name: Pedodontiu

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 grand 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 va Anogram, 22nd Nov 2019, Cr day) Chennoy

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ pelegate participant/ presenter/Scientific chairperson):

• Registration amount for the event: 21000

STAFF SIGNATURE

SAF CHAIRRERSON SIGNATURE

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PRINCIPAL SIGNATURE

PRINCIPAL

Adhiparasakthi Dentai College & Hospital Melmaruvathur - 603 319

Chiparasakthi Dental College () : 1456 teparamantipan-800

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Booal, Melitraruscultur
Cheyyur Tatuk, Chempalparta District
Tamif. Nadar-605 349



receipt.

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. Vivek krishnamoorthy
• Designation: MDS
• Department: PedodonHes
• 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, (1day)
 Relevant documents of the program enclosed
o (Yes/No)
Staff signature:
Note: Reimbursement will be provided after submission of Participation certificate and Registration fee

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 29-11-2019. Voucher No...1166 Staff Welfasie Paid to Mrs/Mr. Dr. Vivek KrishnamoenThyHead of Account ... Debit P. Rs. Total Rs. In words Rs. Bill Prepared Two Thousand only SUNTS MANAGER Adhiva: realthi Dental College and Hospital Signature of the Receiver. MANAGING DIRECTOR



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

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmartivathur
Cheyyur Taluk, Chengalpartu District
Tamil Nadu + 603 319



SREE BALAII DENTAL COLLEGE & HOSPITAL

Velachery Main Road, Narayanapuram, Pallikaranai, Chennal - 600 100.



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.

Ponnudura A

Dr. PONNUDURALA, MDS., Head of the Department, SBDC&H

5. Reglandra Flyark

Dr. S. RAGHAVENDRA JAYESH, MDS., Principal, SBDC&H S. L. Ly kan

PRINCIPAL
Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HDSDHEAT ROAD, McIntarquesting

Hospital Road, Melinaruvarhur cyyur Taluk, Chengalpatru 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: pr. Muruganandam

Department Name: Orthodontics

Designation: mps

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 grand 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: 22-24 Nov. 2019, (3 days) 54th Indian Orthodontic Conference Bhuvaneswar.

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Nelegate participant/ presenter/Scientific chairperson):

Registration amount for the event: 4. 11,800

STAFF SIGNATURE

PRINCIPAL SIGNATURE

PRINCIPAL

Adhiparasakthi Dentai College & Hospital Melmaruvathur - 603 319.

SAF CHAIRPERSON SIGNATURE

Adhiparasakth Dental College & Hesoil

Melmaruvathur-603 31

Prof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL operal Road, Molmarevaction Famil Bladu - 603 349



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
o (Yes/No)
Staff signature: PRINCIPAL Adhiparasakini Dentai College & Hosp Melmaruvathur - 603 319.
PRINCIPAL Prof.Dr.S. Karthiga Kannan, MDS., ADHIPARASAKTHI Hospital Roals delivered barrees Cheyrica Tandi Nada - 803 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date. 29.11.2019 Head of Account Staff Welfage. uruganandam: 3-Debit Rs. Total Rs. Bill Prepared In words Rs. Thousand Eleven MANAGEL Adhiperestiking De dal College and Hospita Récommended 603 319. MANAGING DIRECTOR Signature of the Receiver.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, McImaruvathur
Cheyyur Tahik, Chengalpatru Oburice
Tamil Naitu - 603 319





WWW 74 7 00 COM



22nd - 24th November, 2019 SOA Auditorium, Bhubaneswar Theme: Innovate, Integrate and Actuate

DR MURUGANADAM S

has participated in the Indian Orlodontic Conference as during 22nd - 24th November, 2019, Id at SOA AUDITORIUM, Bhubaneswar.

PRINCIPAL

r Sridevi Padmanabhan Serretor, 105

ADHIPARASAKTHEING CHOIRTEAN HOSPITAL HOSPITAL COLLEGE & HOSPITAL HOSPITAL CHONNET TANK CHONNET T

Or Surya Kanta Das Organising Secretary Br. Ashish Aumor Bonk



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: Pardo d'onties & Preventire Dentistry

Designation: MIS.

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 grand 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 Under Graduate Paedodonties Convention; 22hd November
2019; Iday 2 Chennai.

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

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

Delegate participant/
protections

• Registration amount for the event: 2000/ STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Head of the Department
Department of Presthodontics
Adhyparasakthi Dental College & Hospital
Medmanuvathur-603 319

Stellyten

PRINCIPAL SIGNATURE

RRINCIPAL

Adhiparasakuni Dentai College & Hospital Melmaruvathur - 603 319

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

ADHIPARASAKTHI
DENTAL COLLEGE B HOSPITAL
Hospital Book, Melinarbashine
Cheyyur Tatah, Chengalparan Dineier
Tamif Nadu - 403 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr Jai	Ganesh
---	-------	--------	--------

- Designation: MDs
- Department: Predodonties a preventive Dentistry
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - ☐ International level
- Date and duration of the program: 22 nd November 20/9; Iday
- Relevant documents of the program enclosed

o (Yes/No)

Staff signature:

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

receipt.

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

DENTAL COLLEGE & HOSPITAL
Hospital Boad, Melmaruvathur
Cheyyur Tatule, Chengalportu Distelet

Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr.: Jal. ganlsh. I. Head of Account ... Staff ... Welfalle.

Towards payment for 9th bin program state Rs. P.
Conference Charges.

Bill Prepared In words Rs.

Two Thousand Only

Adhiparasekthi Dental College and Raspital Melfactory Signature of the Receiver.



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

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Hospital Read, Melmaruvathur

Cheyyur Taluk, Chengalhatu District

Tamil Nadu - 603 319



Velachery Main Road, Narayanapuram, Pallikaranai, Chennal - 600 100.



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.

Dr. PONNUDURAI A, MDS., Head of the Department, SBDC&H

Dr. S. RAGHAVENDRA JAYESH, MDS. Principal, SBDC&H

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



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE/WORKSHOP

DATE: 15 -11 -2014

FROM:

Dr. Ananda Devi C. Staff Name:

Department Name: Orthodontics

Designation: MDS

Employee Number: 10080

Phone Number: 9865061423.

THROUGH;

Chairperson Scientific Academic Forum, Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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, Bhuvaneswar, 22-24 Nov. 2019 (3 days)

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

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

11,800 1-Registration amount for the event:

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Depailment of Prosthodentics Adhipara akthi Dental College & Hospit Prof. Dr.S. Karthiga Kannan, MDS.,

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melinaruvathur Chevyur Tahih, Chengalpattu Dhuriet Tamil Nadu - 603 319

PRINCIPAL SIGNATURE

di College & Hospital Adhiparasaktai Den

Melmaruvathur - 603 318.

Mehmaruvathur-603 319



receipt.

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: $22^{nq} - 24^{th}$ Nov. 2019, (3)	days
Relevant documents of the program enclosed	
O (Yes/No) Staff signature: Note:	

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

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

DENTAL COLLEGE & HOSPITAL
Haseital Real, 196 Internating
Cheyrir Tamil Madu - 603 319

Adhiparasaktini Dentai College & Hospital
Melmaruvathur - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr.: Ananda Devi. L. Head of Account Staff Welfage.

Towards fayment for 5475 Indian or Thodonbic Rs. P.

Inferior ence Bhuwaneshwan Odesha.

Bill Prepared In words Rs.

Fleven Thousand Fight hundred Congress Administration and Reconstruction of the Receiver.



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







www. 5 am de com



54TH INLIAL ORTHODOLTIC

22nd - 24th November, 2019 SOA Auditorium, Bhubaneswar Theme: Innovate, Integrate and Actuate

DR ANANDA DEVI C

has participated in the 3415 Indian Or hodontic Conference as during 22nd - 24th November, 2019, held at SOA AUDITORIUM, Bhubaneswar.



Dr. Sonjeeb Kumor Sahu Organising Chairman

ayet los es as as



(Nownick Sale 11 a 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: Outhodonties

Designation: MD1

Employee Number: 10017

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 grand 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 Outro dontie Conference, 2214-24th November 2019; 3days; Bhubaneshwar.

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate/Scientific chairperson):

• Registration amount for the event: //, \$00/

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Melmaruvathur-603 319

PRINCIPAL

10/

PRINCIPAL SIGNATURE

Head of the Department
Department of ProsthodonticsProf.Dr.S.k
Adhiparasakthi Dental College & Hospital

ADHIPARASARTH DELYAL COLLEGE & HOS THAT HOSPICK BOND ASSESSMENT OF THE Cheyyor Tamb, Chenyol Parties of The Inc.

ga Kannan, Mosdhiparasakthi Den al Cellene & Hospital



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Sudhakar	_
		, -	() V (Y) (V (/ \ V) /	

- Designation: MIS
- Department: Outrodontin
- Details Of The Program (Tick the necessary)
 - o Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level

(Yes/No)

- ☐ National level
- International level

Date and duration of the program: 25th - 24th November 2019

Relevant documents of the program enclosed

Staff signature:

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

receipt.

Prof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL
HOHHER ROAD, Methoravarithu
Cheyyur Tatok, Chengalorium District
Tamil Nadu - 603 319

Adhiparasakthi Yental College & Hospital

Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No		Date	K9U. 2019
Paid to Mrs/Mr. Dr.: Gudhaka	ターレ Head of Acc	ount Stat	of welfare
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Confesience, Rhuvanest	or 54th Indian Drithodons		11.800
1		Total Rs.	11,800
Bill Prepared In words F	s. Eleveen Theward Fight	hundred	only
ACCOUNTS MANAGER Adhiparasa Reconfidence and Hospital Melmarrovathur - 603 319	MANAGING DIRECTOR	Signature o	f the Receiver.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpatin District
Tamil Nadu - 803 319





WHEN SHOT BE COM



22nd - 24th November, 2019 SOA Auditorium, Bhubaneswar Theme: Innovate, Integrate and Actuate

DR SUDHAKAR V

has participated in

the 5454 Indian Or hodontic Conference

as

during 22nd - 24th November, 2019,

meld at SOA AUDITORIUM, Bhubaneswar.

an eeb Kumar Sahu



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: Outro doutier

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 grand 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 Orthodonkie Conference, 22-24th November 2019, 3 days, ShubAnywar

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: (1,000/

SAF CHAIRPERSON SIGNATURE

Department of Prosthodontics

Adhiparasawthi Dental College & Hospital Prof.Dr.S.Karthiga Kannan, MDS.,

Tamif Nadir - 609319

PRINCIPAL SIGNATURE

Adhiparasaktai dentai College & Hospital Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. Sunarth Kumar Rangarajan	
• Designation: MDs	
• Department: Orthodontius	
• Details Of The Program (Tick the necessary)	
Conference	
WorkshopMembership reimbursement	
• Nature of the program (Tick the necessary)	
□ State level	
□ National level	
☐ International level	
• Date and duration of the program: 22^{h}	4th November 2019, 3day
Relevant documents of the program enclosed.	
O (Yes/No)	
Staff signature:	
Note: Reimbursement will be provided after submission of Participation of receipt.	ertificate and Registration fee

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDs.,
ADHIPARASAKTHI
DENTAL COLLEGE & Hospital
Plospital Road, Melmartusathur
Cheyyur Talluk, Chengalpartu District
Tamif Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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RECOUNTS MANAGER	MANAGING DIRECTOR	Signature	of the Receiver.	
Adhiparasakthi Dental College and Hospita McImaruvathur - 603 319.		L		



PRINCIPAL
Prof.Dr.S.KartingarKannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Manufact Dash Melbaragusthur





WAY SAM SE COM



22nd - 24th November, 2019 SOA Auditorium, Bhubaneswar Theme: Innovate, Integrate and Actuate

DR SUMANTH KUMAR RANGARAJAN

has participated in
the fact Indian Or hodontic Conference
as ILLIATE

during 22nd - 24th November, 2019, held at SOA AUDITORIUM, Bhubaneswar.

Mospital Road, Melmaruvarhur
Cheyyur Taluk, Chengalpatu District
Tamil Nadu - 603 319

Prof.Dr.S.Kartkiga Kannan, MDS.,

Dr. Sanjeeb Kumar Sahu Organising Charman Or Surya Kanta Das Organising Secretory Dr. Ashish Xumar Bank Chairman Scall Committ

Di Protession Person (C) Dr. Sndevi Padmanabhai Seresir KGS



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19 11-2019

FROM:

Dr. NathiyaB Staff Name:

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 grand 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: (2days), chennai The surgical workshop, 26-27, Nov. 2019,

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

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

Registration amount for the event: 7 5000/-

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Department of Prosthodortics

Adhiparadakthi Dental College & Hospital

Melmaruvathur-603 319 Prof.Dr.S.Karthiga Kannen, Mr.

PRINCIPAL SIGNATURE

Adhiparasaktni Dehtai 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 Burgery.
•	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
) ,,	o (Yes/No)

Staff signature:

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL DENTAL COLLEGE & HOSPITAL COL

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

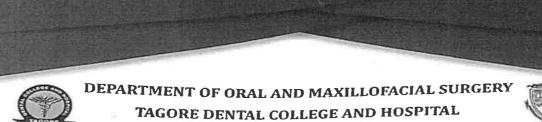
MELMARUVATHUR-603 319.

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Adhiparasskthi Degia	MANAGER dediage and Hospita ur - 603 319	MANA	GING DIRECTOR	Signature	of the Receiver	·.



PRINCIPAL Prof.Dr.S.Karthiga Kannan, MD

Prof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI
DENTAL COLLECT & HOSPITAL Houpital Road, Melharuvathur Cheyyur Tatul, Chengalpatu District Tamil Nadu - 603 319



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 Chairperson

: Educational Trust

Dr. Chitraa R.Chandran Principal

Tagore Dental College & Hospital

Dr. S. Jimson

Organising Chairman Hon. State Secretary, AOMSI - TN Branch Dr. R.Manikandhan President AOMSI - TN Branch

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur heyyur Taluk, Chengalpartu 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. Dwai Ray

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 grand 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 live sugged workshopde"- 17" Nov. 2019 (2 days)

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ pelegate participant/ presenter/Scientific chairnerson).

Registration amount for the event: 5000 | - -

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Depar Inent of Prosthodontics Adhiparasakthi Dental College & Hospital Proc. Dr. S. Karthiga Kannan No.

PRINCIPAL SIGNATURE

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319



receipt.

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. Durai 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) Chenna
 Relevant documents of the program enclosed (Yes/No)
Staff signature: Note: Reimbursement will be provided after submission of Participation certificate and Registration fee

PRINCIPAL Prof.Dr.S.Karthiga Kannan,
ADHIPARASAKTI-II
DENTAL COLLEGE & HOSPITAL
Homman Boad, Melinanisalline
Cheryor Tatala, Chenganetin District
Tamil Madu-603-339

Melmaruvathur - 603-319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No).2	ο.Ь				Date.	5.12.2019	
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Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI

ADHIPARASAR I FII
DENTAL COLLECT & HOSPITAL
Hospital Road, Melmarevather
Cheyver Talisk, Chengalpariu 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 Sppreciation

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.

rof.Dr.S.Karthiga Kannan, MDS.,

Organising Chairman Hon. State Secretary, AOMSI - TN Branch

Taluk, Dr. R. Manikandhan President AOMSI - TN Branch

Prof. M. Mala Chairperson 2 Educational Trust Dr. Chitraa R.Chandran Principal

Tagore Dental College & Hospital

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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19.11.2019

FROM:

Staff Name: 10r. Karthikeyan .m

Department Name: Oral and Maxillofacial surgery

Designation: MDS

Employee Number: 1006 8

Phone Number: 944168787

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

I'm live surgical workshop, ab-27 Nov. 2019 (2days) Chennai

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

Delegati participant

• Registration amount for the event: \$\infty\$.5000 .

STAFF SIGNATURE

SAF CHAIRPERSON SIGNATURE

Herd of the Department Department of Prosthodontics Adhiparasakthi Dental College & Hospital Molmaruvatkur-603 319 S.k.Myke

PRINCIPAL SIGNATURE

Adhiparasaktni Duntai College & Hospital Melmaruvathur - 603 3 19

iga Kannan, MDS.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. Karthikeyan m
•	Designation: MDS
•	Department: oral and maxillopavial 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
	o (Yes/No)

Staff signature:

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

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No		Date	5.12.2019
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towards payment for workshop charges.		# TE	
			5000
		Total Rs.	5000
Bill Prepared In words Rs.	Five Thousand	Oply	
ACCOUNTS MANAGER		Ke	4
Adhir Resolution Realth College and Hospit	al MANAGING DIRECTOR	Signature of the Receiver.	
Intimational Fills (13.			



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvanhur
Cheyyur Tahuk, Chengalpatru 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 Sppreciation

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.Dr.S.Karthiga Kannan, MDS

Organising Chairman

Dr. R.Manikandhan President AOMSI - TN Branch

Prof. M. Mala Chairperson

: Educational Trust

Dr. Chitraa R.Chandran Principal

Tagore Dental College & Hospital

Hon. State Secretary, AOMSI - TN Branch

Scanned with CamScanner



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

29.11.2019 DATE:

FROM:

Staff Name: Or a. 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 grand 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:

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: /coc/-

SAF CHAIRPERSON SIGNATURE

the Department Bepartment of Prosthodontics Adhipara akthi Dental College & Hospital Prof. Dr. S. Karthiga Kannan, MDS-elmaruvathur - 603 319.

PRINCIPAL SIGNATURE

Adhiparasakun Dental College & Hospital

ADHIPARASAKTHI

Cheyyur Taluk, Chengalpaten District Tamil Madu - 603 349



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Gr. Vasupradha

			A
•	Department:	Oral	pathology

MDS

•	Details	Of The	Program	(Tick the	necessary)
---	---------	--------	---------	-----------	------------

/	γ
8	Conference

Designation:

- o Workshop
- o Membership reimbursement

•	Nature	of the	program	(Tick	the	necessary)
---	--------	--------	---------	-------	-----	-----------	---

- State level
- □ National level
- ☐ International level

• Date and duration of the program: 7/12/19 2 / day.

• Relevant documents of the program enclosed

o (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
Harming Medin Destrict
Chewon Solds. Co. cogalogue District
Think Nadu - 603 319

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Dental College

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

ADHIPAKASAK I FII
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinaruvaihui
Cheyyur Taluk, Chengalpatiu District
Tansil 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

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 Organising Chairperson

Dr. R. SAJANI

Dr. S. RAJARAM Organising Secretary



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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvatiur Chevyur Taluk, Chengalpatru District Tamii Nadu - 603 319



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: \000\

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 grand 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, 2days, 11th 1p 3 conference

- 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

SAF CHAIRPERSON SIGNATURE

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





PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAL RIGHT TAILS, Cheryor Tails, Chergalparus Derrice
Tamil Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

	Name:	Dr.	von	Katesan
_	Name.		10.	(0)

- Designation: Mps
- Department:
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - ☐ State level
 - National level
 - ☐ International level
- Date and duration of the program:

25;26 Jan -2010, 2 days

• Relevant documents of the program enclosed

Staff signature:

o (Yes/No)

Starr Signature

slul-team

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
Hospinat Road, Melinaruvattur
Cheyyor Tahih, Chengalpatia District
Tamii Nadu - 403 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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rof.Dr.S.Karthiga Kannart, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Honnal Road, Mcharavashiri
Cheyvur Talis, Chengalyanu Disirier
Tamil Nadu - 603 319





11" INDIAN PROSTHODONTIC SOCIETY

Tamilnadu & Puducherry Branch Conference - Kodaikanal 2020

In Association with Department of Prostnoductics and Crown & Bridge - CSh DSP, Microscopi

Certificate of Appreciation

Presented to Dr.

Dr. Venkatesan N

as a Chairperson/Moderator/Panelist

for the scientific session at the II* 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 TNIPS 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,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20-01.2020.

FROM:

Staff Name: Or. Amnkumay, 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 grand 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:

† IPS conference kodaikaral, 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: 2 5000

STAFF SIGNATURE

Adhiparasaktni Dental College & Hospital

PRINCIPAL SIGNATURE

SAF CHAIRPERSON SIGNATURE

Dr.K.Prabhu, MDS.,

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

Pate : Time :

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAI Road, Melinariavathur
Cheyyur Taliuk, Chengalpatio District
Tamill Nadur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	· Name: Dr. Anunkumar V.R		
•	• Designation: MDS		
•	• Department: prostnodontics.		
•	 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 do20	(2days)
•	Relevant documents of the program enclosed	1	
	o (Yes/No)		

Staff signature:

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

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmartwathur Cheyyur Taluk, Chengalpatru District Tamif Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Prof. Dr.S. Karthig F Kannan, MDS, ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmatusathur
Cheyyur Tatuk, Chengalpattu District
Tamil Nadu - 603 319





11[™] INDIAN PROSTHODONTIC SOCIETY

Tamilnadu & Puducherry Branch Conference - Kodaikanal 2020

In Association with Department of Prosthedonics and Crown & Budge - CSICDSP, Maddo-

Certificate of Appreciation

Presented to Dr. arun kumar V R

as a Chairperson/Moderator/Panelist

Dr.R.Lambodharan

Organising Chamman

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 TNIPS Secretary

Dr.V.R. Anand Kumar INIPS President

esudoss Dr. Sabarinathan

Dr.K.Jesudoss Organising Secretary

mail Cor

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PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
DENTAL COLLEGE & HOSPITAL





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR -608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. V. C. karthick
	e g
•	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:

Relevant documents of the program enclosed

Staff signature:

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

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

DENTAL COLLEGE & HOSPITAL
Haverial Road, Metapriawithe
Cheyvar Taluk, Chengalisasio Diavidi
Tamil Nadu - 603 319 Adhiparasak

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CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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PRINCIPAL

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



ADHIPAKASAK I HI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvaribur Cheyyur Taluk, Chengalinatur 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

Name KARTHIK VC

Regn. No 14845

SI No. 15988

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 od 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.

29.DR KARTHICK VC DCI.jpg

Chennai.







For Registrar Tamil Nadu Dental Counci

1. To avoid penalty please remit**remental** fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entall penalthy.

2. This reciept is valid on when produced with the original registration. Certificate quoted above.



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE:

21.1.2020

FROM:

Staff Name: 10r. priyanka pampani

Department Name: Peniodontics

Designation:

Employee Number: 10125

9538404090 Phone Number:

THROUGH;

Chairperson Scientific Academic Forum. Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

A-1200

Adhipayasakthi Dental College & Hospital

PRINCIPATIBLENATURE

SAF CHAIRPERSON SIGNATURE

Reg. No.: TN / 6274 * Professor & HOD

Prosthodontics and Crown & Bridge

Prof.Dr.S.Karthiga Kannan, MDS., DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Taluk, Chengalpatiu Districi Tamii Nadu - 603 319

Date : Time :



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	Priyanka	pambani
---	-------	-----	----------	---------

Designation: MDS

Periodontics Department:

Details Of The Program (Tick the necessary)

Ø Conference

- Workshop
- o Membership reimbursement

Nature of the program (Tick the necessary)

- State level
- ☐ National level
- International level

Feb b. 2020 (1day) • Date and duration of the program:

• Relevant documents of the program enclosed

Reimbursement will be provided after submission of Participation certificate and Real Provided after submission cert Prof.Dr.S.Karthiga Kannan, MDS., receipt. ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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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

Pringanke . P

for attending the CDE Program "PERIOCHAT" held on 6th February 2020

at Thai Moogambigai Dental College and Hospital, Chennai

Dr. Uma Sudhakar Organizing Chairman

Dr. V. Shankarran Organizing Secretary PRINCIPAL
Prof.Dr.S. Karthiga Kandan, MDS.,
ADHIPARAS AKTHI
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ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL **MELMARUVATHUR-608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

_	Name:	Dr. R. Senthi	l Kumar
	Name.	01-11-021-01-	. (0217) /

- Designation: MPS
- Department: Endodontics.
- Details Of The Program (Tick the necessary)
 - o Conference
 - Workshop
 - Membership reimbursement
- Nature of the program (Tick the necessary)
 - ☐ State level
 - ☐ National level
 - International level
- Date and duration of the program:

FLB 8 2020.

Relevant documents of the program enclosed

Staff signature: Senth Hours

Note:

Reimbursement will be provided after submission of Participation certificate and Registration fee Prof.Dr.S.Karthiga Kannan, MDS., receipt. ADHIPARASAKTHI

Hospital Road, Helman evyur Taluk, Chemalpad Tamil Nadu - 603 3

DENTAL COLLEGE & HOSPITAL

Adhiparasaktiii Dentai College & Hospital Melmaruvathur - 603 310.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melnaruvattur
Cheyyur Taliik, Chengalpatu Discrict
Tamil Nadu - 603 319

TAMIL NADU DENTAL COUNCIL

Arihant Mujestic Towers, Flat No.5-0-3, No.216, J. N. Salai, Koyambedu, 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 od section 39 o

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

Chennai.

Tamil Nadu Dental Counc

1. To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance

recieved after the 31st of march entail penality. 2. This reciept 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, Melmarusvitur Cheyyur Taluk, Chengalpattu District Tamil Nadu - 403 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. SowmiyaT	
•	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	
	o (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 Risher, McChengalherra Branke
Cheyyar Tatuk, Chengalherra Branke
Tanuk Nadu - 403 319
Adhipar

PRINCIPAL
Adhiparasaki Manisi Cellego R. Mass

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CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL



RENEWAL CERTIFICATE

SINo: 16537

Date: Feb 08, 2020

Regn. No 21671

Name SOWMIYA T

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 od section 39 o

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

INDC.

Chennai.



Tamil Nadu Dental Counc

Note:

To avoid penalty please remit renewal fee from 1st December to 31st March of every year as remitance recieved after the 31st of march entail penality.
 This reciept is valid only when produced with the original registration. Certificate quoted above.

rof.Dr.S.Karthiga Kannan, MDS:,



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 15-01-2020

FROM:

Staff Name: Dr. Ramya

Department Name: Othodontics

Designation: MDS

Employee Number: 100 72

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 grand 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:

Stranken Detrodontee Society Academie Sexion -2020 22-23rd Feb-2020 / 2days

• 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
Adhiparasaktii Dental College & Hospital
PRINCIPAL SIGNATURE

SAF CHAIRPERSON ŞIGNATURE

Dr.K. Prabhu, MDS., Nei: ITN 6274 * Professor & HOD Prosthadontics and Crown & Bridge

(Time :



PRINCIPAL
Prof.Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAL ROLL, Melbraruvathur
Cheyyur Taluk, Chengalparia District
Tamir Nadu - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. Rounya
• Designation: MDS
· Department: extraodentics
• 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, 2days
Relevant documents of the program enclosed
o (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
Cheyyut Taluk, Chengalpattu District
Tamil Nadu - 603 319

PRINCIPAL

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No3.0.	4		1 ⁸ 11	Date	ુ~0.3. - ડેળ કા	٩
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Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinaruvathur
Cheyyur Tatuk, Chengalpattu District
Tamii 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

Proposition of the proposition o

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS

DENTAL COLLEGE & HOSPITAL Inquiry Road, Melinaruvathur Chengalpattii District

Dr. (Mrs.) P.S. Wanigaratne Secretary Sri Lanka Orthodontic Society

Dr. K. Paranthamalingam

President

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: Pr. Sumanth Kumar

Department Name: orthodonHCS

Designation: MDS

Employee Number: 1008 b.

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 grand 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: Stilankan orthodontic society Academic session, 22,23 feb 2020 (2 days) Colomba. Stilanka
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Nelegate participant presenter/Scientific chairperson):

• Registration amount for the event:

2.10,000

STAFF SIGNATURE

PRINCIPAL SIGNATURE

SAF CHAIRPERSON SIGNATURE

Dr K.Prabhu, MDS.,

Reg. No.: TN / 6274 * Professor & HOD

Prosthodontics and Crown & Bridge

Date : Time :



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE SE HOSPITAL
Huspital Road, Melmanuvalius
Cheryson Jabas, Cherogalpoetus Dissrices



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. Sumanth Kumar. R
•	Designation: MDG
•	Department: Orthodonfics
•	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, 28 Feb 2020. (2 days)
•	Relevant documents of the program enclosed

Staff signature:

o (Yes/No)

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

PRINCIPAL

Prof. Dr. S. Karthiga Kannan, MDS

ADHIPARASAKTHI

ADHIPARASAKTHI receipt.

DENTAL COLLEGE & HOSPITAL Houpital Road, Mehnaruvathur Cheyyur Tatuk, Cheogalpattu District Tamii Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No309 Date	31.2.2020
Paid to Mrs/Mr. Dr. Sumanth Kuman R. Head of Account Sta.	f warfare
	Debit
Townside Primont for Grilankan Prihodonbil	Rs. P.
Towards Payment for Sripankan Orthodonbil. Society Academie Session 2020 Charges	10,000
Total Rs.	10,000
Bill Prepared In words Rs. Ten Thousand only	
ACCOUNTS MANAGER	
Adhiga manifel Gental Cellags and Hospital Recommended - 503 319. MANAGING DIRECTOR Signature	e of the Receiver.



PRINCIPAL TO

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





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

14 km

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

ADHIPARASAK I HI
DENTAL COLLEGE & HOSPITAL
GOUTTON ROAD, MERINAMINA

Dr. K. Paranthamalingam

President

Sri Lanka Orthodontic Society

9) Wangarathe

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. ANAND, S

Department Name:

PROST HO DONTILL

Designation:

NOS

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 grand 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: 2019 IPS Convention, 6-8 July 2018
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delyele participant/ presenter/Scientific chairperson):

Registration amount for the event: 5,000

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

Addiparasakthi Dental College & Hospital

Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Mar.	ANBNO. 9	
•	NulliC:	W. I.	HINDING	

- Designation: MAS
- Department: PROSTHO DONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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, 1: =

• Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Prof.Dr.S.Karthiga Kannan, MDS.

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Meditariyashiri
Cheyyur Taluk, Chengamanin District

PRINCIPAL
Dr. 8. Thillaloayagam, M.D.S.,
Adhiparasakhi Dental College and Hospital

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MANAGING DIRECTOR



Adhiparasakihi Dental College and Hespital Melma **Resommended**s

PRINCIPAL

Prof.Dr.S.Karthiga Kannan, MD:
ADHIPARASAKTHI

ADHIPARASAN
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melharuwaitur
Tatuk, Chengalpatus District
Tamil Nadu - 603 319

Signature of the Receiver.



INDIAN PROSTHODONTIC SOCIETY

STUETTEONIENTON

Organization

INDIAN PROSTHODONTIC SOCIETY. Tamilnadu state Branch



V. Raymajas

Dr. V. Rangarajan IPS, Secretary Cum Tressurer) LW.

Dr. K. Murugesan



Chettinad

Certificate of

PARTICIPATION

Awarded to

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 6" - 8" July, 2018.

PRINCIPA

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

DENTALCOLLEGE & HOSPITAL

Hisspital Road, Helmandrathur

Cheyyur Talink, Cheste afronco Dispite

Tamil Natur 603 319

OG Nog



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 2/7/2018

FROM:

Staff Name:

DY. ICIRUBAICARAN. 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 grand 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, 6-108 July 2018 3 day, Chernal
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate poetropant) presenter/Scientific chairperson):
- Registration amount for the event: 7000

STAFF SIGNATURE

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Tatuk, Chengalparut Diariet Tamil Nadu - 603 319

Adhiparasakthi Dental College & Hospital Melmaruvathur - 503 319

SAF CHAIRPERSON SIGN



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr. KIRUBAKARAN.A

• Designation: MD 3

• Department: PROSTHO WONTICL

• Details Of The Program (Tick the necessary)

Conference

o Workshop

o Membership reimbursement

• Nature of the program (Tick the necessary)

□ State level

National level

☐ International level

• Date and duration of the program:

6H +08 H July 2018 3day

Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
PROMISSI Bload, Melmaruvathur
Chris, or Totah, Chengaljantu Diatrice
famii Nadu - 603 319

Adhip

PRINCIPAL

Or. S. Thilisinayagam, M.D.S.,
Adhiparasakth Dental Coffege and Hospital
Melmarovathur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr. 158 Tubakaran A. Head of Account Staff Welfare.

Towards Payments 9th 1ps National Conference Rs. P.

Charges

Total Rs. 7000

Bill Prepared In words Rs.

Seveen Thousand Only

MANAGING DIRECTOR

A**RESONY WASA**GER

Adhiparasakthi Dental College and Hospital

Melmaruvathur - 603 319

Color Color

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

Signature of the Receiver.

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Tatuk, Chengalpattu District Taniii Nadu - 603 319



N PROSTHODONTIC SOCIETY

IDIAN PROSTHODONTIC SOCIETY. ILNADU STATE BRANCH





Dr. Kashinath K.R IPS. President



Certificate of

PARTICIPATION

Awarded to

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 6" - 8" 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 VAR GHESE

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 grand 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 Convertion, 6th 68th July 2018. 3 days, cherral

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):

delyale partupant

• Registration amount for the event: 5000

STAFF SIGNATURE

1 Hin

PRINCIPAL
PROFIDE SEASON OF THE PROFILE SEAS

SAF CHAIRPERSON SIGN

PRINCIPAL Anhiparasakthi Oental College & Hospital Meimaruvathut - 603 3 19.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	dor.	TTTTENI	VARQHESE	MATHEW
_	INGILICA	~ P P			

- Designation: MDS
- Department: PROSTHO DON TICS.
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - ☐ State level
 - ☑ National level
 - ☐ International level
- Date and duration of the program:

6 to to 8th July 2018, 3 days

• Relevant documents of the program enclosed

✓(Yes/No)

Staff signature:

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE BY HOSPITAL

Hospital Road, Melmaruvathur Cheyyur Taluk, Chengalpattu District Tamil Nadu • 603 319 PRINCIPAL
Dr. S. Thillainayapam, M.D.S.,
Adhiparasakihi Denial College and Hospital

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

CASH / VOUCHER

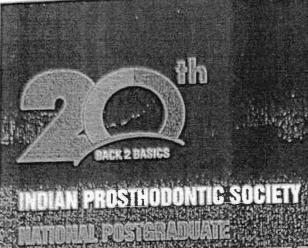
ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No		120 212 ALAHAW		112018	
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20th 1PS CO	nvention	Chargel.	•		
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			Total Rs.	5,000	
Bill Prepared	In words Rs.	Five Thou	sand only	# G	
Adir berssaldhi Dental Resommen	MANAGER College and Hospital ded 33 319.	MANAGING DIRECTOR	Signature of	the Receiver.	35



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE BE HOSPITAL
HOSPITAL ROAL McHararwashur



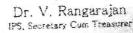
DENT CONVENTION

NDIAN PROSTHODONTIC SOCIETY MILNADU STATE BRANCH





Dr.











PARTICIPATION

Awarded to

JITIN VARGHESE MATHEW

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



For having participated as a Delegate

at the 20th Indian Prosthodontic Society Post Graduate Convention,

held at Chettinad Dental College & Research Institute, Chennai on 5" - 8" July, 2018.

Dr. V. Rangarajan



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 27/08/2018

FROM:

Staff Name:

DY. VIVEK. K

Department Name:

PEDODONTICS

Designation:

Mos

Employee Number: 10082.

Phone Number: 944 23 89 569

THROUGH:

Chairperson

Scientific Academic Forum.

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

OPAL MICROBIOME'6 to Sep 2019 1 day,

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate pour upout presenter/Scientific chairperson):

Registration amount for the event: 1000

STAFF SIGNATURE 4

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.	VZV	EX
---	-------	-----	-----	----

- Designation: MPS
- Department: PEDODONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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: July

PRINCIPAL

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

ADHIPARASAKTHI
DENTAL COLLEGE RI HOSPITAL
HOSPITAL RESUL Melinatur Diarres
Cheyrur Taluk, Cheugalhatur Diarres

attive of the

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakihi Dental College and Hospital
Molmanuvalhur. Ana 31a

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.



Prof.Dr.S.Karthiga Kannan, MDs.









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.

Dr. Deepak Nallaswamy

Dr. EMG. Subramanian Head (Academic) of Department & Organising Chairman

Dr. Deepa Gurunathan Head (Admin) of Department & Organising Secretary.

Prof.Dr.S.Karthiga Kannan, MOS. DENTAL COLLEGE & HOSPITAL

Savestha Dantal 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: PEDODOPOTICS

Designation: MAS

Employee Number: 10104.

Phone Number: 89 39 29 26 85.

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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, 654 Sep 2018, Iday, 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: (000

STAFF SIGNATURE

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE IN HOSPITAL

Adhiparasakthi Dental College & Hospital Melmarmathut - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. Jaiganeth I	•	Name:	Dr.	Jai ganesh	$\widehat{\mathcal{L}}$
-------------------------	---	-------	-----	------------	-------------------------

- Designation: 2001
- DENOODON4ICS Department:
- Details Of The Program (Tick the necessary)

Conference

- Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)
 - ☑ State level
 - National level
 - International level
- Date and duration of the program:

I day, chenna 6 th sep 2018

Relevant documents of the program enclosed

(Yes/No)

Staff signature

Dr. S. Thillalnayagam, M.D.S., Adhiparesakthi Dental College and Hospital Moimaruvathur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date 12/09/2018 Voucher No....916 Paid to Mrs/Mr. Dr. Jal Ganesh T Head of Account Staff Welfage Debit for oral MICrobione Charges Rs. P. 1000 Total Rs. Bill Prepared In words Rs. one thousand only Adhigarasakthi Dental College and Hospital Me**Recommended**, 319.

MANAGING DIRECTOR

4: Prof.Dr.S.Kartliga Kannan MDS.,



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

Signature of the Receiver.







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

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

ADHIPARASAKTHI



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: PENO NOTICS

Designation: MDS

Employee Number: 100 38

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 grand 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 monobiome, 6th sep 2018, 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: 1000

STAFF SIGNATURE

PRINCIPAL
Prof.Dr.S.Karthiga Kannah
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAL ROAD, Melmaruvathur

SAF CHAIRPERSON SIGN

PRINCIPAL Adhiparasakthi Dental College & Hospital Melmarovallur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

	Name:	XVVX.	A.	VASANTHAKUMARI
•	name:	ON NO V	1.1	V 1/31/11 (11/11 (CCC) 6 (1/11)

- Designation:
- Department: PEDODONTICS
- Details Of The Program (Tick the necessary)
 - **©** Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:

br sep 2018, Iday.

Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Dr. S. Thiilainayagam, M.D.S., Adhiperasoxini Deptal College and Hospital

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



CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Date 13/09/2018 Voucher No....917 Head of Account Staff Welfare. Paid to Mrs/Mr. Dr. Vasanthakumari. A... Debit oral microbilogy Rs. P. payment 1000 Total Rs. 1000 Bill Prepared In words Rs. Thousand Only One Signature of the Receiver. MANAGING DIRECTOR

And Callege

Melmaruvathur - 603 319.

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MD5

ADHIPARASAKTHI
DENTAL COLLEGE M HOSPITAL

DEN FAL COLLEGE & HOSPITAL Hospital Road, Melitaruvathur Cheyyur Taluk, Chengalparin District Tamii Nadu - 603 319





s. kelly ter

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinter
Cheyyur Taluk, C'





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: PEND DONTICS

Designation: Mas

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 grand 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:

OPAL MICROBIOME, 6th sep 2018, 1 day, chemai

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delgate participant/ presenter/Scientific chairperson):
- Registration amount for the event: 1000

STAFF SIGNATURE

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

r Taluk, Chengalpatru Diurkei Tamii Nadu - 603 319 PRINGIPAL Addiparasakthi Dental College & Hospital Melmaruvathur - 603 319

SAF CHAIRPERSON SIGN



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr. VIVEK	KRIJHNANOORTHY
---	-------	-----------	----------------

• Designation: M N 3

• Department: PERO DONTICS

• Details Of The Program (Tick the necessary)

Conference

Workshop

o 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:

PRINC/POL

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAL KOMMAN Mehnaruvathur
Cheyyur Tatuk (Chengalyantu Olurder
Tamil Nadu - 603 319

March 18

PRINCIPAL

Or. S. Thilialnayagam, M.D.S.,
Adhiparasakthi Dantal College and Hospital

McImaruvallur - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr.: VI. V. P. Krish na moo. Thy Head of Account ... Staff Welfaste...

Tousdayds payment for oral Microbiome state. Rs. P.

Con ference charges ...

Bill Prepared In words Rs.

One Thousand Only

Managing Director Signature of the Receiver.

Melnaruvathur-603 319.

Tental College and Spirit

Prof.Dr.S.Karthiga Kafinan, MDS.,









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.

Dr. EMG. Subramanian Head (Academic) of Department & Organising Chairman

Dr. Deepa Gurunathan Head (Admin) of Department & Organising Secretary

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

Dr. Deepak Nallaswamy Director of Academics







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 LUMAR .E

Department Name: ENDO DONTICS

Designation: Mass

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 grand 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 curve, 15 th sep 2019, Iday, hyderabad.

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delegate participant/ presenter/Scientific chairperson):

5000

Registration amount for the event:

STAFF SIGNATURE

Prof.Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL

ENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur 1977ur Taluk, Chengalpatur District Tamil Nadu - 603 319 SAF CHAIRPERSON SIGN

PRINCIPAL

Adhipatasakthi Dental College & Hospital Melmaruvathur - 803 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. PREMICUMAR, E
•	Designation: MAS
•	Department: ENDO DONTICS,
•	Details Of The Program (Tick the necessary)
	ConferenceWorkshopMembership reimbursement

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

•	Date an	d dura	tion of th	e pro	gram:	TE	
			104	sep	2019,	1d	oy,

Relevant documents of the program enclosed

(Yes/No)

Staff signature?

Prof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Housial Road, Melmarmarhur Cheyzur Taluli, Chengalpartiu District Tamili Nadu - 803 319

PRINCIPAL Dr. S. Thilletnayagam, M.D.S., Adhiparasakthi Dantal College and Hospital Melmatuvaltur - 603 319.

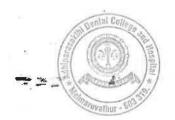
Note: Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Recommen	led MANAGIN	NG DIRECTOR	Signature of	the Receiver	•



PRINCIPAL
Prof.Dr.S.Karthiga Kansii
ADHIPARASAM
DENTAL COLLEGE SE
Hospital Road, Bit Chevyor Tanki, Chevyor Tan



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.S.Karthiga Kannan, MDS.,

Dr. Y. S. Reddy

President ida Deccan branch

Speaker

Dr. S. Jagadeeswara Rao

Dr. P. Haritha Rao MDS Member TSDRT



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1/10/2018

FROM:

Staff Name: Dr. PAJ PRAKASH.B.

Department Name: ORAL MAXTUO FACTAL SURVERT

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 grand 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: losmetology 10th oct 2018, I day, chenral.

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

of.Dr.S.Karthiga Kannan, MDS.,

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

• Registration amount for the event: 1000

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hespital
Melmaruvathur - 503 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	CAS	PRAKASH.	\mathcal{B}
---	-------	-----	-----	----------	---------------

- Designation: MAS
- · Department: ORAC MAXI LLOFACTAL SURGERY
- Details Of The Program (Tick the necessary)

 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - □ National level
 - ☐ International level
- Date and duration of the program:

10th 017 2018 , 1 day

Relevant documents of the program enclosed

(Yes/No)

Staff signature:

alle

Prof.Dr.S.Karthiga Kannan, MD:

Hospital Road, Melmatuvathur Cheyyur Taluk, Chengalpassu Distri Tanil Nadu - 603 319 PRINCIPAL

Or. S. Thiliainayagam, M.D.S., Adhiparasakihi Dantal College and Hospital Melmatuvallur - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPÍTAL

MELMARUVATHUR-603 319. Head of Account ... Staff Welfore ... Debit Rs. Prosmetology P. 1500 Total Rs. Bill Prepared In words Rs. Thousand Five hundred only one Recommended NAGER MANAGING DIRECTOR Signature of the Receiver. ihiparasakihi Dental College and Hospita

Melmaruvathur - 603 319.



Principal
Prof.Dr.S.Karthiga Kannan,
ADHIPARASAKUTHI





VENUE: Chennal Trade Center, Nandambakkam, Chennal

43rd Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)



Nanakkaw Caennau

INDO-JAPAN OMS CONFERENCE INNOVATE, INSPIRE, INTEGRATE







Date: iii E E 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. GUNASEELAN RAJAN Organising Chairman

DR. S. RAMKUMAR

Organising Secretary

DR. PRITHAM N SHETTY Secretary, AOMSI

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: DT. D. DURATRAJ

Department Name: ORAL MAXILLO FACIAL SURHERY

Designation: Mas

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 grand 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, chernal.

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delgale participant/ partic

• Registration amount for the event: \50℃

STAFF SIGNATURE

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Metinarusathur
Cheryur Taluk, Chengalpattu District

PRINCIPAL

SAF CHAIRPERSON SIGN

Adluparasakthi Dental College & Hospital Melmaruvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. D. DURAIRAJ
	Designation: MAS
•	Department: ORAL MAXILLOFACIAL SURVERY
•	Details Of The Program (Tick the necessary)
	 Conference Workshop Membership reimbursement
•	Nature of the program (Tick the necessary)
	State level

• Date and duration of the program:

National level

International level

• Relevant documents of the program enclosed

· Staff signature:

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmarusathur
Tatuk, Chengalparun District
Tamil Nadu - 603 319

PRINCIPAL

Dr. S. Thillelnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Malmaravathur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr. Duralizar D. Head of Account Staff Welfaye:

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Bill Prepared In words Rs.

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MANAGING DIRECTOR Signature of the Receiver.



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

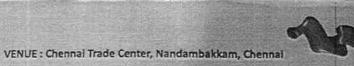


DENTAL COLLEGE & HOSPITAL Heightal Road, Melmaruvathur Cheypur Taluk, Chengalpatur District Tamil Nadu - 603 319



43rd Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)





Nanakkaw Caennau INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE



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. PRITHAM N SHETTY

Secretary, AOMSI

DR. PHILIP MATHEW President, AOMSI

DR. S. RAMKUMAR Organising Secretary

DR! M. VEERABAHU Chairman, Scientific Committee Noth Sech

NEELAKANDAN

Conference Secretary

DR. M. R. MUTHUSEKHAR Chairman, Pre - Conference

DR. GUNASEELAN RAJAN Organising Chairman



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 BHACHAT

Department Name: ORAL MAYILLO FACIAL SURVERY

Designation: MAS

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 grand 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: losmetology 10th oct 2018, Chevrai.
- Type of conference (State/National/International) (Onsite/Virtual):

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

Registration amount for the event: 1500

STAFF SIGNATURE

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
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SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital

Melmaravakhut - 003 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. JAMES BHAGAT

• Designation: MD3

· Department: ORAL MAXILLOFACIAL SURGERY

• Details Of The Program (Tick the necessary)

Conference

o Workshop

o Membership reimbursement

• Nature of the program (Tick the necessary)

State level

□ National level

☐ International level

• Date and duration of the program:

Yes/No)

10th oct 2018, 1 day

• Relevant documents of the program enclosed

Staff signature:

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Chey, or Tability, Chengalparto District

PRINCÍPAL
Dr. S. Thilialnayagam, M.D.S.,
Adhiparasakihi Dental College and Hospital
Melmanovaltur - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 10.24 Date 17.1.0/2018.....

Paid to Mrs/Mr. Dr. James Antony Bhagat Head of Account Staff Welfare.

Towards Payment for Cosme to logy charges Rs. P.

Isoo

Total Rs. 1500

Bill Prepared In words Rs.

One thousand Five hundred only



MANAGING DIRECTOR

Signature of the Receiver.



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAL Road, Melinarusvallur
Cheyyur Taluk, Chengalpatus District
Tamil Nadu - 403 319



VENUE: Chennal Trade Center, Nandambakkam, Chennal

43rd Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)





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, Chennal.

DR. PRITHAM N SHETTY

Secretary, AOMSI

DR. PHILIP MATHEW President, AOMSI

> J. R. Lumm DR. S. RAMKUMAR

Organising Secretary

DR. M. VEERABAHU
Chairman, Scientific Committee

Monsel

Prof. Dr. S. Karthiga GRURIS, WEGLAKANDAN

HIPARASA Conference Secretary

DR. M. R. MUTHUSEKHAR Chairman, Pre - Conference

DR. GUNASEELAN RAJAN Organising Chairman 6



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 3/10/2018.

FROM:

Staff Name:

208. SURESH KUMAR CH

Department Name: ORAL MAYILLO FACIAL SURGERY

Designation:

eam

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 grand 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:

LOSMETO LOCHY

10th OCT 2018,

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: 1500

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL Hospital Boad, McImarinathur Cheyyor Tatuk, Chengalpattu Dhirrici Tamif Nadu - 603 319

SAF CHAIRPERSON SIGN

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	DE.	SURESH	Icumae.	121
---	-------	-----	--------	---------	-----

- Designation: MOS
- · Department: ORAC MAXICLO PACIAL SURCHERA
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - □ National level
 - ☐ International level
- Date and duration of the program:

10th oct 208, Iday

Relevant documents of the program enclosed

(Yes/No)

Staff signature:

rof.Dr.S.Karthiga Kannan, MDs.,
ADHIPARASAKTHI

ADHIPARASAKTH
MENTAL COLLEGE & HOSPITAL
Hospital Road, Mehisaruvachur
Cheynur Tahuk, Chengalpatau Diarin

PRINCIPAL

Dr. S. Thilisinayapara, M.D.S.,
Adhiparasakthi Duntal College and Hospital
Malmaruvallur - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No		Date.	17/10/20	18
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conference charges	for connebology state		1500	
		Total Rs.	1500	
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ACCOUNTS MANAGER		Q1. Py		
Addingresekth Danial College and Hospital Recommended Melmaruvathur - 603 319.	MANAGING DIRECTOR	Signature	of the Receiver	•

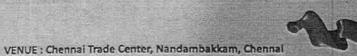


PRINGIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Mchinaruvathur
Cheyyur Taluk, Chengalpartu District
Tamil Nadu - 603 319



43rd Annual Conference of Association of Oral and Maxillofacial Surgeons of India (AOMSI)





Nanakkaw Caennau INDO-JAPAN OMS CONFERENCE

INNOVATE, INSPIRE, INTEGRATE

Date: II IE I 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! M. VEERABAHU

Chairman, Scientific Committee

DR. M. R. MUTHUSEKHAR

Chairman, Pre - Conference

DR. GUNASEELAN RAJAN Organising Chairman

DR. S. RAMKUMAR Organising Secretary



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE / WORKSHOP

DATE: 13/11/2018 .

FROM:

Staff Name: Or · AHIVYA. K

Department Name: ORAL PATHOLOGY

Designation: M&S

Employee Number: 1004).

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 grand 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:

(2 programme, 20th NOV: 2018, I day channol

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/olelyale particip
- Registration amount for the event: 1000

STAFF SIGNATURE

PRINCIPAL

Karanganghan, MDS.,

Prof. Dr.S. Kindrigs Akarnan, MDS.,

ASPHPARASSAKETHI

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathut - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. DHIVYA.	K
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• Designation:	Mas
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· Department: ORAC PATHOLOGY

• Details Of The Program (Tick the necessary)

_		
0	Conference	2

• Nature of the program (Tick the necessary)

_	1	10 10
47	State	level

• Date and duration of the program:

20th NOV 20018, I day

• Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

Think

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



Adhina Salahan Adhina Salahan Salahan

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparasakth Dental College and Hospital
Mulmarurathur - 503 319.

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

o Workshop

o Membership reimbursement

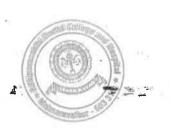
[□] National level

[☐] International level

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MANAGING DIRECTOR



ACCOUNTS MANAGER Adhiparasak**ké cominératea**: and Hospital

> Principal Prof.Dr.S.Karthiga Kannan, MDs., ADHIPARASAKTHI

ADHIPAKASAK I MI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvattur
Cheyyur Taluk, Chengalpactu District
Tamil Nadu - 403 319



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. Shivya

has attended the CDE programme conducted on 20th November 2018 at

Meenakshi Ammal Dental College & Hospital, Chennai.



Dr. B. Sivapathasundharam MDS
Organizing Chairman

וסאד



TNDC approval No. 223/18

, "

S Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hamilalland, Melmaniahan

Hospital Road, Melinarinathin They are Talah, Chengalperto Djulica-

Dr. B. Kavitha MDS

Organizing Secretary

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: Do. KRISHIDA KUMAR. R

Department Name: PUBLIC HEALTH DENTISTRY

Designation: 805

Employee Number: 20069

Phone Number: 87540 72414

THROUGH;

Chairperson

Scientific Academic Forum.

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

IDA 6th COE PROURAM, 28th november 2018 - Iday, Chemai

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ dologota post cipar presenter/Scientific chairperson):

• Registration amount for the event:

STAFF SIGNATURE Inichne Kumer.

SAF CHAIRPERSON SIGN

Sental Callege and Sental Calleg

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Heimarovathur Cheyyur Yaluk, Chemarovathur Tanal Nado, 607 719 PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR - 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	D4.	KRISHNA	KUMAR
---	-------	-----	---------	-------

- Designation: Hos
- · Department: PUBLIC WEALCH DENTISTING
- Details Of The Program (Tick the necessary)

Conference

- o Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)

State level

- ☐ National level
- ☐ International level
- Date and duration of the program:

28th november 2018, 400

Relevant documents of the program enclosed

o (Yes/No)

Staff signature: Arishrakumar.

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Taluk, Chengolputro District Tamii Nadu - 603 319 Prin

PRINCIPAL Dr. S. Thilleinayagam, M.D.S., AdMparesakth, Dental College and Horni

Malmaruvelinir - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No/.?	-37		7	Date	61121201	8
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Christian	* ;				500	
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Prof.Dr.S.Karthiga Kannan, MDS.

ADHIPARASAKTH

DENTAL COLLEGE & HOSPITAL
HOSPITAL Road, Melinaruvathur
Cheyyur Taluk, Chengalnatur 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.

r. V. SHANKAR RAM

President IDA - Madras Branch H. Thombotis

Dr. H. THAMIZHCHELVAN

Hon. Branch Secretary
IDA - Madras Branch

PRINCIPAL Tooring &

ADHI DI ROOKNIMA KARTHIK

DENTAL COLLEGE & HOSPITAC DE Convener
Hospital Road, Melmarivosthur CDE Convener
Chey, ur Talub, Chengalipatet Di Met
- Madras Branch
Tamil Nadu - 603 311 DA



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 22/11/2018

FROM:

Staff Name: Do. KRISHIVARAJ - E

Department Name: PUBLIC HEALTH DEWISTRY

Designation: Bos

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 grand 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:

IDA 6th CDE AROURAM , 28th NOVEMBER 2018, Chamai

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

• Registration amount for the event:

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

Melmarpyathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	De.	KRISHMARALE
---	-------	-----	-------------

- Designation: HOS
- · Department: PUBLIC HEALTH DEOTISTRY
- Details Of The Program (Tick the necessary)
 - Conference
 - o Workshop
 - o 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

o (Yes/No)

Staff signature;

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinaruvaltiur
Chiey, ur Taluis, Chengalpatus District
Tamil Nadu - 603 319

PRINCIPAL

Dr. S. Thillainayagam, M.D.S.,

Adhiparasakthi Dental College and Hospital

Melmanwathur, 602 330

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No... 12.36 Date 4/12/2018 welfoore, Paid to Mrs/Mr. Dr. Krish navai Head of Account P. Rs. 500 Total Rs. 500 Bill Prepared In words Rs. five hundred Recommended ANAGER Adhiparasakthi Dental College and Hospi

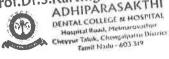
MANAGING DIRECTOR

Melmaruvathur - 603 319.



ADHIPARASAKTHI

the Receiver.





Indian Dental Association - Madras Branch presents

6th CDE Program 2018



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.

President IDA - Madras Branch M. Thorahu

Dr. H. THAMIZHCHE

Hon. Branch Secretary IDA - Madras Branch

- Madras Branch



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 29/11/2018

FROM:

Staff Name: DIN, VENKATESAN

Department Name: PROSTHO DONTICS

Designation: MDS

Employee Number: 1000

Phone Number: 89 39 26 2435

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO:

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 december iday, chennoi. 2018 EVOQUE

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

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

Registration amount for the event:

IGNATURE

SAF CHAIRPERSON SIGN

Adhiparasakthi Dental College & Hospital Melmarnvailun - 603 339



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Dr. N. VENKATESAT	•	Name:	Or,	N.	VENKATESAN
---------------------------	---	-------	-----	----	------------

- Designation: Ras
- Department: PROSTHOMONTICS
- Details Of The Program (Tick the necessary)
 - ⊗ Conference
 - Workshop
 - o 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

of (Yes/No)

Staff signature

Dr. S. Thiifalnayagam, M.D.S., Adhiparasakthi Dental College and Hospital

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/.2	-3.8	•	Date	6/12/2018	
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Conference	Charges		23	2000	
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Adhiparasakthi Den Re Compenio	dedocnital	MANAGING DIRECTOR	Signature	of the Receive	r.



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLECE & HOSPITAL
HOSPITAL Schengalpatru Discret
Cheyyur Taluk, Chengalpatru Discret
, 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



This certificate is awarded to

Dr. N. VENKATESAN

or his fleet paper presentation titled CURRENT TRENDS IN DENTAL IMPLANTS

EVOQUE 2018

held on 1" December, 2018 at Faculty of Dental Sciences,

Sri Ramachandra Institute of Higher Education & Research.

De Myhili S

Organizing Chairman.

Dy Rajkumar M. Organizing Secretary

Dr. Deepak C.
Treasurer

Dr. Rayindran C.



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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyar Tatuk, Chengalparus District Tamil Nadu - 603 319



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 23/1/2017

FROM:

Staff Name: DY VASUPRADHA.

Department Name: ORAL PATHOLOGY

Designation: MDS

Employee Number: 100 56.

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 grand 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 Sol 9 2019, 31+02 Feb 3 days, Cherrai
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):

• Registration amount for the event: 11200

STAFF SIGNATURE

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinaruvathur
Cheyyur Taluk, Chengalpattu District
Tamil Nadu - 403 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathor - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	VASUPRAJOHA
---	-------	-----	-------------

• Designation: MAS

. Department: ORAL PATHOLOGY

• Details Of The Program (Tick the necessary)

Conference

Workshop

o Membership reimbursement

• Nature of the program (Tick the necessary)

☑ State level

□ National level

☐ International level

• Date and duration of the program:

31 st 10 2 nd FOB & days,

• Relevant documents of the program enclosed

(Yes/No)

· Staff signature:

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

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

PRINCIPAL
Dr. S. Thillalnayagam, M.D.S.,
Adhiparasakthi Dental Coffege and Hospital
Melmaruvaltur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No. 214 Date					6/02/2019	
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ACCOUNTS MAN Adhipsicssiku Respairus i	Ided and Hospital	MANAGING DIRECTOR	Vosupred Signature	the Receiver.		

Melmaruvathur - 603 319.

PRINCIPAL

rof.Dr.S.Karthiga Kannan, MD



ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvallur
Cheyyur Taluk, Chengalpatru Diverse
Tamil Nadii - 603 319











2018 North American Saliva Symposius



1st International Summit of

SALIVA SYMPOSIUM INDIA

SALS

PRESENTED BY INDIAN ACADEMY FOR CLINICAL AND DENTAL GENETICS [IACOG]



Certificate of Participation

This certificate is presented to

Dr. / Mr. / Ms. VAJUPRADHA 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



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: DT VIJAYA KUMAR KV

Department Name: PUBLIC HEALTH DENTISTEN

Designation: Was.

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 grand 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 wereauch methodology and patery filty, 29,1,2019 I day.

Cheryalpatt.

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

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

delyate paedicipant

Registration amount for the event: 1500

TAFF SIGNATURE

PRINCIPAL
Prof.Dr.S.Karthiga Kannon, MSS.,
ADHIPARASAKTEH
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmanivative
Chevyur Tahila, Chengaipara Ovarred
Tamid Nadu +603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 503 \$15

SAF CHAIRPERSON SIGN



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	NIJAXAKUMAR	k v
-	i taili C.	\sim 1 .	VI MXH COMM	\sim V

- Designation: Mas
- Department: Public health dentisty.
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - ✓ State level
 - National level
 - International level
- Date and duration of the program:

29/ 2019, I day

Relevant documents of the program enclosed

@ (Yes/No)

Staff signature:

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

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvatiur Cheyyur.Taluk, Chengaipatu District Tamii Nadu - 603 319

Or. S. Thillainayagam, M.D.S., Adhiparasakihi Dental College and Hospital Malmacuvalliur - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 6/2/2019 Voucher No.... Head of Account .. Staff welfore. Paid to Mrs/Mr. D.Y. Wilau Kumasi K. v Debit Research Rs. P, 1500 Total Rs. In words Rs. Bill Prepared one Thousand hundred only and of the Receiver. MANAGING DIRECTOR

Melmaruvathur - 603 319.

S.Karthiga Kannan, MDS.,

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengaluuru Diurici
Tamii Nadu - 603 319



ASAN MEMORIAL DENTAL COLLEGE & HOSPITAL



affiliated to The Tamil Nadu Dr. m.G.R. Medical University Keerapakkam, Oragadam Road, Chengalpattu, Kanghipuram 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

A STATE OF THE PARTY OF THE PAR

GUEST SPEAKER

mf.Dr.S.Karthiga Kannan, MDS.,

ADHIPAKASAK I PI DENTAL COLLEGE & HOSHITAL HOMBI KOM, MERMUSAHIR

Tarrel Natur-603 349

she

CDE CO-ORDINATOR

DR. LAKSHMI RAVI
PRINCIPAL



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 25/1/2019.

FROM:

Staff Name: ANAND DEUT. C

Department Name: ORTHORONTICS

Designation: MOS

Employee Number: (0080.

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 grand 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:

Orthodortfit Premier League, 6107th Feb 2019. 2day,

Bayalone

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

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

• Registration amount for the event: 2000

STAFF SIGNATURE

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmacuvathur Cheyyar Taluh, Chengalpattin District Tamil Nadu - 603 319 SAF CHAIRPERSON SIGN

PRINCIPAL

PRINCIPAL

Adhiparasakthi Dental College & Hospital

Melmaruvethur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR - 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: ANAND DEVI.C	
• Designation: MD2	
・ Department: ORTHO DONTIUS	
• Details Of The Program (Tick the necessary)	
ConferenceWorkshopMembership 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	Denial Cullege
(Yes/No)	Publicary and a second
Staff signature: Prof. Dr. S. Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL HOSPITAL ROMAN Melinarusahur Chey, ur Taluk, Chengolpate u District Tamil Nadu - 403 319	PRINCIPAL Dr. B. Thillalnayagam, M.D.S., Adhiparasakthi Dental College and Hospita

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

NELMARUVATHUR-603 319.

Voucher No. Date. 1.3.1.602 / 2.01.9

Paid to Mrs/Mr. Dr. Ananda. Devil. L. Head of Account ... Staff ... Welfare...

Towards payment for orthodophic Premier Rs. P.

League charge ... 2000

Total Rs. 2000

Bill Prepared In words Rs.

Two Thousand Only

Adhiparts scontineed and Hospita ... MANAGING DIRECTOR ... Signature of the Receiver.

Melmaruvathur - 603 319.

PRINCIPAL

S.Karthiga Kannan, MDS. ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvaihur
Cheyyur Taluk, Chengapharu Diuricu



Bangalore Orthodontic Study Group



Orthodontist Premier League

DR ANANDA DEVI C This is to certify that 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. K Sadashiva Shetty

Dr. Santosh Ramegowda

Organising chairman, OPL

Dr. Pradeep Jain

President, IOS

Dr. AT Prakash Vice President, 10S

.K. Saclashin

Dr. Sridevi Padmanabhan Secretary, 10S

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. GEETHA.K

Department Name: ORTHOOONTICS

Designation: NAOS

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 grand 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:

Orthodortic premier league 6th 1th Feb 2019, 2 day

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

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

delgate participant

• Registration amount for the event: 2000

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

PRINGIPAL of.Dr.S.Karthiga Kannan, MDS.,

ADHIPARASAKTHÍ
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melnaruvathur
Cheyyur Talok, Chengalpatur 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:	OR.	GEETHAIK
---	-------	-----	----------

- Designation: M N S
- Department: ORTHOROGOTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o Membership reimbursement
 - Nature of the program (Tick the necessary)
 - ☐ State level

 - ☐ International level
 - Date and duration of the program:

6th, 7th Feb 2019, 2 days Baryalone

Relevant documents of the program enclosed

Yes/No)

• Staff signature:

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAL ROad, Meliparuvathur

PRINCIPAL

Or. S. Thillatnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital
Melmatuvelliur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date 18 02/2019 Voucher No..... Head of Account ... Staff welfage. Paid to Mrs/Mr. Dr. Reebha. Rs. 2000 Total Rs. 2000 Bill Prepared In words Rs. Onle Two Thousand Recommended go and Hongital MANAGING DIRECTOR Signature of the Receiver.



PRINCIPAL
Prof. Dr.S. Karthiga-Kanpan, 1 4
ADHIPARASAKTHI





Bangalore Orthodontic Study Group



Presents

Orthodontist Premier League

CERTIFICATE OF PARTICIPATION

DR GEETHA K

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. K Sadashiva Shetty

PATRONS

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

Sri SS Matikaryunollege & Hospital

Tamit Nady 80

Atr

Dr. Santosh Ramegowda Organising chairman, OPL Dr. Pradeep Jain
President, IOS

Dr. A T Prakash Vice President, IOS

K. Saclashi

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: 28/01/2019

FROM:

Staff Name:

Or. V. SUDHAKAR

Department Name: ORTHORONTS CS

Designation:

Pas

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 grand 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: orthodordist premier league, 6th, 7th Feb 2019, 2 days, Bayalore
- 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

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319

ADHIPĀRASAKTHI

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur cy, ur Tahili, Chengalpartu District du = 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. V. SUDMAKAR
•	Designation: MSS
•	Department: Orthodontics
•	Details Of The Program (Tick the necessary)
	ConferenceWorkshopMembership reimbursement
•	Nature of the program (Tick the necessary)
	☑ State level
	□ National level
	☐ International level

Date and duration of the program:

6th, 7th Feb 2019, 2days

Relevant documents of the program enclosed

Staff signature:

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melastrayathur

PRINCIPAL

Dr. S. Thilialnayagam, M.D.S.,

Adhiparasakihi Dental College and Hospital

Melmaruvathur - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date. 15/02/2019 Voucher No.....2.30 Head of Account Staff Welfage Paid to Mrs/Mr. Dr. Sudhakan V. Debit Rs. P. 2000 Total Rs. 2000 Bill Prepared In words Rs. Two Thousand Signature of the Receiver. De Recommended to spital MANAGING DIRECTOR



PRINCIPAL

Prof.Dr.S.Karshiga Kannan, MDS.

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL
Hospital Road, Metharrivathur
Cheeyer Tahiil Nadu - 603 319

Tahiil Nadu - 603 319



Bangalore Orthodontic Study Group



Presents

Orthodontist Premier League

CERTIFICATE OF PARTICIPATION

PATRONS

Dr. Shamanur Shivashankarappa

Dr. K Sadashiva Shetty

Prof.Dr.S.Karthiga Kannan, MDS.

Sri SS Mallikarjun

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmartwathur Cheyyur Taluk, Chengalpartu District Tamil Nadu - 603-317

Atr

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: 29/1/2019.

FROM:

Staff Name:

. Dr. Preethi Prabhalcaelans

Department Name: ORTHODONTILS

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 grand 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: orthodorth premion league, 6th to 7th Feb 2019, 2 days Bargelone

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

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

• Registration amount for the event: 2,000

STAFF SIGNATURE John Palaton

SAF CHAIRPERSON SIGN

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

DENTAL COLLEGE & HOSPITAL Hannial Road, Melmaruvathur Cheyyur Taluk, Chengulpanu District PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathut - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	PREETHI	PRABHAKARAN
---	-------	-----	---------	-------------

• Designation: N. 203

• Department: ORTHODONTICS

• Details Of The Program (Tick the necessary)

- Conference
- o Workshop
- o 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

Karthiga Kannan, MDS.,

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Homital Road, Mehnaruvathur
Cheryon Taluh, Chengalparus District

PRINCIPAL

Or. S. Thilialnayagam, M.D.S.,

Adhiparasakhi Bental College and Hospital

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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

Towards payment for orthodonber premier League Rs. P.

Charges

Bill Prepared In words Rs.

Two Thousand Day

Accounts Manager

Accounts Manager

Accounts Manager

Managing Director

Signature of the Receiver.



Prof.Dr.S.Karthiga Karman, MDS.,





Bangalore Orthodontic Study Group



Orthodontist Premier League

CERTIFICATE OF PART

This is to certify that

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. Saclashin

Dr. K Sadashiva Shetty

Dr. Santosh Ramegowda Organising chairman, OPL

Dr. Pradeep Jain President, 10S

Dr. Shamanur Shivashankarappa

Dr. A T Prakash

Vice President, IOS

Dr. Sridevi Padmanabhan

Secretary, 10S

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: 1/02/2019.

FROM:

Staff Name: Or. R. SUMANTH KUMAR

Department Name: OR THO DONTE(S

Designation: Nos

Employee Number: 10086,

Phone Number: 99 520 34 6 34.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 607th Pet 2019, 2 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: 2,000

STAFF SIGNATURE

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

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathut = 603 319.

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Voucher No....235... Date 18/02/2019 Head of Account Staff Welfare.... Paid to Mrs/Mr. Dr. Sumanth Kumar R for orthdonbic Premier Rs. P. charge 2000 Total Rs. Bill Prepared In words Rs. Two Thousand only **ACCOUNTS MANAGER** Adhinarana Recommended and Hospital MANAGING DIRECTOR Signature of the Receiver. imarovathur 603 210



PRINCIPAL

Prof. Dr. S. Karthiga Karman, N.
ADHIPARASAKTI II

DENTAL COLLEGE & HOS "ITAL

HOSPITATION, Chicagaparine Discrete

Tamil Nado "45"



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

	Name	J 77 v.	Đ,	HPORMUS	KUMAR	4
•	maille:	α	K,	2011/411/01/11	100 110111	

• Designation: Mas

• Department: 0276000N7ICS

• Details Of The Program (Tick the necessary)

& Conference

Workshop

o Membership reimbursement

• Nature of the program (Tick the necessary)

□ State level

** National level

☐ International level

• Date and duration of the program:

6th to 7th reb 2019 2day

• Relevant documents of the program enclosed

(Yes/No)

Staff signature;

Dantal College on State of Sta

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

DENTAL COLLEGE & HOSPITAL Hounted Road, Melmaruvathur Cheyyur Tajuh, Chengalpartur District Tamil Nadu - 603 319 PHINGIPAL

PRINCIPAL

Dr. S. Thillainayagam, M.D.S.,
Adhiparasakhi Danial Cyllege and Hospital
Molmatuvelliur - 503 319,

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.S.	UMANTH	KUMAR	ha
	140.		
participated in the Orthodontist Premier			
on 6th & 7th February 2019 by Indian Ort	hodontic Society &	Bangalore Orthodor	ntic Study Group.

PATRONS

K. Saclashin

Dr. K Sadashiva Shetty

Prof.Dr.S.Karthiga Kannan, MDS.

Sri SS Mallikary Dental College & Hospital Road, Melmaruvathur Chemicalparius Distri

hey , e- Taluk, Chengalpattu Distr Tamil Nadu - 603 319

Atr

Dr. Santosh Ramegowda Organising chairman, OPL Dr. Pradeep Jain

Dr. Shamanur Shivashankarappa

President, IOS

Dr. AT 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: 1/02/2019.

FROM:

Staff Name: DY . RAMYA. R

Department Name: ORTHODONTICS

Designation: Noos

Employee Number: 10072

Phone Number: 900 379 \$ 490

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

orthodoral premier laye, 6th, The Feb 2019 2 days

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

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

Registration amount for the event: 2000

AFA SIGNATURE

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

ADHIPARASAKTHÍ
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmartwathur
Cheyyur Taloli, Chengaljactú Diseñer
Tamil Nadu - 403 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adminarasakthi Dental College & Hospital
Melmaruvathur - 503 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: DY RAMYA R

• Designation: Mas

• Department: ORTHODONTILS

• Details Of The Program (Tick the necessary)

6 Conference

o Workshop

o Membership reimbursement

• Nature of the program (Tick the necessary)

□ State level

National level

☐ International level

Date and duration of the program:

6th, 7th Feb2019 2 days

Relevant documents of the program enclosed

o (Yes/No)

Staff signature:

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Mehnatusathur
Chey, ur Taluk, Chengalpattu District

PRINCIPAL

Or. S. Thillainayagam, M.D.S.,
Adhiparasakihi Dental College and Hospital
Melmaruvallur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 13/02/2019 Voucher No. 22 Paid to Mrs/Mr. Dr. Ramya . R Head of Account ... S. O. f. f. Welfane... Rs. Ρ. 2000 Total Rs. Bill Prepared In words Rs. Two Thousand **ACCOUNTS MANAGER** Signature of the Receiver. Adhiparasakihi Revomfirende dud Hospital MANAGING DIRECTOR



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS
- ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL

Hospital Hoad, Melmarusorium Reyyur Taluk, Chengalparun District Tamii Nado - 603 319



Bangalore Orthodontic Study Group



Orthodontist Premier League

CERTIFICATE OF

DR RAMYA R This is to certify that

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. Stelashin

Dr. K Sadashiva Shetty

Sri SS Mallikarium

Dr. Santosh Ramegowda Organising chairman, OPL

Dr. Pradeep Jain President, IOS

Dr. Shamanur Shivashankarappa

Dr. AT Prakash Vice President, IOS Dr. Sridevi Padmanabhan Secretary, 10S

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: PERTOLOGICS.

Designation:

eam

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 grand 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:

deffecte, 5/4/2019, Iday, cheryalpattu,

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

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

Registration amount for the event:

STAFF SIGNATURE

a Kannan, MDS... ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Tatuk, Chengalpatru District Tamil Nadu - 603 319 SAF CHAIRPERSON SIGN

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	EBENEZER.	M
---	-------	-----	-----------	---

- Designation: MD3
- Department: PERTO 20017ISS
- Details Of The Program (Tick the necessary)
 - **Conference**
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - ☐ National level
 - ☐ International level
- Date and duration of the program:

5/4/2019, 1day

Relevant documents of the program enclosed

(Yes/No)

• Staff signature:

ehr



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, 1
ADHIPARASAIC

DENTAL COLLEGE & HI
Hospital Road, Melen of
Cheyyur Taluk, Chengal;
Tamil Nado - 4

Fr. M

PRINCIPAL
Dr. S. Thilismayagam, M.D.S.,
Adhiparasakthi Dantal College and Hospital
Malmaruvaliur - 402 219.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

ACCOUNTS MA Adhibar asalike cominen	ided and Hospital	MANAGING DIRECTOR	R Signature	of the Receiver.
	2			
Bill Prepared	In words Rs.	Five hi	undered conly	
-		8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total Rs.	500
				500
Conference	charges	or Dragnostic De		
TOWARDS PA	yment fe	or Dragnostic De	fficle state	Rs. P.
				D-L:
Paid to Mrs/Mr. D.:	r. Ebenese	7. M. Head	of Account Staf	f welfare.
Voucher No42.	2		Date.	15) 0412013



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL





ASAN MEMORIAL DENTAL COLLEGE & HOSPITAL

Years Since 1965

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 "	DIFFICILE	99
held at Asan Memorial Dental College & Hospit		

ADHIPARASAKTHI

DENTAL COLLEGE SE HOSPITAL

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmanusathor
Consylle Table, Chemistratur District
Turnt Nado - 603 302

DR. LAKSHMI RAVI

GUEST SPEAKER

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: DY. PRIYANKA PAMPANI

Department Name: PERTODONTICS

Designation: MDS

Employee Number: 10125

Phone Number: 95384040907

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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: Dagnostic deffice, 5/4/2019 (day, Pondichewy)

- 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

PRINC PAL
PROFILE AS A CHILD PRO

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakihi Dental College & Hospital
Melmarnvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR - 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

Nam	e: OR.	PRIYANKA	DAMPANT
-----------------------	--------	----------	---------

- Designation: MD3
- Department: DERIO 00007 ECS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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

PRINCIPAL

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmarusathur Cheyjur Taluh, Chengaipana Daire

PRINCIPAL

Dr. S. Thillalnayagam, M.D.S.,
Adhiparasakthi Dental College and Hospital

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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PŔINCIPAL of.Dr.S.Karthiga Kannan, MDS.,

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmartuvallur
Cheyyur Taluk, Chengalpattu Distric



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

POINTS

CERTIFICATE OF PARTICIPATION

CDE PROGRAM

This is to certify that Dr. Priyanka pampani	participated in
the CDE Program Titled "	39
held at Asan Memorial Dental College & Hospital on 05-04-2019	

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

DR. LAKSHMI RAVI PRINCIPAL

CUEST SPEAKER

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: Dd. JANANI. I

Department Name: PERTO DON'TICS

Designation: Mas

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 grand 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: orange of the state of the s

- 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

PRIVCIPAL

OF.Dr.S.Karthiga Kannan, MDS.,

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Cheyyur Talek, Chengalp, tru District Tamil Nadu - 603 319 PRINCIPAL

Adhiparasakthi Dental College & Hospital

Melmaruvathur - 603 319

SAF CHAIRPERSON SIGN

CASH / VOUCHER

,9-20

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No4.1.5	Date. 101.4.12019	• • •
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	500	
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Melmaruvaihur - 603 319.	· ·	

red Date

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





ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	DR.	INAMAT	T

- Designation: 17 Mas
- Department: PEQIO DONTICS
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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:

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruwathur
Chevyur Tabuk, Chengalparu District
Tamil Nadu - 603 319

Contal College of the College of the

PRINCIPAL

Dr. S. Thiridhayapam, M.O.S.,
dhiparesakhi Denial College and Hospital
Melmariyattur - Ara 210

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

adam 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 " DIAGNOSTI QUE	DIFFICILE	77
held at Asan Memorial Dental College & Hospital	I on 05-04-2019	

take I

DR. LAKSHMI RAVI

GUEST SPEAKER

PRINCIPAL

PROFIDE S Karthiga Kannan, MDS.,

A OFFIPARASAKTHI

DINTA COLLEGE SE HOSPITAL

FROMING COLLEGE SE HOSPITAL

FROMING COLLEGE STANDARTHI

TOTAL PART COLLEGE STANDARTHI

TOTAL PA

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 MAXEUO PACIAL SURBIERY

Designation: MAS

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 grand 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 che on modern extetic during, 24th April 2019, 1 clay

kolladta.

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

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

Registration amount for the event: 700

STAFF SIGNATURE

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

> DENTAL COLLEGE & HOSPITAL Hospital Road, Meimanwalbur Cheryur Taluk, Chengalpatu District Tamil Nadu - 603 318

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathut - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: OT. M. KARTHIKEVAN	
• Designation:	
• Department: ORAL MAXILLOFACTAL SURVERY.	
• Details Of The Program (Tick the necessary)	
 Conference Workshop Membership reimbursement 	
or seking	
Nature of the program (Tick the necessary)	
☐ State level ☐ National level ☐ International level	
Date and duration of the program: Date and duration of the program: Date D	
249 April 2019, Iday.	
 Relevant documents of the program enclosed 	
O(Yes/No)	
Staff signature: Jakhkaye PRINCIPAL Prof.Dr.S.Karthiga Kannan, MDS.,	
ADHIPARASAKTHI PRINCIPAL	

Dr. S. Thilfainayagam, M.D.S., Adhiparasakthi Dantal College and Hospital Malmaruvalhur - 603 319. Note: Reimbursement will be provided after submission of Participation certificate and Registration fee receipt

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

PRINCIPAL

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Date 30/4/2019.

Paid to Mrs/Mr. Dr. Karithi Key an. M. Head of Account ... Staff Welfare.

Townerds Payment for A. Master Class on Rs. P.

Mod orn Aesthic Dentistry charges

Total Rs. 700

Bill Prepared In words Rs.

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MANAGING DIRECTOR

mulicottops and with the state of the state

riparaci kin Dental College and Ho

Melmaruvathur - 603 319.

PRINCIPAL

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

Signature of the Receiver.

DENTAL COLLEGE & HOSPITAL
Hospital Road, Melharuvaribur
Cheyyur Taluk, Chengalpatru District
Tantil Nadu - 603 319











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. Utpal Barman (President,

IDA Kolkata City Branch)

Dr. J K Singh

(President,

IDA West Bengal State Branch)

Dr. Joydeep Banerjee (Hon. Secretary,

IDA Kolkata City Branch)

(Secretary, IDA West Bengal State Branch;

President, IDA Kolkata & Suburban Branch)

Dr. Tapan Kr. Ghosh

(CDE Convenor,

IDA Kolkata City Branch)

IDA West Bengal State Branch)

Morecum Wooded Dr. Mousum Mondal

(Secretary,

IDA Kolkata & Suburban Branch)

Dr. Sitangshu Ghosh

(Representative, WBDC)

Dr. Shounak Ghosh (CDE Convenor,

IDA Kolkata & Suburban Branch)

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



Dr. T Debnath

(CDE Convenor,

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

Cheyyur Tahak, Chengalpateu District Tamil Nadu - 603 319

WBDC Approval No.: 458/2720/2019/D





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

STAFF REOUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE 17/4/2019

FROM:

Dr. KAUSHALYA. P Staff Name:

Department Name: ENDODONTICS

Designation: Pam

Employee Number: 10091,

9600207703 Phone Number:

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO:

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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: modern eitetie dentsty, 24th April 2019 I day, Kolloutta. master clay on

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

Type of attendee (Guest lecture/Delegate participant/ delyte

Registration amount for the event: 700

SAF CHAIRPERSON SIGN

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Cheyyor Tahuk, Chengalpattu District Tamil Nadu - 603 319

Adhiparasakthi Dental College & Hospital Melmaruvalhur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR --608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr KAUSH	LXA.	D
------------------	------	---

Designation: 2 OaM

Department: ENNONONTICS

Details Of The Program (Tick the necessary)

Conference

o Workshop

o Membership reimbursement

Nature of the program (Tick the necessary)

State level

National level

International level

Date and duration of the program:

24th April 2019, Iday

Relevant documents of the program enclosed

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

resakthi Derrial College and Hospital

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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

DENTAL COLLEGE & HOSPITA Hospital Road, Melmaruvathur Cheyyur Tatuk, Chengalpattu Distr 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)

IDA West Bengal State Branch)

Dr. Utpal Barman (President,

IDA Kolkata City Branch)

Dr. J K Singh

(President,

Dr. Joydeep Banerjee (Hon. Secretary,

IDA Kolkata City Branch)

Dr. Raju Biswas

Dr. Tapan Kr. Ghosh

(CDE Convenor,

IDA Kolkata City Branch)

(Secretary, IDA West Bengal State Branch;

President, IDA Kolkata & Suburban Branch)

Morreum Wonder

Dr. Mousum Mondal

(Secretary,

IDA Kolkata & Suburban Branch)

(CDE Convenor,

IDA West Bengal State Branch)

Dr. T Debnath

Dr. Sitangshu Ghosh (Representative, WBDC)

Dr. Shounak Ghosh (CDE Convenor,

IDA Kolkata & Suburban Branch)

WBDC Approval No.: 458/2720/2019/D

of Dr.S. Karthiga Kannan, MDS.,

Upgrade Dentistry



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20/4/2019.

FROM:

Staff Name: Dr. SATHISH. S

Department Name: ENDODONTICS

Designation: NOS

Employee Number: LOIL6

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 grand 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:

 marker class on modern extents dentisty. 24 th april 2019, Kolkatta.
- 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: 700

STAFF SIGNATURE

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinariyashiri
Cheyyir Talibi, Chengalpartii District
Tamii Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL Adhiparasakthi Dental College & Hospital Melmaruvathur - 503 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	۰ ۳ O	sathish.	2
---	-------	-------	----------	---

- Designation: MOS
- Department: ENDODONTICS.
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o 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:

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmarusartur Cheyyar Taluk, Chengalparia Diariet

PRINCIPAL
Dr. S. Thillatnayagam, M.D.S.,
Adhiparasakthi Bental College and Hospital
Melmaruvattur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

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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)

(Secretary, IDA West Bengal State Branch; President, IDA Kolkata & Suburban Branch)

(CDE Convenor, IDA West Bengal State Branch)

Dr. T Debnath

Mouseum Worder

Dr. Mousum Mondal

IDA Kolkata & Suburban Branch)

Dr. Sitangshu Ghosh (Representative, WBDC)

Dr. Shounak Ghosh (CDE Convenor,

IDA Kolkata & Suburban Branch)

Dr. Utpal Barman

(President,

IDA Kolkata City Branch)

Dr. Joydeep Banerjee (Hon. Secretary,

IDA Kolkata City Branch)

(CDE Convenor,

Dr. Tapan Kr. Ghosh IDA Kolkata City Branch)

(Secretary,

Karthiga Kannan, MDS.,

ADHIPARASAKTHI DENITAL COLLEGE & HOSPITAL

Tamil Nadu - 603 319

WBDC Approval No.: 458/2720/2019/D



Upgrade Dentistry







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



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 20/24/2017

FROM:

Staff Name:

DR. K. PRABHU

Department Name: PROSTHODONTILL

Designation:

MDS

Employee Number: 1005&

Phone Number: 999 417 918

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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/ Delegate participant presenter/Scientific chairperson):

Registration amount for the event:

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

Adhiparasakthi Dental College & Hospital

Melmaruvalaur - 503 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

• Name: DR. K. PRABHU
• Designation: MDS
Department: PROGTHODONTICS
• 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

Staff signature:

PRINCIPAL Dr. S. Thillainayapam, M.D.S.,
Prof. Dr. S. Karthiga Kannan, Madhiparasakhi Duntal College and Hospitel Melmatuvallur - 603 319.

- PRINCIPAL

DHIPARASAKTHI Note: Reimbursement will be provided after submission of Participation certificate and Registration fee receipt Chevyor Talah, Chengalpatin Tamu Nado - 603 347

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No509		Date	7/5/2018	
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Towards Payment	7th IPS National confer	nep	Rs.	P.
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ACCOUNTS MANAGER	3	1	man	
thiparase thi Dental College and Hospital Meimarovaitheconymended	MANAGING DIRECTOR	Signature	of the Receiver	•





Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLECT & HOSPITAL
Hospital Road, Melinarpuathur
Cheyyur Talok, Chengaparus 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

Da. K. PRABHU

(DCI Reg. No. 6275 ...)

for having attended and contributed to the success of the conference.

US IN

Tressurer



TNDC Approval No: 75/17



PRINCIPAL Prof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLECT & NOSPITAL Honstel Road, Malmatavatur Cherrie Talid, Chergelania Disater Talid Malte - 603 319

1/1



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE / WORKSHOP

DATE: 4/5/2017

FROM:

Staff Name: Dr. k. RAJESWARY

Department Name: PUBLIC HEALTH DENTISTRY

Designation: Mys

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 grand 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. (puduchury)

- 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

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Frehrantucium Chryyur Taluk, Clege objetum District Topol Nadu - 603 349 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.	RAJESWRY
---	-------	-------	----------

- Designation: MDs
- · Department: PUBLIC HEALTH DENTISTRY
- Details Of The Program (Tick the necessary)
 - Conference
 - o Workshop
 - o 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, 2day,
- Relevant documents of the program enclosed

o (Yes/No)

Staff signature:

&- Lonway

oligie and cospilar

Prof.Dr.S.Karthiga Kannan, MDS

PRINCIPAL

PRINCIPAL
Dr. S. Thillelnayagam, M.D.S.,
Adhiparasakthi Duntal College and Hespitel
Moleconstation, 500 250

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No519	Z	**			Date.	18/5/2017	
Paid to Mrs/Mr $\mathcal{D}r$.	Rajeswan	yK	Hea	ad of Acc	countSta	of welfa	n.e
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Towards / Convention	Nabion	al co	nference	cha	viges		
					0	3500	
i)				v 8	Total Rs.	3500	
Bill Prepared	In words Rs	Three	Thousand	Ave	hundred	only	7.1
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Addı; arasaktlır Bental () Recommend Melmartivatnur - 69	ded Hospital	MA	NAGING DIRECT	ror		of the Receiver.	



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaravaction
Cheyyor Taluk, Chempalparin District
Tamil Nadu - 603-319





PRINCIPAL

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

DENTAL COLLEGE & HOSPITAL

HOSPITAL BOOK PERMANENTH DISTRICT

TANN NAME - 603 319



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 69/2017

FROM:

Staff Name:

A. VASANTHAKUMARI

Department Name:

PEDDDONTILL

Designation:

MDS

Employee Number: 100 38.

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 grand 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 Pedosphere, 13, 14, 15, 16 Sep. 2017 (4 days) chunai

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: 2.7000

STAFF SIGNATURE

of.Dr.S.Karthiga Kannan, MDS., ADHIPĀRASÁKTHĪ

ENTAL COLLEGE & HQSPITAL Hospital Road, Melmaruvathur r Taluk, Chengalpattu(District Tamil Nadu - 603 319 SAF CHAIRPERSON SIGN

schipsrasakthi Dental College & Hospitsi Melmaruvathur - 403 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	DR. 19.	MASANTHAKUMAR)

- Designation: Mp1
- · Department: Pedodoritics
- Details Of The Program (Tick the necessary)

 - o Workshop
 - o 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

o (Yes/No)

• Staff signature:



PRINCIPAL
Dr. 8. Thillainayogam, M.D.S.,
Adhiparasakihi Denkit College and Hospital
Melmaruvallur - 503 319.

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

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Om Sakthi

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No920		Date. 14 912017
Paid to Mrs/Mr. D.Y. Vaganthaku	maxi. A Head of Account	5taff. Welfare
Towards payment for	39th National conferen	Rs. P.
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Bill Prepared In words Rs.	Seven Thousand only	¥
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Adhiparasalati Cawal Ended and Hospital	MANAGING DIRECTOR Sign	nature of the Receiver.



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmanwaltur
Cheryyor Taleh, Chengatjatro District
Tamil Nado - 603 319





STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 6/10/2017

FROM:

Staff Name: DR. ANITHA &

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 grand 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/ presenter/Scientific chairperson):
- Registration amount for the event: 2.2000

STAFF SIGNATURE

4



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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.	BNITHA. S

- Designation: MDS
- · Department: oral painology & microbiology.
- Details Of The Program (Tick the necessary)
 - **Conference**
 - o Workshop
 - o 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

o (Yes/No)

• Staff signature:

DJ

PRINCIPAL PRINCIPAL PRINCIPAL Address ASSISTANT AND SHITTEN AND SH

PRINCIPAL

Br. S. Thillainayagam, M.D.S.,

Adhiparasakthi Bental Coffege and Hospital

bleimasuvaltur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date. 20/10/2017 Voucher No. 1028 Paid to Mrs/Mr. Dr. Ant Tha . . S Debit Rs. P. 2000 Total Rs. 2000 In words Rs. Bill Prepared Two Thousand Ach . and Hospital Signature of the Receiver. homa Recommended). MANAGING DIRECTOR



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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmarusantus Cheyyur Taluk, Chengatpartu District Tamil Nadu - 603 319



SRI BALAJI VIDYAPEETH DEEMED UNIVERSITY

INDIRA GANDHI INSTITUTE OF DENTAL SCIENCES



Pillaiyarkuppam, Puducherry - 607 403.

DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY

Certificate of Participation

Awarded to DR ANTHAS

for participating in the CDE Program

EMPATHY IN PATIENT CARE

conducted on 13th October 2017, by the Department of Oral Pathology & Microbiology,

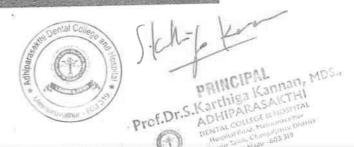
&

Scientific and Academic Forum,

Indira Gandhi Institute of Dental Sciences, Sri Balaji Vidyapeeth, Puducherry.

Dr. A. Santha Devy Organizing Chairman Dr. N. Vezhavendhan Omanizing Secretary

Dr. R. Saravana Kumar Principal





STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 6/10/2017

FROM:

Staff Name: DR. BHAIRAVI.D

Department Name: Oral pathology and Microbiology

Designation: MDS

Employee Number: 20059

Phone Number: 9484950575

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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):
- Type of attendee (Guest lecture/Delegate participant/ presenter/Scientific chairperson):

 Delegate participant/
- Registration amount for the event: 2.2000

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

Parani



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MADHIPARASAKTHI
DENTAL COLLEGE OF HOSPITAL
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Adhiparasakthi Dental College & Kospital Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	.Dk.	BHAIRAVI.	D
•	I Vallic.	٠٠١٠		

- Designation: MDS
- · Department: Oral Pathology and Microbiology
- Details Of The Program (Tick the necessary)
 - Conference
 - o Workshop
 - o 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

o (Yes/No)

Staff signature:

Davison'

Admin Dental College of the College

PRINCIPAL MDS.,

PRINCIPAL MARASAKTHI

CDUS KAYTHIGA KANASAKTHI

PRINCIPAL

PRINCIPAL

Dr. S. Thillainayagam, M.O.S.,
Imparesakthi Dental College and Hosni

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Date 20/10/2019 Head of Account ... Staff welfave Paid to Mrs/Mr. Dr. Bhar navi D. Debit Rs. 2000 Total Rs. 2000 In words Rs. Bill Prepared Two Thousand only S MANAGER Recommended Hospital Signature of the Receiver. MANAGING DIRECTOR



Prof.Dr.S.Karthiga Kannan, MDs.,
ADHIPARASAKTHI
DENTAL COLLECE & HOSPITAL
HOSPITAL Robinstructure
Cherysur Taluk, Chergalpatrii District
Tamii Nadir - 803 319.



SRI BALAJI VIDYAPEETH DEEMED UNIVERSITY

INDIRA GANDHI INSTITUTE OF DENTAL SCIENCES



Pillaiyarkuppam, Puducherry - 607 403.

DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY

Certificate of Participation

Awarded toDR. BHARAVID.

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.

of Salling

Dr. A. Santha Devy Organizing Chairman Dr. N. Vezhavendhan Organizing Secretary Dr. R. Saravana Kumar



PRINCIPAL
PRINCIPAL
PROF.Dr.S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
PENTAL CALLEGE MOSTEAL
PENTAL PENTAL



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 2/11/2017

FROM:

Staff Name: Dr. ANANDA DEVI · C

Department Name: DRTHODONTILS

Designation: MD1.

Employee Number: 10080

Phone Number: 986 50 61429

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 Onthodontio Conference, 16th November 2017, Iday, 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

SAF CHAIRPERSON SIGN

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Prof.Dr.S. Kartisiga Kartisali,
ADHIPARASAICTEU
DENTAL COLLEGE et el CSPIEAL
Hospital Raud, Mariacarearium
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PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 219



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

• Name: Dr. ANANDA DEVI · C
• Designation: MDJ
Department: の名がHoタONTIで
• 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 November 2017 2 1 day
Relevant documents of the program enclosed
o (Yes/No)
Staff signature: PRINCIPAL PRINCIPAL

Prof.Dr.S. Karthiga Kannan, MDS., PRINGIPAL Dr. 8. Thillianayogam, M.O.S., Adhiparasakhi Digital College and the Hospital Road, Melmaruvathur Hospital Road, Melmaruvathur Hospital Road, Melmaruvathur Hospital Road, Melmaruvathur - 603 319.

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

CASH / VOUCHER

HI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

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Prof. Dr. S. Karthiga Kannan, MDS...
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Medicarusatini
Chevyur Talus, Chengalpatin Divirier
Tamil Nadio - 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.

Gehandiesway

Dr. G Chandrasekhar President IOS Dr. C Deepak Secretary IOS Dr Pradeep Jain Organing Chairman

PallOr Balvinder Singh Thakkar

Organing Chairman Prof. Dr.S. Karthis Organising Secretary



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 9/4/2014

FROM:

Staff Name: DR. RAMYA. R

Department Name: ORTHODONTI LS

Designation: MD9

Employee Number: 10072

Phone Number: 9002795490

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

58 M INDIAN ORTHODONTIC CONFERENCE 110 NOV. 2017, (1 Da

Taiput:

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/presenter/Scientific chairperson):
- Registration amount for the event: 2.10,000

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

Hanya

Prof.Dr.S. Cartiga Kannan, MDS.,
DHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpatu District
Tamili Nadu - 603 319

PRINCIPAL
Adhiparasakthi Dental College & Hospitel
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• Name: .	DR. RAMYA. R
-----------	--------------

- Designation: MDS
- ORTHODONITICS Department:
- Details Of The Program (Tick the necessary)
 - ✓ Conference
 - Workshop
 - o 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:



317 Dr. S. Thillalnayagam, M.D.S., Adhiparesakthi Dental College and Hospital

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MANAGING DIRECTOR



4 Hospital

Adhiyacasakun Ganta

Weir Recommended

Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, McInaruvathur
Cheyyur Taluk, Chengalpatu District
Taluil Nashr - 603 319

Signature of the Receiver.









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.

Ghandresakes

r. G Chandrasekhar President IOS Dr. Č Deepak Secretary IOS

Dr Pradeep Jain Organing Chairman Dr. Balvinder Singh Thakkar Organising Secretary



PRINCIPAL
PROF.Dr.S. Karthiga Kannan, MDS.
ADHIPARASAICTHI
ADHIPARASAICTHI
IDENTIFICATION OF THE PROPERTY OF T



STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 9/4/297

FROM:

Staff Name: Dr. DEENA NANCY E

Department Name: ORTHODONITICS

Designation: Mag

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 grand 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:

 But Indian orthodontic c conference, 16th. Nov. 2017: (1day)

 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: \$\\\ \pi_\coop\$

STAFF SIGNATURE

Prof. Dr. S. Karthigs Kannan, MDS.,
ADHIPALASAKTHI
DENTAL COLLEGE EX HOSPITAL
Hospital Read, Pedmarrashus
Chevyur Talah, Chempalasius Davies
Chevyur Talah, Chempalasius Davies

SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Huspital Melmaruvathur - 603 319.



Registration fee receipt

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: DR. DEENA MANCY E
• Designation: MDS
• Department: ORTHODON716 S
• 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
o (Yes/No)
Staff signature: PRINCIPAL Dr. 8. Thilfalmayagam, M.D.S., Adhiparasakih Dawal College and Hospita
Note : Reimbursement will be provided after submission of Participation certificate and

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date.... \$2,1.1.1.201.7.... Voucher No..../.[.4.4.... Head of Account . Staff Welfale..... Paid to Mrs/Mr. Dr. Deena Nancy. F. Indian orthodontic Rs. 10,000 Total Rs. 10,000 In words Rs. Jill Prepared only Thousand Ten MAGER A Shiperachard by and Markanmended 3 319. and Hospi at Signature of the Receiver.

MANAGING DIRECTOR



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









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.

Gilbandresakaj

r. G Chandrasekhar President IOS Dr. C Deepak Secretary IOS

Dr Pradeep Jain
Organing Chairman

Dr. Balvinder Singh Thakkar Organising Secretary



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





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: TRI HODONILS

Designation: MDS

Employee Number: 10047

Phone Number: 9841874 253

THROUGH;

Chairperson Scientific Academic Forum, Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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)

 Jaipun
- 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: \$\mathbb{E}_10.000.

STAFF SIGNATURE

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
BENTAL COLLEGE & HOSPITAL
HOUBARD BOOK Helinsyuvathur

PRINCIPAL Adhiparasakthi Dental College & Hospital Melmariivathur - 603-319.

SAF CHAIRPERSON SIGN



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

• 1	Name: DR QUDHAKAR.V
•, I	Designation: MDS
• 1	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:

Prof.Dr.S.Karthiga Kannan, MDS or, 8. Thiliatnayogam, M.D.S.,

ADHIPARASAKTHI Adhiparasakihi Duntai College and Hospital
DENTAL COLLEGE & HOSPITAL Melmanuvalhur - 603 319. DENTAL COLLEGE & HOSPITAL Hospital Road, Melmartivathur

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

		MICHINIVIANI	017 000 0 101			
Voucher No	47				2)11/2014	
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Auhir Recommer	MAGER pital	MANAGING	DIRECTOR	Signature o	f the Receiver	,



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinanusathur
Cheyyur Tahis, Chengalpatin District
Tamil Nadu - 403 319









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.

Gehandresules

r. G Chandrasekhar President IOS Dr. C Deepak Secretary IOS

Dr Pradeep Jain Organing Chairman Dr. Balvinder Singh Thakkar Organising Secretary



Prof.Dr.S. Karthiga Kannan, MDS.
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
DENTAL COLLEGE & HOSPITAL



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 16/11/2019

FROM:

Staff Name: Dr. HAMSUNTOR N

Department Name: PERIODOLITICS

Designation: HDJ.

Employee Number: 10062

Phone Number: 99429 325567

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 Isp., 24th-26th November 2017
 (3 days), Kolkala
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Dely ate participant/ presenter/Scientific chairperson):
- Registration amount for the event: 6500/

STAFF SIGNATURE

(IN)

PRINCIPAL
PROF.Dr.S. Karthiga Kannan
ADMIPARASAKTHI
BONTAL COLLEGE SI HOSDITA
Hospital Road, Helestratibilitatis biling
Charver Faiths, Charged Hass
Tamil Madu - 639 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathut - 603 319



CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

Name: Dr. HANIJUNDAR · N		
• Designation: M2		
 Department: PFRIO DONTICS 		
• Details Of The Program (Tick the necessary)		
Conference		
WorkshopMembership reimbursement	Φ.	
O Membership remidul sement		
Nature of the program (Tick the necessary)		
□ State level		
National level		
☐ International level		
	1	1.1.
• Date and duration of the program: 24th _ 16th Novem	per dell	(2 days
Relevant documents of the program enclosed	2	
o (Yes/No)	**************************************	
Staff signature:		

Prof.Dr.S.Karthiga Kannan, ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Molinaryagam, M.D.S., Adhiparasakthi Dental College and Hospital Mospital Royal Tuluh, Chengalpara Ularita Milinaryathur - 503 319.

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

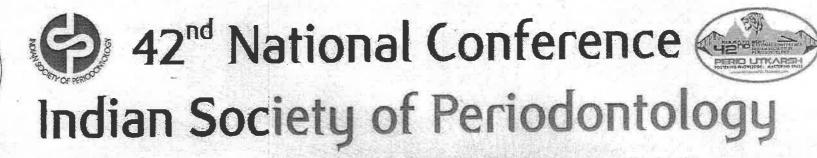
CASH / VOUCHER

RASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No!\.b/	Date ?.	9.1.4.1.2019	·····
Paid to Mrs/Mr. D.Y. Manigundan N Head of Accoun	t staff	welfoor	e
1. 120	W. St.	Debit	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SP	Rs.	P.
Conference Charges			
Conferrence Charges		6500	
	otal Rs.	b500	
Bill Prepared In words Rs.	1 - 1		
SPX Thousand Five hunder	ed only		19
AChineles alsia. Dental	M	•	
Melmanecommended d Hospital MANAGING DIRECTOR	Signature of	the Receiver.	



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSpital Road, Melmaruvathur
Cheyyur Tafuk, Chengafpatru Discret
Tamil Natur - 603 319





Pertificate of Attendance

Presented to

MANISUNDAR N

For attending the 42nd National Conference of ISP held at Kolkata, 24th to 26th November, 2017.

President ISP

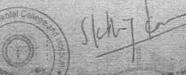
Dr. AR Prodeep Dr. AK Pal Conference Socretary

Dr. Abhay Kolte Secretary, ISP

Dr. TK Pal Organizing Chairman Anivotita Banerice

Dr. Anindita Banerjee Chairperson - Scientific Alhabriahosty.

Dr. Abhijit Chakraborty Organizing Secretary





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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: U/1/2018

FROM:

Staff Name: Dr. M. EBENEZER

Department Name: PFRIODONTICS

Designation: MDJ

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 grand 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, (Chennas)

- 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

F.Dr.S. Karthiga Kannan, MDS
ADHIPARASAKTHI
ADHIPARASAKTHI
DENTAL COLLEGE & MOSPITAL
HODRING ROAD, Melicanovahur

SAF CHAIRPERSON SIGN

PRINCIPAL Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.



CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. M. FBE NEZER		
•	Designation: MDS		
•	Department: PFRIO DONTILI		
•	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 zdays
•	Relevant documents of the program enclosed		
taff	o (Yes/No) signature:		
		10	77.642

PRINCIPAL

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

Dr. S. Trillianayagam, M.D.S.,

AD HIPARASAKTHI Dr. S. Trillianayagam, M.D.S.,

Melmaruvelliur - 503 319.

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

Registration fee receipt

CASH / VOUCHER

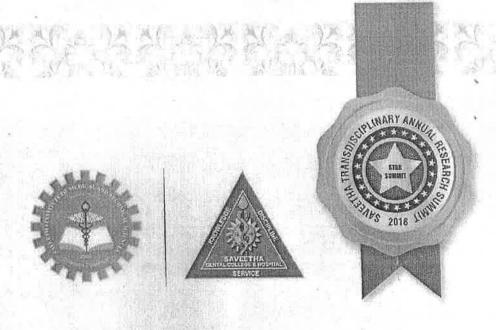
ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

aid to Mrs/Mr. Dr. Fbenezer M Head of Account Staff Welfare Rs. 2500 Total Rs. 2500 In words Rs. Bill Prepared hundred Five Two Thousand Welmanivalliumended Signature of the Receiver. MANAGING DIRECTOR



Prof.Dr.S.Karthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvathur Cheyyur Taluk, Cheogalparia Diarier



Saveetha Transdisci plinary 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.

Sim!

Dr. Deepak Nallaswamy Director of Academics SIMATS N.S Jal

Dr. ND Jayakumar Dean Saveetha Dental College War -

Dr. Sindhu Ramesh Associate Dean of Research Saveetha Dental College

DELETAL COLLEGE & HOSPITAL

DENTAL COLUGE & HOSPITAL Hour lat Sead, Melmaruszaban Cheyyur Taluk, Changalyacia Distrik Tamii 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 BALATI

Department Name: DRIHODONTICS

Designation: ドカノ

Employee Number: 10072

Phone Number: 9884060 233

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

78rd INDIAN DENTAL CONFERENCE, 23,24,25,26 Jan 2018, 4 days
Third ananthapuram.

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

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

• Registration amount for the event: £.7600

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

PRINCIPAL Adhiparasakthi Dental College & Hospitsi Melmarovathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	ABISHEK	BALAJI
---	-------	-----	---------	--------

- Designation: Mas
- Department: ORTHODONTICS
- Details Of The Program (Tick the necessary)

Conference

- o Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)
 - □ State level
 - National level
 - ☐ International level
- Date and duration of the program: 2319-26th January 2018 2 4days.
- Relevant documents of the program enclosed

o (Yes/No)

• Staff signature:

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

S., Dr. S. Thillainayagam, M.D.S.,
Adhiparasakih: Britial College and Hospital
Melmatuvathut - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

id to Mrs/Mr. Dr. Abhishex R. Balaji... Head of Account Staff Welfayle...

Towards Payment For 73 Rd Indian Dental...

Total Rs. P.

Total Rs. 7600

Bill Prepared In words Rs.

Seven Thousand Sro hundred only

AdhiparasakRecommended and Hospital

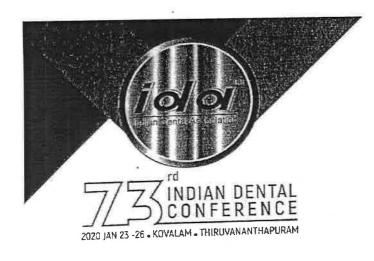
AdhiparasakRecommended and Hospital

AdhiparasakRecommended and Hospital



Meimaruvaiho

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melhastusethur
Cheyyur Tahuk, Chengajuartu Düstrice
Tamii Nadu - 603 319





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.



Dr. M. Raveendranath Chairman IDC 2020

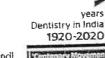
Dr. Suresh Kumar G. Organising Secretary

Dr. Sanjay S. Joshi Conference Secretary IDC 2020



Dr. Ashok Dhoble Hon, Secretary General







The conference is entitled to 18 credit points vide. Kerala Dental Council order: No: 301/20/DC

AN/OTHS/IDC191262



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. Dhivy a

Department Name: Onal pathology.

Designation: /YDs.

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 grand 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 20/8, 16 th to 17th Harch 2018 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: $\frac{1}{6}$, 500/.

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

- · Name: Dr. k. Dlinga
- Designation: (Ind posts MD).
- Department: OMA patrology.
- Details Of The Program (Tick the necessary)
 - Conference
 - o Workshop
 - o Membership reimbursement
 - Nature of the program (Tick the necessary)
 - ☐ State level
 - □ National level
 - ☐ International level
 - Date and duration of the program: 16th to 17th Harch 2018 & 2 days.
 - Relevant documents of the program enclosed

o (Yes/No)

Staff signature:

Ping

Mai College and Hospitalis

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

DENTAL COLLEGE IN MOSIPIAL
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Hisrikia Result Mediantikani
Dental College in marikani

PRINCIPAL Dr. S. Thillalnayagam, M.D.S.,

Dr. S. Thildalnayagam, M.D.S., Adhiparasakthi Dontal College and Hospital Malmatuvallur - 503 319.

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

CASH / VOUCHER

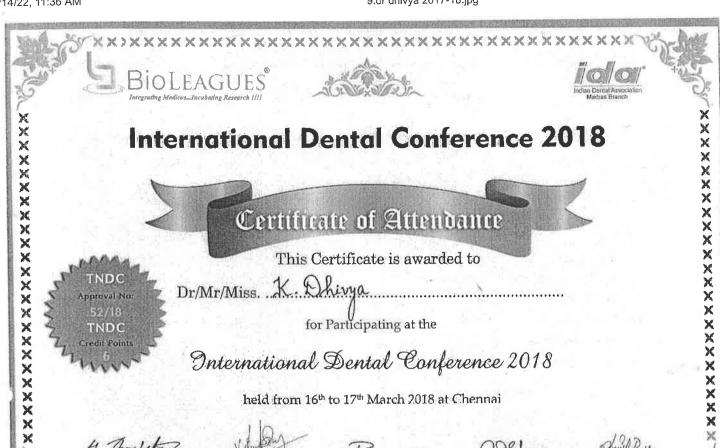
ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date. 22/2/2018 ucher No...3.2.2... Head of Account Staff Welfore id to Mrs/Mr. Dr. Dhivya.k. Debit Rs. 10,500 Total Rs. 10,500 In words Rs. Bill Prepared hundred Fore Ten thousand and ASSOCIANT TO THE Signature of the Receiver. MANAGING DIRECTOR Aditiparasakth Recommended 4 Hospital



Melmaruvathur - tres 3 , 3.

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



Dr. H. Thamizhchelvan Secretary IDA Madras Branch

Poornima Karthik

Rudra Bhanu Satpathy

arthiga Kannan, MDS., ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Boad, Melmaruvathur Cheynu Taluk, Chengalparto District Tamil Nadu - 603 319



CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	NOR.	V.L	·LAICSHMAN
•	maille.	100	V	

- Designation: WDS
- · Department: ORAL MEDICINE
- Details Of The Program (Tick the necessary)
 - o Conference
 - o Workshop
 - Membership reimbursement
 - Nature of the program (Tick the necessary)
 - □ State level
 - ☐ National level
 - ☐ International level

• Date and duration of the program:

Mysell 2018

• Relevant documents of the program enclosed

o (Yes/No)

Staff signature:

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

HTAL COLLEGE & HOSPITAL Hospital Road, Melmanization byyur Tabul, Chengalpoini District fru

PRINCIPAL

Or. B. Thillemayegam, M.D.B.,
dhiparasakihi Dontal College and Hospital

Molmanyvalius - erz 210

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Voucher No...... 4.55... Head of Account ... STAFF WELFAMP Paid to Mrs/Mr. Dr. Lakshman V. L Charges 500 Total Rs. 500 In words Rs. Bill Prepared Five hundred only

GER and Hospital

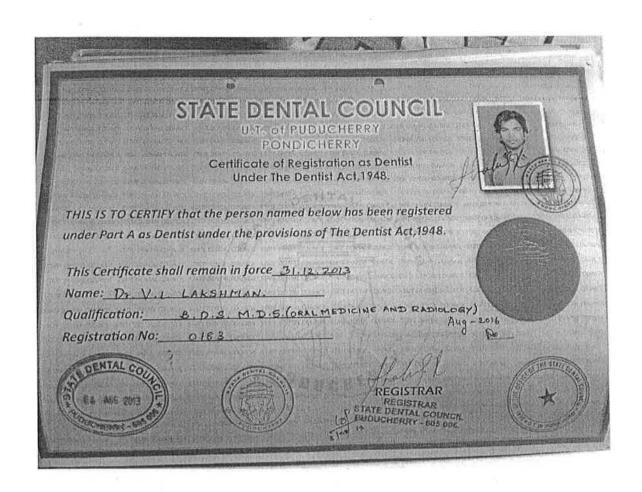
vie Recommended 319.

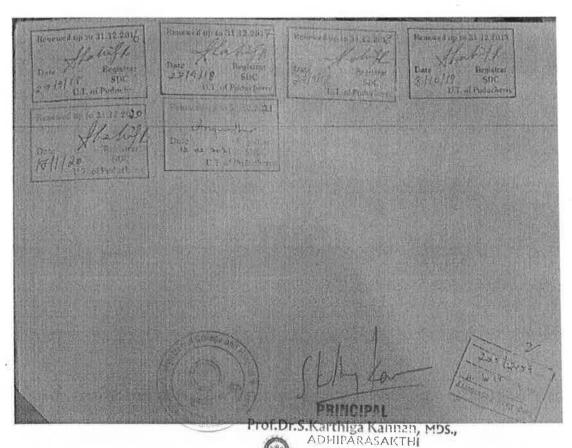
MANAGING DIRECTOR

Signature of the Receiver.



Hospital Road, Melmaruvathur eyyur Taluk, Chengalpattu District Tamil Nadu - 603 319





DENTAL COLLEGE & HOSPITAL Hospital Road, Metharroyathur Cheyyur Talah, Chengalparin District Tamii Nadu - 603 319



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: Mal porthology & Microbiology

Designation: MDS

Employee Number: 10113

Phone Number: 984062828

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

Histopath slide The April 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

PRINCIPAL
PROFILED SEASON MOS.,

ADHIPARASAKTHI
ADH

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	DR.G. SHAMALA	RAVIKUMAR
---	-------	---------------	-----------

- Designation: MDS
- · Department: Oral pathology and Microbiology
- Details Of The Program (Tick the necessary)

- Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)

State level

(Yes/No)

- □ National level
- ☐ International level
- Date and duration of the program: 5th April dole (iday)
- Relevant documents of the program enclosed

Staff signature:

PAINCIPAL PAINCHAL MDS.,

PRINCIPAL
Dr. S. Thillainayagam, M.D.S.,
Adhiparesakthi Dentai College and Hospital
Malmanusika

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

CASH / VOUCHER



ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Date 12/4/2018 Voucher No.... Head of Account ... Staff Welfare Paid to Mrs/Mr. Dr. Shamala ... 3 Debit Rs. P. 1500 Total Rs. 1500 In words Rs. Bill Prepared one Thousand Five hundred * NAGER an'ni Boinge and Hospital Recommended 603 319. Signature of the Receiver. MANAGING DIRECTOR



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

DENTAL COLLEGE & HOSPITAL Hospital Read, Melinaruvachur Cheyyur Taluk, Chengalparus 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

NS fores

Dean,

Saveetha Dental College

Dr. Pratibha Ramani

Professor and Head

Dept of Oral and Maxillofacial Pathology,

Saveetha Dental College



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 9/4/2018

FROM:

Staff Name: Dr. Ramesh Karthik. 1

Department Name: Prosthodontics

Designation: MDS

Employee Number: 10088

Phone Number: 9994 70 55 30

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO:

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

 ath IRs conference., 28,21 April 2018 (2 days), Puduchury
- 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

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

ADHIPARASAKTHI DENTAL COLLEGE IS HOSEPITAL Mini-tell Reset, 1911

PRINCIPAL

SAF CHAIRPERSON SIGN

Adhiparasakthi Dental College & Hospital

Melmaruvathur - 603 319



CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

Name: DR. RAMESH KAKTHICK.)
Designation: Mas
Department: PROGIHODONITICA
Details Of The Program (Tick the necessary)
Conference O Workshop O Membership reimbursement
Nature of the program (Tick the necessary) State level
Relevant documents of the program enclosed
o (Yes/No)
Signature: Prof.Dr.S.Karthiga Kannan, ADHIPARASAKTHI Miningarasakihi Dental College and Hospital Melmaruvathur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr. Ramesh kaanthick Thead of Account Staff Welface.

Townside Payment for 19th 18th National Rs.

Comference Charges 5000

Bill Prepared In words Rs.

Five Thousand Only.

Adhiparasektinkerimmended Hospital Managing Director Signature of the Receiver.



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENMAL COLLEGE OF HOSPITAL

ADHIPARASAK I HI
DEN ALCOLLEGE & HOSPITAL Hospital Tout: The linaruvariur
Cheyyur Taluk, Chengaliyariu District
Tamif Nadu - 603 319









9th INDIAN PROSTHODONTIC SOCIETY - TAMILNADU STATE BRANCH CONFERENCE Indira Gandhi Institute of Dental Sciences, Sri Balaji Vidyapeeth, Puducherry.



Certificate of Participation

RAMESH KARTHIK I

This

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 MELMARUVATHUR 608319,KANCHIPURAM DIST., TAMILNADU

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19/4/2018

FROM:

Staff Name AV. C. ICARTHLEIC

Department Name: PROSTHODONTICS

Designation: MDS

Employee Number: 1008 7

Phone Number: 9455193466

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 Tes National Conference, 28th-29th April 2018 (2days)

 Puducherry
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate pour inparticipant/ presenter/Scientific chairperson):
- Registration amount for the event: 2 5000

STAFF SIGNATURE

SAF CHAIRPERSON SIGN

rof.Dr.S.Kareniga Kannan, M ADHIPARASAKTHI DENTAL COLLEGE MOSPITAL

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319



CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

	Name: Dr V.C	KARTHIEK
•	Name:wiv.c	(11)(11)

• Designation: Mos

• Department: PROSTHODONTICS

• Details Of The Program (Tick the necessary)

Conference

o Workshop

o 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

o (Yes/No)

• Staff signature:

F.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAL COLLEGE & CHOSPITAL
HOSPITAL COLLEGE & CHOSPITAL
HOSPITAL COLLEGE & CHOSPITAL
Tamil Naulus 603319

Dr. S. Thildinayagam, M.D.S.,

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr. Karthik V.L. Head of Account ... Staff Welfare

Towards Payment for 9th 193 National Rs. P.

Conference Charges 5000

Bill Prepared In words Rs.

Five Thousand Only

Managing Director Signature of the Receiver.



PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADAIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Methanwashur
Cheyyur Tahik, Chengajiratu District
Tamii 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

certify that Dr.

V. C. Karthik

Maruvathur has participated in this Annual Event held on 28th

and 29th of April 2018.

IPS - TN State Branch

Dr. Sridharan R SECRETARY

IPS - TN State Branch

Dr. Manoharan PS ORGANISING CHAIRMAN M. Shiwaraktu

Dr. Shivasakthy M Organising Secretary



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

ADHIPARASAKTHI

DENTAL COLLEGE & HOSPITAL

Chryyor Tatur, Chessy Joseph 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: Nor SAKSHI MADHOK.

Department Name: PROJTHODONTICS

Designation: Mys

Employee Number: 10 112

Phone Number: 8171776879

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 229th April 2018 (2days), productury

- 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 Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319.

ADH)

DENTAL

Hospir.

Chuyyur E

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmanyuhun Cheyyur Taluk, Chengalpatin District



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

Name: DR. SAKSHI MADHOK.
• Designation: MDJ.
Department: ₱₽ º JTHo ₽ º NTI(J.
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 229th April 2018 22 day
Relevant documents of the program enclosed
o (Yes/No)
Staff signature: Quali-
DDINCIPAL Dr. 8. THISTOPPER BY OR

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Voucher No. 15 19 2018.

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

Towards Payment for 8th 199 National Conference Rs. P.

Charges

5000

Total Rs. 5000

Five Thousand Only

Adhiparasonani der and Hospital Mel**Recommended** 319.

MANAGING DIRECTOR

Signature of the Receiver.



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







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

0

certify

th.

Dr.

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

Donatur

Dr. Manoharan PS ORGANISING CHAIRMAN H. Shinarathy

Dr. Shivasakthy M Organising Secretary



PRINCIPAL
PRINCIPAL
PROF.Dr.S. Karthiga Kantariy
ADMIPARAS AKTHI





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: DY- OHIVYA K

Department Name: ORAL PATHOLOGY

Designation: MDS

Employee Number: 100 41

Phone Number: 9952028485

THROUGH;

Chairperson
Scientific Academic Forum,
Adhipersolythi Dental College and Hespita

Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 of 890st distics, 13+017th June 2016 5 days,

- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delgate participant/ presenter/Scientific chairperson):
- Registration amount for the event: 3000

STAFF SIGNATURE

PRINCIPAL
Prof.Dr.S. Karthiga Kannan, MD.
ADHIPARASAKTHI
DENTAL COLLEGE et ROSPITAL
Hospital Read, Melmanusultus
Hospital Read, Melmanusultus
Hospital Read, Melmanusultus

SAF CHAIRPERSON SIGN

PRINCIPAL Adhipagasakthi Dental College & Hospital Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	oor.	AYUZHOS	·K
---	-------	------	---------	----

- Designation: MDS
- Department: ORAL DATHOLOGY
- Details Of The Program (Tick the necessary)
 - o Conference

 - o 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:

July .

S.lelyka-

Kannath, MDS., PRINCIPAL
Kannath, MDS., Thillalnayagam, MDS.,
ASAKTHI Adhiparasakini Danial College and H
Molmanyathur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No6.	19	. :	V -	- Mil .	Date¢	?1]6. [20lt	}
Paid to Mrs/Mr2	Dr. Dhi vya:	k	Head	of Accou	int Staff	weifare	
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Thungade	Prument for	RESPA	rea Mebho	dology	and	Rs.	P.
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Bill Prepared	In words Rs.		11				
127		Three	Thousand	only	ti .		
Adhipar Recomme	IS MANAGER Inded age and Hospital	MANA	GING DIRECTO	R	Signasare	the Receiver	·.



Prof.Dr.S. Karthiga Kannan, M ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruwathur Cheyyur Tanik, Chengathariu Dirrice Taniil Nadu - 603.310



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



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. VIJAVALAKSHMI

Department Name: ORAL PATHOLOGY

Designation: Mas

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 grand 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 meteodology of Broslathstra, 13 to 17 June 2016, 5day chemai
- 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, MD

ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL Hospital Road, Melmanushini Cheyyur Taluk, Chengalparin District Taniil Nadu - 603 312 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 & VIJAYA LAYSHMI
Designation: へんら
• 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+017 June 2016, 5days, Chemai
Relevant documents of the program enclosed
& (Yes/No)
Staff signature:
PRINCIPAL Dental Conego and Mospit Mos., Adhiparasakhi Dental Cottage and Hospit Molmanuvelhar - 603 319.
Note: Reimbursement will be provided after submission of Participation certificate and Registration fee receipt PRINCIPAL Molinarius Hurst College and Hospital Melinarius Hurst College and Hurst Co

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No.... 620 Date. 21/6./. 2016.,..... Head of Account Staff Welfore. Paid to Mrs/Mr. Dr. Vijaya lakshmi. D Debit Rs. P. Total Rs. In words Rs. Bill Prepared Thousand Three Recommended 318. Signature of the Receiver. **MANAGING DIRECTOR**

Tontul College and State of the College of the Coll

PRINCIPAL
Prof.Dr.S.Karthiga Kanpan, MDS:,
ADHIPARASAKTHI
DENTAL COLLEGE M HOSPITAL
HOSBIRA Road, Melmarportur

DENTAL COLLEGE M HOSPITAL Hospital Road, Melmarovathur Devyur Tatuk, Chengalpatin District Tamif 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 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.

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





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: 07 Hodonhu.

Designation: Mas

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 grand 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 methology of Biostatis fics, 13+017 June 2016 3 day, Chenral.
- 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

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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Tahik, Chengalparto District SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 318



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319; TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. V. Subtakar
•	Designation: MOS
•	Department: Orthodontion
•	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: 1340 17 JUNE 2016, 5days
- Relevant documents of the program enclosed

o (Yes/No)

Staff signature:

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

PRINCIPAL

Dr. S. Thilleinayagam, M.D.S.,
Adhiparasakthi Dental College and Haspita

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Paid to Mrs/Mr. D.T. Sudhakar. V. Head of Account Staff Melfail.

Towards payment for Research Methodology and Rs. P.

Biostabistes workship Charges

Bill Prepared In words Rs.

Bill Prepared In words Rs.

ACCOUNTS MANAGER
Adhiparasaktic Contain Children and Hospital
Managing Director Signature of the Receiver.

A Control College

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



DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Cheyyur Taluk, Chengahattu 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.

DEN 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



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 19/1/204

FROM:

Staff Name: Dr. K. RAJESWARY.

Department Name: public health dertisty

Designation: Designation: Lecture

Employee Number: 1003).

Phone Number: 9486 36 4756

THROUGH;

Chairperson

Scientific Academic Forum,

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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:

Derdal Fluosis, 29th July 2016, chennai.

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



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

• Registration amount for the event: 1500

STAFF SIGNATURE

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

ADHIPARASAKTHI
DENTAL COLLEGE SE HOSPITAL
Huspital Rossl, Fellman usation
Cheryrur Taliak, Chengelparto District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL
Adbiparasakthi Dental College & Hospital
Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	k.	RAJESWARY
---	-------	-----	----	-----------

- Designation: MAS (Senior Lecturer)

 Department: Public heath dentistry
- Details Of The Program (Tick the necessary)
 - Conference

 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - International level
- Date and duration of the program:

July 2016, I day.

Relevant documents of the program enclosed

Staff signature:

ga Kannan, MDS., ADHIPARASAKTHI

Dr. S. Thillainayagam, M.D.S., Adhiparasakth: Dantal College and Hospital Melmaruvathur - 503 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Voucher No...802. Date.... Head of Account ... SHAUDE ... WELLOW. Paid to Mrs/Mr. Dr. Kaylswas Debit Rs. P. Total Rs. Bill Prepared In words Rs. and Thousand one **CHITS MANAGER** Adhiparasakthi Cental College and Hospital includes of the control MANAGING DIRECTOR Signature of the Receiver.



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

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmaruvathur Chevyur Taluk, Chengalparu District Tamil Nadu - 603 319





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: PROSTHODONTIES

Designation: MAS

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 grand 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: crifical Appraisal on primary and secondary Research
 7th and 8th August 2016 2 days, chemai
- 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
T.Dr.S. Karthiga Kannan, M
ADHIPARASAKTHI

PRINCIPAL
PRINCI

SAF CHAIRPERSON SIGN



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: Dr. K. PRABHU			
•	Designation: Mas			
•	Department: PROSTHO DONTECS			
•	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:	days		
•	Relevant documents of the program enclosed			

Staff signature;

Walks Contal College on the College of the College

PRINCIPAL

Dr. S. Thilfainayagam, M.D.S.,
Adhiparasakth Dental College and Hospital
Mainesuvathur - 503 319.

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

ADHIPARASAKTHI

DENTAL COLLEGE B HOSPITAL
HOSPITAL COLLEGE B HOSPITAL
HOSPITAL Road, McInuarevarius
Chevysin Tatule, Chempalgatus District
Tamil Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date. 11 | 8 | 2016..... Voucher No...... & D.4..... Head of Account Staff Welfare.... Paid to Mrs/Mr. Dr. Prabhu K P. Rs. 2000 Total Rs. In words Rs. Bill Prepared Two Thousand only ACCOUNTS MANAGER of the Receiver. MANAGING DIRECTOR Adhiparasakthi Recommended di Hospital Malmanuathur 602 310



PRINCIPAL

Prof. Dr. S. Karthiga Kannah, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
HOSPITAL COLLEGE & HOSPITAL
HOSPITAL Cheepylor Taluk, Cheepylor Taluk,



INDIAN PROSTHODONTIC SOCIETY



SRI RAMATHANDRA UNIVERSITA

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

Horam

De Hemmska Acran President, IPS Wyler. Programing

Societary Cum-Treasurer, IPS

Dr. N. Gori Charde

Dr. N. Gopi Chander Editor, IPS Hamp

Dr. Pratap Tharyan Course Director



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name: DR. LBKSMAN
•	Designation: MDS
•	Department: Oral medicine e Radiology
•	Details Of The Program (Tick the necessary)
	 Conference Workshop Membership reimbursement
•	Nature of the program (Tick the necessary)
100	 □ State level □ National level □ International level
•	Date and duration of the program: 31-12.2013.
•	Relevant documents of the program enclosed
٠	o (Yes/No)
Staff	F signature: W: Lau Dental College and College and College and Hospital

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Date. 18/08/2016... Head of Account Staff Welfore. Paid to Mrs/Mr. Dr. Lakshman. V. L. Debit Rs. 500 Total Rs. In words Rs. Bill Prepared Fire hundred Only MANAGER aktbi Dental College and Hospital Recommended elmaruvathur - 603 319. Signature of the Receiver. MANAGING DIRECTOR

Cantal College and College and

PRINCIPAL

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

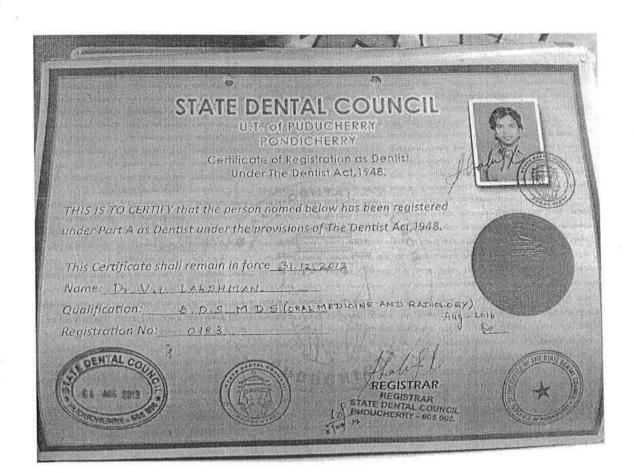
ADHIPARASAKTHI

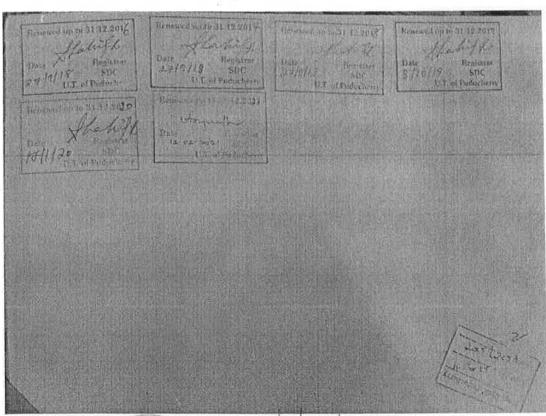
DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmaruvachur

Cheryur Taluk, Chengalparu Disrice

Tamif Nadir - 603 319







PRINCIPAL
PROFIDE SEASON MOS.,
ADHIPARASACTHI
DENTAL COLLEGE BI HOSPITAL
Hosman Resul, Midmensandhu
Chevyun Tatus, Chumphyatta Ohren,
Tamir Nadir - 603 519.



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 1/9/2016.

FROM:

Staff Name: Or . M. KARTHIKEYAN

Department Name: ORAL MAXILLOFACIAL SURGERY

Designation: Mas

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 grand 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-EVALUVATION, THE SEPTEMBER 2016, I day, cherron
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ Delegate Poutupont presenter/Scientific chairperson):

• Registration amount for the event: 2000

STAFF SIGNATURE

PRINCIPAL
PRINCIPAL
PRINCIPAL
ADHIPARASAKTHI

ADHIPACAS HOSPITAL Bonital Road, Melinarovariur Bonital Road, Melinarovariur Cheyrur Tatub, Chengalgartu District Tamii Nadu - 693 319 SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital Melmaruvathur - 503 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR - 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	DY. N.	ICARTHIKEYAN
---	-------	--------	--------------

- Designation: MOS
- · Department: ORAL MAXILOFACTAL SURGERY
- Details Of The Program (Tick the necessary)

 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - □ National level
 - ☐ International level
- Date and duration of the program:

7th September 2016 le

Relevant documents of the program enclosed

• Staff signature:

H

Dental College

rof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
DENTAL COLLEGE & HOSPIT

NTAL COLLEGE & H255 FAX.
Resultaf Road, bletmanovathis
vyur Talub, Chemialisatus Status
Tanil Nadir 403 319

PRINCIPAL

Dr. S. Thillatinayagam, M.D.S.,
Adhipsrasakihi Dental College and Hospital
Malmaruvallur - 603 319.

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Adhlast College Adhlast Colleg

Prof. Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL

Hospital Road, Melmarusathur Cheyyur Tatus, Chengapattu 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

S. Romalmod

Prof. Dr. S. Ramkumar Sceretary, AOMSI TN



Silahatan

PRINCIPAL
Prof.Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE BEHOSPITAL
Hospital Road, Halmauvanhur
Chevyur Taluh, Chengelpatta Ohioica
Tamil Natur- 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: PERTO DOWNICS

Designation: MDS

Employee Number: 10026.

Phone Number: 7299814-931.

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 Server 9th, 10th september 2016 2 day, Patheramagular
- Type of conference (State/National/International) (Onsite/Virtual):
- Type of attendee (Guest lecture/Delegate participant/ delgate participant/ presenter/Scientific chairperson):

• Registration amount for the event: 1500

STAFF SIGNATURE

Prof.Dr.S.Karthiga Kannan,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathin
Cheyyin Taliid, Chengalparts District
Tamil Nadu - 603 319

SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital

Melmaruvathur - 803 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr.	M·	EBENEZER
•	maille.	\sim 0,	101 ·	LOUNTEL

- Designation: MDS
- Department: PERTO DONTICS.
- Details Of The Program (Tick the necessary)

Conference

- Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - □ National level
 - ☐ International level
- Date and duration of the program:

915, 10th september dollo, 2 days

Relevant documents of the program enclosed

& (Yes/No)

Staff signature;

do



Shykon

PRINCIPAL

PRINCIPAL

Or. S. Thillatnayagam, M.D.S.,
Adhiparasakihi Bental College and Hospital

Melmaruvellur - 603 319.

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

Registration fee receipt

DENTAL COLLEGE & HOSPITAL Hospital Road, Melmanusathus Cheyyur Taluk, Chengolustti District Tamil Nadu - 603 319

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr. Fben even. M. Head of Account Haff Melfaxe.

Towards Payment for ISP collocatum Series Rs. P.

Charges.

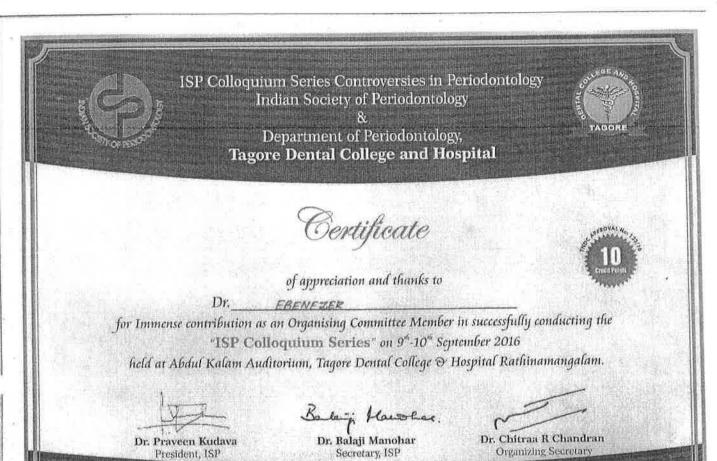
Bill Prepared In words Rs.

One Thousand and Five hundred on Managing Director Signature of the Receiver.

Dental College of West District College of the Coll

Prof.Dr.S.Karthiga Rannan, MDS.,







S.lehgle

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melonaruvatho
Cheyyur Tahik, Chergalpsini Disnici
Tamil Nadu - 603 319



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 6/9/2016

FROM:

Staff Name: Dr. G. VASUPRADHA

Department Name: ORAL PATHOLOGY

Designation: MAS

Employee Number: 10056

Phone Number: 9566397871

THROUGH;

Chairperson
Scientific Academic Forum,
Adhiparasakthi Dental College and Hospital.

TO;

To Principal, Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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 CDE Unio pattologic Conjeuence 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

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

ADHIPARASAS [11]
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmararethir
Cheryur Talah, Chengalparia District
Talah, 607 (19)

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital
Melmaruvathur - 603 S19



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: 11th september 2016, 1 day, cherred
Relevant documents of the program enclosed
(Yes/No)
Staff signature:

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

ADHIPARASAKTHI

ADHIPAKASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Holmanusvitai
Chevyur Tatub, Chengahanu Disariti
Tamii Nadu - 603.319

PRINCIPAL

Or. S. Thiliainayagam, M.D.S.,

Adhiparasakthi Dantal College and Hospital

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Paid to Mrs/Mr. Dr. Vasupradha G. Head of Account Staff Welfaxe.

Towards payment for 6th CDE - Clinico pabhology Rs. P.

Conformue charges.

Bill Prepared In words Rs.

Accounts Manager Adhiperasolating Recommended and Hospital Managing Director Signature of the Receiver.



PRINCIPAL

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

DENTAL COLLEGE & HOSPITAL

Hospital Rand, Melotarusonibar

Cheyyur Taluk, Chengalparin District

Tamil Natur 403 319





Indian Dental Association - Madras Branch in association with Indian Association of Oral and Maxillofacial Pathologists presents

Certificate

This Certificate is awarded to

Dr. G. VASVPRADHA

for attending the 6th CDE Program on "Clinico Pathologic Conference"

held on 11th September 2016 at ITC Grand Chola, Chennal.

Dr. K. Ranganathan,

Dr. N. Chaitanya Babu

Dr. M.B. Aswath Narayanan

Dr. H. Thamizhchelvan

H. Thouletan

Dr. Priya Prabhakar CDE Convener IDA - Madras Branch

Organizing Chairperson, President - IAOMP & Asian Councillor of Internationa

on Secretary

TDA - Marks

President IDA - Madras Branch Hon Branch Secretary IDA - Madras Branch



S. C. hy Kon

PRINCIPAL
Prof.Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Picheary various
Civeysia Talul, Chengapharu Olanot
Tanii Nadu - 603 319



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 21/9/2018.

FROM:

Staff Name: DR. A. VASANTHA KUMARI.

Department Name: Pedadanhur

Designation: MDS (HOD)

Employee Number: 100 38

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 grand 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: Larry Atlair, 27/9/2016, Iday, Pondicherry.

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

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

• Registration amount for the event: R. 800.

STAFF SIGNATURE

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

ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaravathur
Cheyyur Taluk, Chengalpatu District

SAF CHAIRPERSON SIGN

PRINCIPAL Adhiparasakthi Dental College & Hospital Melmarovathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -**608319, TAMILNADU**

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

		_		4	
•	Name:	DR.	VASANTHAKUMARI.	A	29

- Designation: MDS (HOD)
- Pedydonti us Department:
- Details Of The Program (Tick the necessary)

Conference

- Workshop
- o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - National level
 - ☐ International level
- 27/9/2016, 1 day. Date and duration of the program:
- Relevant documents of the program enclosed

(Yes/No)

Staff signature:

Adhiparasakthi Dental College and Hospital Meimanovallur - 603 319

Note: Reimbursement will be provided after submission of Barticipation certificate and DENTAL COLLEGE & HOSPITAL

Registration fee receipt

Hospital Road, Melmaruvathur Cheyyur Taluk, Chengalpattu District Tamil Nadu - 603 319

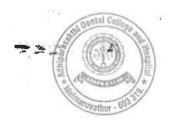
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CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

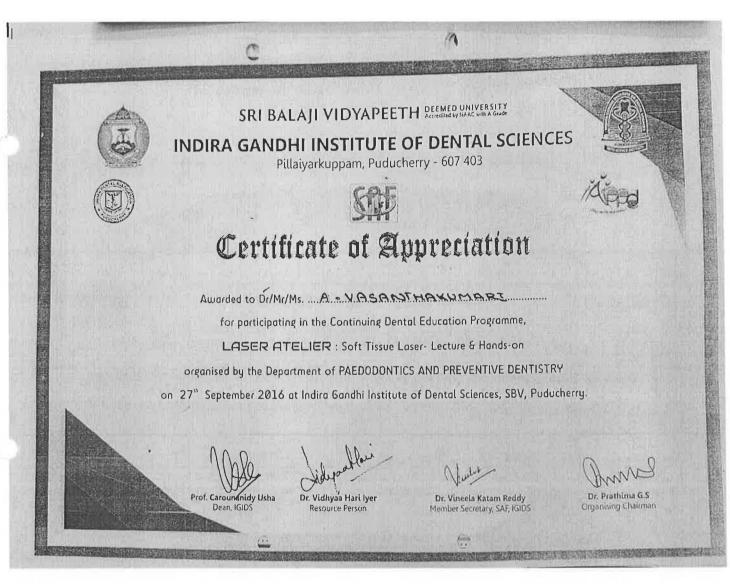
MELMARUVATHUR-603 319. Date. 29/9/2016... Voucher No..... Paid to Mrs/Mr. Dr. Vasanbhakumani. A.... Head of Account Staff Welfare... Debit Rs. for Loser Attent 800 Total Rs. 800 Fight hundred only In words Rs. Bill Prepared ACCOUNTS MANAGER Signature of the Receiver. Adhiparasakthi D**Recbininended** Hospital MANAGING DIRECTOR Melmaruvathur - 603 319



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



ADHIPARASAK I 141
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpatur District
Tamil Nadu + 603,740





S.h. My kan

PRINCIPAL
Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL







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: ENDODONTICS

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 grand 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, Iday, chernal
- 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 SIGN

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

. Name: Dr. N. BHAR	H PA.
---------------------	-------

• Designation: MAS

• Department: ENDODONTIUS

• Details Of The Program (Tick the necessary)

Workshop

o Membership reimbursement

• Nature of the program (Tick the necessary)

State level

☐ National level

☐ International level

• Date and duration of the program: 15th december 2016, Iday, Chenral

• Relevant documents of the program enclosed

• Staff signature:

Nm

Dental College and was splits

PRINCIPAL
PRINCIPAL
PROF.Dr.S. Karthisa Kannan, Mi
ADHIPARASAKTHI
ADHIPARASAKINANI
JENTAN GON MENDANI
JENTANI MANI
JENTANI
JE

PRINCIPAL

Dr. S. Thilialnayagam, M.D.S.,
Adhiparasakihi Dantal Coffege and Hospital
Melmaruyaftur - 603 319.

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

CASH / VOUCHER

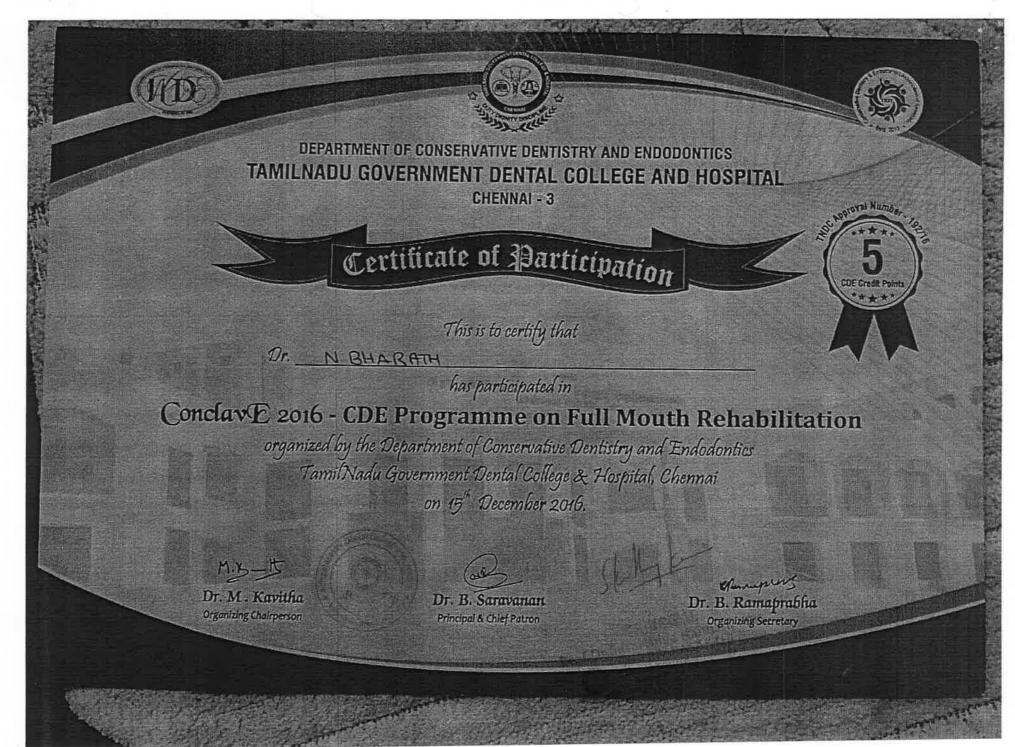
THI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

Voucher No	2/.12/401.	<u></u>
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Towards Daving of Por Dis Callogium 2016	Rs.	P.
Towards payment for phi Collogium 2016 Conclave 2016	2.000	
Total Rs.	2000	
Bill Prepared In words Rs. Two Thousand only		
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Managing Director Signature of		



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melinaruvathur
Cheyyor Eluk, Chengalpatru District
Tamil Nadu - 603 319







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: PEADDONTICS

Designation:

Employee Number: 100 82

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 grand 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:

Janyony 8, 2017 I day, Chennon Hanocon 2017

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

SAF CHAIRPERSON SIGN

Adbiparasakthi Dental College & Hospital Melmaruvathut - 603 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR -608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

Name: DT. VIVEK KRISHNAMOORTHY
• Designation: Nos
• Department: PEROPONICS
 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 Chennal
Relevant documents of the program enclosed
Staff signature:

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

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Dr. S. Thillalnayagam, M.D.S., Adhiparasakthi Destal Gollege and Hospital

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MEI MARUVATHUR-603 319

Voucher No	WELWARDVAT TOX-003 31	Date	9/1/2017) :
Paid to Mrs/Mr. Dr.:V.LV.CKKr		f Account81a	ff welfare	
			Debit	
Towards Paymont of	r hanoson - 2017	State	Rs.	P.
Conference charges	a tarifa a salamanan		2500	
× × ·	E E	Total Rs.	2500	
Bill Prepared In words F	Two thousand and	Five hundo	red only	
AGCOUNTS MAMAGER Adhiparasaithi Dental Colombided d Hospital inclinational Colombided d Hospital	MANAGING DIRECTOR	Signature	of the Receiver.	•



PRINCIPAL
PROT.Dr.S. Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Mehravathur
Cheyyur Taluk, Chronalpatra District
Tamii Nadu - 603 319







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. THAMIZHCHELVAN

Indian Dental Association

Madras Branch

1. Thorntohis

PRINCIPAL FDr S. Karthiga Kannan, MDS.,

Chevyur Talule, Charles 603 31



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 RADIOLOWY

Designation: MDS

Employee Number: 10094

Phone Number: 7356424586

THROUGH:

Chairperson

Scientific Academic Forum.

Adhiparasakthi Dental College and Hospital.

TO;

To Principal,

Adhiparasakthi Dental College and Hospital.

Respected sir/madam kindly grand 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: 19th - 21st Jan (2017) 3 days chenrai Sti Ramachandra university - ome faculty

- 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:

STAFF SIGNATURE

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

Adhiparasakthi Dental College & Hospital Melmaruvathur - 603 319

SAF CHAIRPERSON SIGN

DENTAL COLLEGE & HOSPITAL Hospital Road, Nelmanucathur Chevyur Taluk, Chengahattu District Emrit Dadu - 403 319



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

•	Name:	Dr-hayathri	M
•	Nullic.	· /	

- Designation: MDS
- · Department: Oral medicine and Radiology
- Details Of The Program (Tick the necessary)
 - Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - State level
 - ☐ National level
 - ☐ International level
- Date and duration of the program: 19 21st Jan , 2017 (3 days)
- Relevant documents of the program enclosed

o (Yes/No)

• Staff signature:

4

ental Colone

SIGN PRINCIPAL

Prof.Dr.S.Karthiga Kannan, ADHIPARASAKTHI PRINCIPAL
S. Thillatnayagam, M.D.S.,
Sakth Dental College and Market

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL MELMARUVATHUR-603 319.

101	MICEIMARCO	Date. 25/1/2017
oucher No1.36		OLO RP WOLFMAND
Paid to Mrs/Mr.Dr. Gayather	Head of Acco	Debit
Timel Dumant	for Bre Ramachano	Rs. P.
	utly of Dental Scie	ences
	U(F)	1.500
charges		Total Rs. 1500
Bill Prepared In words I	Rs. One Thousand Five	hundouble only
AUED AUED		
All despitat	MANAGING DIRECTOR	Signature of the Receiver.



Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLECE & MCSPITAL
HOSpital Hoad, McIntarioseillur
Cheyyur Tatuk, Chengalparia District
Tamili Nadir + 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 Garatheri 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 - 21th January 2017.

Dr. S. Sathasivasubramanian

Organizing Chairman

Dr. S. Aravind Warrier

Organizing Secretary

C.V. D-1-

Dr. C. V. Divyambika Scientific Secretary



PRINCIPAL

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

ADHIPARASAKTHI DENTAL COLLEGE & MOSPITAL Houseld Road, Melmaraceatha Cheyyur Tamis, Chernofastia District Tamil Nadu - 603 312



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

STAFF REQUISITION FORM FOR ATTENDING CONFERENCE /WORKSHOP

DATE: 10/1/2017

FROM:

Staff Name: DY . A. GAYATHIRI

Department Name: ORAL MEDICINE & RADIOLOUY

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 grand 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, chemai

- 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

See Constitution of the Co

PRINCIPAL
PRINCIPAL
PROF.Dr.S. Karthiga Kannan, MI
ADHIPARAS A HOSNITAL
DENTAL COLLEGE & HOSNITAL
MENDIAL ROAD, Melmanusuhur
Mend

SAF CHAIRPERSON SIGN

PRINCIPAL

Adhiparasakthi Dental College & Hospital

Melmaruvathur - 603 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE / WORKSHOP / MEMBERSHIP REIMBURSEMENT FORM

· Name: Do. 19. WAYATHIRI
• 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 2) January 2017, 3 days chemral
Relevant documents of the program enclosed
(Yes/No)
Staff signature:
All Come Process

Dr. S. Thillstrayagam, M.D.S., Adhlparasakhi Dental College and Hospital Malmacuralbur - 603 319.

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

Prof.Dr.S. Kall HIP Actives the state of the

CASH / VOUCHER

ENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319. Date 21/12/2016..... Head of Account ... Staff. Welfare.....

Debit Paid to Mrs/Mr. Dr. Gayathri. M. Rs. 2000 Total Rs. In words Rs. Bill Prepared Two Thousand ACCOUNTS MANAGER Adhiparasa thi Dental Colore and Hospital Recommended McImaruvathur - 603 319. Signature of the Receiver. MANAGING DIRECTOR



Prof. Dr.S. Karthiga Kannan, +10s., ADHIPARASAKTHI





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, CHENNAL - 116.



Certificate of Participation

This is to certify that

Gayathri M.

Dr.

has participated in the "1" National-PG Rapid Review in Oral Medicine & Radiology"

organized by the Department of Oral Medicine & Radiology, Faculty of Dental Sciences,

Sri Ramachandra University, Chennat. From 19th - 21st January 2017,

85 Mm 2-

Dr. S. Sethasivasubramanian

Organizing Chairman

Dr. S. Arayind Warrier organizing Secretary Dr. C. V. Divyambîka 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: 100 74

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 grand 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)

cherrai

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

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

relegate participant

Registration amount for the event: \$.10,000

STAFF SIGNATURE

MAN

SAF CHAIRPERSON SIGN

PRINCIPAL
Adhiparasakthi Dental College & Hospital

Melmaruvathur - 503 319.



ADHIPARASAKTHI DENTAL COLLEGE & HOSPITAL MELMARUVATHUR – 608319, TAMILNADU

CONFERENCE /WORKSHOP /MEMBERSHIP REIMBURSEMENT FORM

. 1	lame:	DR.	THILLAINAYAGAMI.S
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- Designation: MDC
- Department: ENDODONTILL
- Details Of The Program (Tick the necessary)
 - ~ Conference
 - Workshop
 - o Membership reimbursement
- Nature of the program (Tick the necessary)
 - ☐ State level

(Yes/No)

- □ National level
- Date and duration of the program:

28,29 Jan 2017 (2 days)

• Relevant documents of the program enclosed

Staff signature:

Prof. Dr. S. Karthiga Kas

PRINCIPAL

8. Thillansyagam, M.D.S.,
sakthi Dental College and Hospital

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

CASH / VOUCHER

ADHIPARASAKTHI DENTAL COLLEGE AND HOSPITAL

MELMARUVATHUR-603 319.

oucher No204 Date	3.02.2011	
Paid to Mrs/Mr. Dr.: Thillainayagam. S Head of Account Staff	f. Welfasie)مر
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PRINCIPAL Prof.Dr.S.Karthiga Kannan, MDS.,
ADHIPARASAKTHI
DENTAL COLLEGE & HOSPITAL
Hospital Road, Melmaruvathur
Cheyyur Taluk, Chengalpattu District
Tamid Nadur- 603 319







CERTIFICATE GAPPRECIATION



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.

Dr. Prabhakar Joseph Organising Chairman

Dr. Priya Prabhakar

Organising Secretary

Organising Co-Chairman

Dr. Susanne Grennell

Conference Secretary

