# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Heena Zainab
	Dr. Heeria, 230
Designation	Professor.
Department	oral Pathology Emicrobiology
Date of Birth	25/12/1975
Name of the event for which financial assistance is sought	"Oral Soft lissue tumols"
Date of the event	19 August 2016.
Location	19 August 2016. KLE V.K. institute of dental sciences. Belagavi
Title of the paper if presenting the paper	
Amount Requested	4300  -

Signature of the Applicant
Date: 11-Aug-2016

# Only for office use:

Amount sanctioned from college:

Rs. 4300 - In words:

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Account Officer:

CTUAL-Badar Rurai Dones Colongs & Hospital, KALABURAGE

Principal



Dariyapur Village, Nagan Halli Road, GULBARGA - Ph: 227610, 220222 FAX: 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

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Name of the Faculty Member	Der Perarchi I
Designation	Cechinen.
Department	Porasth adortice, Cown & Briefe
Date of Birth	29/6/1971
Name of the event for which financial assistance is sought	Fall Month Rehabilitation
Date of the event	19-09-2016
Location	19-09-2016  A.M.E's Dental College Ep Hospital, Raichur.
Title of the paper if presenting the paper	
Amount Requested	10,000 [-
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Signature of the Applicant
Date: 12 - 09 - 2016

# Only for office use:

Amount sanctioned from college:

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In words:

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Principal

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Account Officer:



Dariyapur Village, Nagan Halli Road, GULBARGA - Ph: 227610, 220222 FAX: 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Safiya Sana.
Designation	Reader.
Department	Orthodontics
Date of Birth	28th Sept 1980
Name of the event for which financial assistance is sought	Of Anterior open bite.
Date of the event	25-30 november ,2016.
Location	creater new york dental meet
Title of the paper if presenting the paper	
Amount Requested	5000

Signature of the Applicant

Date: 18 - NOV - 9016

# Only for office use:

Amount sanctioned from college:

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Dariyapur Village, Nagan Halli Road, GULBARGA - Ph: 227610, 220222 FAX: 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Humela Ayesha.
Designation	Lecturer
Department	Ord medicine a Radiology.
Date of Birth	22/01/1984
Name of the event for which financial assistance is sought	28th Mational conference of 2 ndian Academy of Doub medicine & Radiology.
Date of the event	15-17 December 2016
Location	KanyaKeemali
Title of the paper if presenting the paper	
Amount Requested	5340  -

Signature of the Applicant Date: 2112116

# Only for office use:

Amount sanctioned from college:

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In words:

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Principal

CLIAI-Badar Rural Denial College & Hospital, KALABURAGE

Account Officer:



Dariyapur Village, Nagan Halli Road, GULBARGA - Ph: 227610, 220222 FAX: 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	On syeda Machaya Ana.	
Designation	Proofesson	
Department	Department of onal Medicine & Radio	1084
Date of Birth	05.09.1974.	
Name of the event for which financial assistance is sought	Reserved Excellence Award.	
Date of the event	2017	
Location	Bangalone.	
Title of the paper if presenting the paper	for Research on OSMF & CUMLUMIN ".	<b>,</b>
Amount Requested	2600/-	

Signature of the Applicant Date: 26/08/2017

Only for office use:

Amount sanctioned from college:

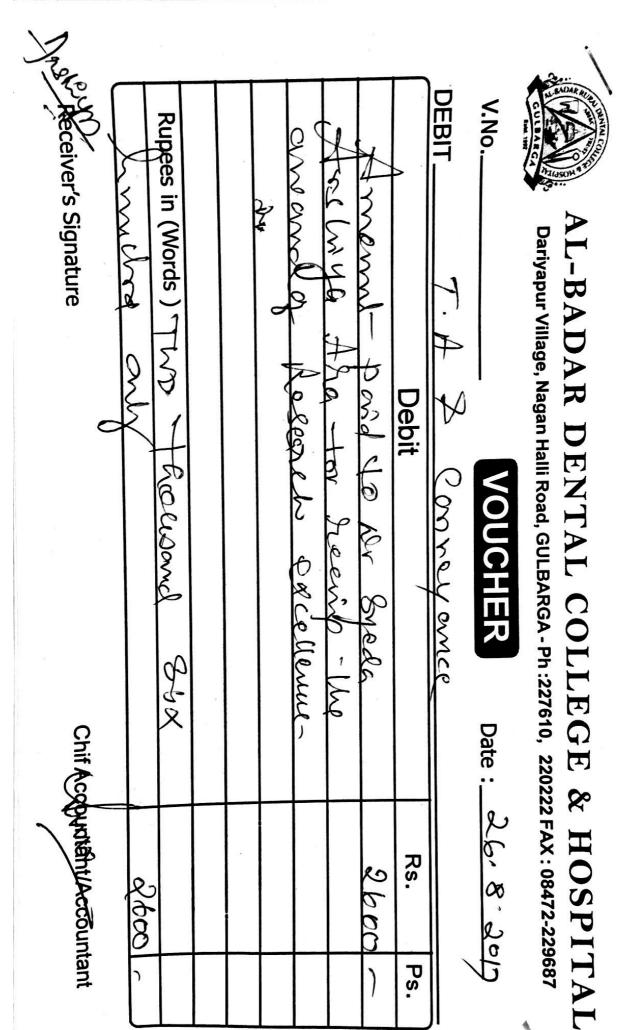
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Account Officer:



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Chif Acquistant/Accountant

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Date: 26, 8, 2017

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Mahash. Hiregouder
Designation	Reader
Department	Public health Dentistry
Date of Birth	06/06/1984
Name of the event for which financial assistance is sought	Workshop on Good Clinical paractice, KBN
Date of the event	18-9-2017
Location	Kaloburg'
Title of the paper if presenting the paper	
Amount Requested	1933/-

Signature of the Date: 8 - 9 - 2017

Only for office use:

Amount sanctioned from college:

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CELIAI-Badar Rural Dent il Collega & Hospital, KALABURAGI

Account Officer:



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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr Pawar Dewanyi		
Designation	Cor lector		
Department	Cons & Endo		
Date of Birth	01/11/1986		
Name of the event for which financial assistance is sought	Workshop on Good Climical practice &BN		
Date of the event	18-09-2017		
Location	balaburgi		
Title of the paper if presenting the paper			
Amount Requested	1500/-		
Signature of the Applicant Date: 8/9/2017			
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Amount sanctioned from college:			
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Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone: 08472 - 227610, 220222 - Fax: 229687 | albadar\_glb@yahoo.com

Principal

CEL'Al-Badar Rural Donial College & Hospital, KALABURAGI

# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr Shreeshail Indi
Designation	Er leefwer
Department	Coms & Enlo
Date of Birth	20th March 1980
Name of the event for which financial assistance is sought	Workshop on Grod Clinical foractice KBN Kalabugi
Date of the event	18-09-2017
Location	Kalabregi
Title of the paper if presenting the paper	O
Amount Requested	1500/-

Signature of the Applicant Date: 2072017

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Amount sanctioned from college:

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Principal

CELIAI-Badar Rural Dentil, College & Hospital, KALABURAG,

Account Officer:

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Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Kiran Ghatole Pajakash
Designation	Senior lecturer
Department	conservative a endodontics
Date of Birth	
Name of the event for which financial assistance is sought	19th IACDE-IES National PG convention.
Date of the event	16-18 february, 2018.
Location	HKE's Society's convention Centre, Gulbarga.
Title of the paper if presenting the paper	U
Amount Requested	1250/-

Signature of the Applicant Date: 6 | 2 | 18

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Janavalhi
Designation	Realer
Department	Conedialin & Endodorla  derlistry:  1   6   1975
Date of Birth	1/6/1975
Name of the event for which financial assistance is sought	19th IACDE-IES National PG Committees
Date of the event	16th - 18th february 2018
Location	16th - 18th february 2018 HKE Society's Convention Centru, Gulbarya
Title of the paper if presenting the paper	
Amount Requested	1250/-
	1 .6.

Signature of the Applicant Date: 6th February

2018

Only for office use:

Amount sanctioned from college:

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Principal

CELIAI-Badar Rural Donis College & Hospital, KALABURAGI

Account Officer:



# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	DR. Pavan. R. Diwanji
Designation	Seriol lectures.
Department	Conservative & Endodontus
Date of Birth	01/11/1986.
Name of the event for which financial assistance is sought	19th IACDE-IES National PG Convention
Date of the event	16-18- February, 2018
Location	HKE Society's Convention Center, Glb
Title of the paper if presenting the paper	
Amount Requested	1250/

Signature of the Applicant
Date: 06 - Feb - 2018

Only for office use:

Amount sanctioned from college:

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Principal

CELAI-Badar Rural Den a College & Hospital, KALABURAGI

Account Officer:



# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

	T
Name of the Faculty Member	Dr. Sheeshail Endi
Designation	Senior Lecturer
Department	consceraturi & Endodontics.
Date of Birth	20th March 1980
Name of the event for which financial assistance is sought	19th IACDE-1ES National Pg Convention.
Date of the event	16-18th february, 2018.
Location	16-18th february, 2018. HKE' Society's Convention Centre, Gulbarga.
Title of the paper if presenting the paper	
Amount Requested	1250/-

Signature of the Applicant Date: 6 / 2 / 18

Only for office use:

Amount sanctioned from college:

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Principal

CELIAI-Badar Rural Dental Collage & Hospital, KALABURAGI

Account Officer:



Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# **AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Humera Ayesha
Designation	Lecturel
Department	oral medicine Eradiology
Date of Birth	22/1/1984
Name of the event for which financial assistance is sought	Stem cell-revisited 4 Potentially malignant disorders a note on melastasis
Date of the event	97 - March - 2018.
Location	A.M. E's Dental Collège, Raichur
Title of the paper if presenting the paper	,
Amount Requested	3260/-

Signature of the Applicant Date: 20 - March - 2018

Only for office use:	
Amount sanctioned from college:	7
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James .	CELIAI-Badar Rural Denia, Colinga
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Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr Syed Zakevillah.
Designation	professor.
Department	and & Maxilla.fa CEN Sugery
Date of Birth	07 1011 <b>2</b> 974
Name of the event for which financial assistance is sought	Opt programme. on "stem cell"  solvisited & PMD'S - a note on  Metastasis.
Date of the event	27.3.18.
Location	Paichun.
Title of the paper if presenting the paper	
Amount Requested	7400/

Signature of the Applicant Date:

Only for office use:

Amount sanctioned from college:

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Account Officer:



Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	On Syeda Anshiya Dna.
Designation	Professon
Department	and Mediage & Radiology.
Date of Birth	05-09-1974.
Name of the event for which financial assistance is sought	CDE PROGRAMME OD Stem Cell Revisited & PMD-a note on Marsharb".
Date of the event	24.3.2018
Location	Raichur .
Title of the paper if presenting the paper	Registration Amount to attend the CDE programme.
Amount Requested	6298 /-

Signature of the Applicant Date:

# Only for office use:

Amount sanctioned from college:

Rs.

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Principal

CEL AI-Badar Rural Denial College & Hospital, KALABURAGI

Account Officer:

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V.No.

# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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Date: 26.3.2018

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Flina Zainas.
Designation	professor del pathology
Department	oral pathology
Date of Birth	25   12   1975
Name of the event for which financial assistance is sought	6th Karnataka State Contenence, Scientific waiting skills for bushication
Date of the event	6-8'April 2018.
Location	6-8'April 2018. Kalasugi
Title of the paper if presenting the paper	
Amount Requested	2250/~

Signature of the Applicant Date: 28/3/18

Only for office use:

Amount sanctioned from college:

Rs.

3250

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Principal

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Account Officer:



# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

	T
Name of the Faculty Member	Dr. Praveen kumar Bankur
Designation	Leade~
Department	Periodostology
Date of Birth	06/11/1982
Name of the event for which financial assistance is sought	TPS - Karradake State Branch 6th Karradaka state conference, kalaburan'
Date of the event	6th - 8th April 2019
Location	kalaburgi
Title of the paper if presenting the paper	An Overview on Preprostnetic surgeries.
Amount Requested	1500/-

Signature of the Applicant Date: 31 02 2019

Only for office use:

Amount sanctioned from college:

Rs. 1500 - In words: Dr. One thousand fix

Account Officer:

Principal PRINCIPAL CELIAI-Badar Rural Denial College & Hospital, KALABURAGI



V.No.

# AL-BADAR DENTAL COLLEGE & HOSPITAL Dariyapur Village, Nagan Halli Road, GULBARGA-Ph:227610, 220222 FAX:08472-229687

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Chif Accountant Accountant	3750					37-50	Rs.	
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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Praveen Kumor Ronkur
Designation	Leader
Department	Periodontology
Date of Birth	06/11/1983
Name of the event for which financial assistance is sought	ISP 43rd Northmal Annual conference
Date of the event	5th -7th October 2018
Location	Chandigarh
Title of the paper if presenting the paper	Defection of TF by culture a RA Tech in periodness health a paidant to pro.
Amount Requested	9430/

Signature of the Applicant Date: 25/9/2018

Only for office use:

Amount sanctioned from college:

Rs. 943020

In words:

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Principal

CELIAI-Badar Rural Denizal College & Hospital, KALABURAGI

Account Officer:



Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

Receiver's Signature



# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	On Syeda Anemya Ana
Designation	Professor
Department	Onal Medicine & Radio 1084
Date of Birth	05.09.1974.
Name of the event for which financial assistance is sought	International summit on OSHF, Vadodana, Gujad.
Date of the event	Till 8th October 2018.
Location	Vadodos, Gujout
Title of the paper if presenting the paper	CUNCUMION MUCONDAISERVE GEL 2 omanagement of OSHF-A chinical Extistophicological
Amount Requested	10,000/

Signature of the Applicant Date:

# Only for office use:

Amount sanctioned from college:

Rs.	10,000/-	In words:	D. Ten thousand only
'	1		Principal

Account Officer:

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone: 08472 - 227610, 220222 - Fax: 229687 | albadar\_glb@yahoo.com

CELIAI-Badar Rural Dental College & Hospital, KALABURAGI



# AL-BADAR DENTAL COLLEGE & HOSPITAL Dariyapur Village, Nagan Halli Road, GULBARGA-Ph:227610, 220222 FAX: 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Doc Neho Bhutani'
Designation	Reader
Department	Periodontology
Date of Birth	10, 09. 1983
Name of the event for which financial assistance is sought	Decemnal celebration 1st National symposium
Date of the event	8 Dec 2018
Location	Bangalose,
Title of the paper if presenting the paper	Bangalore, measures to manage resurplations.
Amount Requested	5000/-

Signature of the Applicant
Date: 28 Nov 80 18

# Only for office use:

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Amount	sanctioned	from	col	lege:

Amount sanctioned from conego.	
Rs. 5000 In words:	Ro- Fine thousand only
James	Principal Principal CELIAI-Badar Rural Dental College & Hospital, KALASURAGI

Account Officer:



V.No.

# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	De Sycda Anewya Ana.
Designation	Professor.
Department	ONN Medicine & Radiology.
Date of Birth	05.09.1974.
Name of the event for which financial assistance is sought	Research Raina Award.
Date of the event	28thfcb. 2019.
Location	Jamil Nada
Title of the paper if presenting the paper	for Rescency of Ignovative formulation of curcumin"
Amount Requested	3800/

Signature of the Applicant Date:

# Only for office use:

Amount sanctioned from college:

Rs. 3800/— In words:	Ro. Three thousand eighthmored ong los four thousand tipe handred ong
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Account Officer:

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone: 08472 - 227610, 220222 - Fax: 229687 | albadar\_glb@yahoo.com

CELIAI-Badar Rural Dental College & Hospital, KALABURAGI



Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

NoDate :	14,2,2019	5
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Debit	Rs.	Ps.
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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Sayeeda daeque Bangi
Designation	Reader
Department	Oethodontics.
Date of Birth	22. 11. 1983
Name of the event for which financial assistance is sought	180 Awareness Programme
Date of the event	9th September, 2019.
Location	pmnm Dental college & Hospital, Bagalkat.
Title of the paper if presenting the paper	
Amount Requested	4000/-

Signature of the Applicant Date: 2 | 9 | 2019

### Only for office use:

Amount sanctioned from college:

Rs. 4000

In words:

to feel thousand only

Account Officer:

CELIAI-Badar Rural Cent & Collage & Hospital, KALABURAGI

Principal



## AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Sagiya Sana.
Designation	Reader
Department	oathodontus
Date of Birth	28th Sept 1980
Name of the event for which financial assistance is sought	IBO Awareness Programme
Date of the event	09-September-2019
Location	PMNM Dontal collège, Bayalko
Title of the paper if presenting the paper	
Amount Requested	3000/-

Signature of the Applicant Date: 02 - Sept - 2019,

## Only for office use:

Amount sanctioned from college:

Rs. 3000/- In words: Rs. Three thousand only

Account Officer:

CELIAI-Badar Rural Doniel College & Hospital, KALASURAGI

# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Asma Falima
Designation	Re ader Ontho dontics
Department	Ontho clartics
Date of Birth	26 - Jan - 1986
Name of the event for which financial assistance is sought	TB10 Awareness programme
Date of the event	9th System Ser 2019
Location	9th September 2019 PMDM Bestel College & Hospital, Bagalhal
Title of the paper if presenting the paper	·
Amount Requested	3000/
Only for office use:	Signature of the Applicant Date: 2rd September 201
Amount sanctioned from college:	
Rs. 3000/- In words: Rs.	three thousand only
Account Officer:	Principal  CELIAI-Badar Rural Danial College & Hospital, KALABURAGI



V.No.

# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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Date: 27, 09,2019

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr syd Zakaullah
Designation	Professor.
Department	and & Madliofation Eurginy.
Date of Birth	07/4/1974
Name of the event for which financial assistance is sought	FAMDENT SHOW 2019 DENTAL CONVENTION
Date of the event	14-15th sept 2019.
Location	. Hydenbad.
Title of the paper if presenting the paper	
Amount Requested	8000/

Signature of the Applicant Date:

Principal

CELIAI-Badar Rural Denial Collage & Hospital, KALABURAGI

### Only for office use:

Amount sanctioned from college:

Rs. 8000 - In words: ks: leight-thousand only

Account Officer:

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone: 08472 - 227610, 220222 - Fax: 229687 | albadar\_glb@yahoo.com

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# AL-BADAR DENTAL COLLEGE & HOSPITAL Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	DR. NEUR BHUTANI
Designation	Reader
Department	Periodonti es
Date of Birth	70 Sep 1983
Name of the event for which financial assistance is sought	FAMDENT 2019
Date of the event	14315 sep 12019
Location	Hydere bad.
Title of the paper if presenting the paper	gublingual perexions en a prestre analges o in sigle prestre analges o in sigle
Amount Requested	5600/-

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Signature of the Applicant Date: \$2 9 9

Principal

CELIAI-Badar Rural Deals College & Hospital, KALABURAGI

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Amount sanctioned from college:

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# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Praveen Kuwar Bankun
Designation	Reader
Department	Periodanto logy
Date of Birth	06/11/1982
Name of the event for which financial assistance is sought	Famdert Show Hyd 2019
Date of the event	14-15th Sept 2019
Location	Hyderabad
Title of the paper if presenting the paper	Hyderabad Management of Radicular Cyst using Rose ara It a PRF-cose Rep-
Amount Requested	6000/

Signature of the Applicant Date: 02 9 2019

Only for office use:

Amount sanctioned from college:

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Principal

CEL'Al-Badar Rural Dental College & Hospital, KALABURAGI

Account Officer:

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# ADAR DENTAL COLLEGE & HOSPITAL

r Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	De ROOPALL. TAZASHETTI
Designation	Realis
Department	PERIODONTICS
Date of Birth	11th May 1980
Name of the event for which financial assistance is sought	FAMEDENT 2019 SHOW toyd
Date of the event	14th & 15th Sept 2019
Location	HYDRABAD
Title of the paper if presenting the paper	Effect & Champhor in minor 07.
Amount Requested	6000/
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Amount sanctioned from college:

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# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Pushpalatha H.M.
Designation	Reader.
Department	Pediatric dentistry.
Date of Birth	2-5cp-1983
Name of the event for which financial assistance is sought	Famdent Convention
Date of the event	14-15-Sept, 2019.
Location	JRC convention centre, Hydere bas
Title of the paper if presenting the paper	
Amount Requested	61501

Signature of the Applicant
Date: 06-Sept. 2019.

### Only for office use:

Amount	sanctioned	from	college:
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Rs. 6650/- In we	ords: Rs; Stx thousand Six humidnes
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Account Officer:	& Hospital, KALABURAGI



# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Syeda Al-Sana
Designation	Jutor
Department	Conservatini ( endodontics
Date of Birth	10106/1994
Name of the event for which financial assistance is sought	The Famdent convention
Date of the event	14-15th September 2019.
Location	JRC, convention Centre. Hydralad.
Title of the paper if presenting the paper	U
Amount Requested	400 0/

Signature of the Applicant
Date: 6 | 9 | 20 | 9

### Only for office use:

Amount sanctioned from	coi	iege:
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Rs. 4000/- In words: Ls Pour thousand only

Principal

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& Hospital, KALAEURAGI

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# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Praver. Kumor Bankor
Designation	Reader
Department	Penadontology,
Date of Birth	06/11/1932
Name of the event for which financial assistance is sought	44th Kational conference of Indian Society of Periodmology.
Date of the event	8th- 10th November 2019
Location	Bengaluru
Title of the paper if presenting the paper	Photodynamic Therapy in Periodontics.
Amount Requested	5/00/

Signature of the Applicant Date: 28 10 2019

Only for office use:

Amount sanctioned from college:

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In words:

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Principal

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Account Officer:

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

## APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	De. Sayeeda Laeque Bongi
Designation	Reader
Department	Outhodontics
Date of Birth	22.11.1983
Name of the event for which financial assistance is sought	47th Kannataka State of 6th Buterstate Dental Conference.
Date of the event	13-15th Decomber, 2019.
Location	PES Engineering college, Mandya
Title of the paper if presenting the paper	Evaluation of a Children of Araysis Tanaka Johnston mixed dentition Araysis in north Karnataka Population, Cross Section 1 Stu
Amount Requested	5000/-

Signature ) Date: 6

### Only for office use:

Amount sanctioned from college:

In words:

Principal

CEL'Al-Badar Ruro! Dental College & Hospital, KALABURAGI

Account Officer:

# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Pushpalalka HM						
Designation	Reader.						
Department	Pediabric Dertistry						
Date of Birth	2 / Sep 1983						
Name of the event for which financial assistance is sought	Pediabric Dertistry  2 19=9 1983  47th Karnataka State Se 6th Ahr state Dertal Cenference.  13th 15th December 2019						
Date of the event	13th 15th December 2019						
Location	Mandya						
Title of the paper if presenting the paper	Mandya  Awarness of Child  Abruse so Nylect.						
Amount Requested	4500/-						
	Signature of the Applicant Date: 6th December 2019.						
Only for office use:							
Amount sanctioned from college:							
Rs. 1500/- In words: Rs. Four thousand five hundred only							
Account Officer:	Principal  CELAI-Badar Rural Dental Coffage  & Hospital, KALABURAGI						



# AL-BADAR DENTAL COLLEGE & HOSPITAL Dariyapur Village, Nagan Halli Road, GULBARGA-Ph:227610, 220222 FAX:08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Sagiya Sana.
Designation	Reader
Department	oathodontiu
Date of Birth	
Name of the event for which financial assistance is sought	47th Karnalaka Stale & 6th inter state dental Conjerence
Date of the event	13-15. December, 2019.
Location	PES Engineering College, Mandy
Title of the paper if presenting the paper	PES Engineering College, Mandy Evaluation of Abructural design & Elemental Analysis of an indigenous mini-Implant
Amount Requested	4195/
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Signature of the Applicant
Date: OB - Dec. 9019.

### Only for office use:

Amount sanctioned from college:

Rs. 4195=10

In words:

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Principal

Ctt Al-Badar Rural Denial Collage & Hospital, KALABURAGI

Account Officer:



# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	DR. Asma Fatema
Designation	Reader
Department	orthodontics
Date of Birth	26   1   1986
Name of the event for which financial assistance is sought	47th Kaxnataka State & 6th inter state Dental Conference
Date of the event	13-15- Dec, 2019.
Location	PES Engineering College, Mandy
Title of the paper if presenting the paper	
Amount Requested	5886/-

Signature of the Applicant
Date: 06 - Dec - 2019.

Only for office use:

Amount sanctioned from college:

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In words:

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Principal

CELIAI-Badar Rural Dental College & Hospital, KALABURAGI

Account Officer:



# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affihated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Shrushail Indi
Designation	Genior lecture
Department	Conservative & Endo -dontie Destistry
Date of Birth	20th March 1980
Name of the event for which financial assistance is sought	47th Kannataka State Eq 6th Altr State Dertal Conference 13th-15th December 2019
Date of the event	13th - 15th December 2019
Location	Mandya
Title of the paper if presenting the paper	
Amount Requested	2500/

Signature of the Applicant

Date: 6th December 2016

Principal

### Only for office use:

Amount sanctioned from college:

Rs. 2500/r In words: Rs. Two thousand five hundred only

& Hospital, KALABURAGI

Account Officer:



V.No.

# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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Date: 30,01,2090.

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member  Designation  Designation  Department  Date of Birth  Name of the event for which financial assistance is sought  Date of the event  Date		
Department  Department  Date of Birth  18 10 1975  Name of the event for which financial assistance is sought  Date of the event  Date of the event  19th December 2019.  Location  AME'S Dental College, Hospital and Hesegrich Centre, Raichul.	Name of the Faculty Member	Da. Buasad Konda
Date of Birth  18 10 1975  Name of the event for which financial assistance is sought  Date of the event  19th December 2019.  Location  AME'S Dental college, Hospital and Hesegrich Centre, Raichul.	Designation	professor
Name of the event for which financial assistance is sought  Date of the event  Location  Description  Outhodortic planning in certific surgeous  Planning in certific surgeous  AME'S Dental college, Hospital and Mesegrich Centre, Raichul.	Department	authodonties
Date of the event  Location  Date of the event  AME'S Dental College, Hospital and Hesegrich, Centre, Raichul.	Date of Birth	18/10/1975
Location AME'S Dental college, Hospital and Hesegrich, Centre, Raichul.		outhodortic planning in outhograthic surgeony
Location AME'S Dental college, Hospital and lesearch Centre, Raichul.	Date of the event	19th December 2019.
	Location	
paper	Title of the paper if presenting the paper	, , , , , , , , , , , , ,
Amount Requested 8000/	Amount Requested	8000/

Signature of the Applicant Date: 7/12/2019.

Only for office use:

Amount sanctioned from college:

Rs.

8000/

In words:

W: Eight- thousand only

Principal

CELIAI-Badar Rural Dental College & Hospital, KALABURAGI

Account Officer:



# AL-BADAR DENTAL COLLEGE & HOSPITAL Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

V.No. VOUCHER of two practices, Date: 09:01:2020

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	DR. Arshad Hussain
Designation	Professor.
Department	orthodontius
Date of Birth	12=6-1973
Name of the event for which financial assistance is sought	Confluence of Dentistry:- A step towards Excellence".
Date of the event	6-7 January, 2020.
Location	6-7 January, 2020. HKE Dental College, Humnabad
Title of the paper if presenting the paper	
Amount Requested	5000/

Signature of the Applicant
Date: 01 - Jan - 2020

### Only for office use:

Rs. 5000 - In words: Us: Fine thousand only

Account Officer:

Principal
Para Para College
& Hospital, KALABURAGI



# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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## APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Mahesh Hiregoudar
Designation	professor
Department	Public Health Dentistry.
Date of Birth	06/08/1984
Name of the event for which financial assistance is sought	Confluence of Dentistry "A step however excellence.
Date of the event	6-Ath January 2020
Location	HKE' Denty college, Humnabad.
Title of the paper if presenting the paper	
Amount Requested	5150/

Signature o Date: | | |

### Only for office use:

Amount sanctioned from college:

In words: 51501-

Principal

CELIAI-Badar Rural Dental College & Hospital, KALABURAGI

Account Officer:



V.No.

# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Da. Shiyo Sana
Designation	Reader.
Department	Orthoclartics
Date of Birth	28th Sept 1 <b>9</b> 80
Name of the event for which financial assistance is sought	Dentistry: A step lowerds.
Date of the event	6th - 7th January 2020
Location	7 x ce Mence.  6th - 7th January 2020  HKE Dental College,  Humnaband.
Title of the paper if presenting the paper	
Amount Requested	4100/
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	Signature of the Applicant
	Date: 1st January 2020
Only for office use:	O
Amount sanctioned from college:	
Rs. 4100 In words:	thoward One buchalay
Account Officer:	Principal Principal CELIAI-Badar Rural Denial College & Hospital, KALABURAGI



Y.No.

# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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Date: 24,3,30

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Asma fatimar
Designation	Reader
Department	Outhodontics
Date of Birth	26 Jan 1986.
Name of the event for which financial assistance is sought	confuence of Dentistry. "A step towards excellence"
Date of the event	6-7th January 2020. HKE dental college a floopital Humnabad.
Location	HKE dental college 410 pt 4
Title of the paper if presenting the paper	
Amount Requested	5/00/
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Signature of the Applicant Date:

Only for office use:

Amount sanctioned from college:

Rs. 5100/- In words: Is I've thousand one hondred and

Account Officer:

Principal
CEUAL-Badar Rural Denisi Collega
& Hospital, KALABURAGI



V.No.

# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

**VOUCHER** 

Date: 24, 2, 20

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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

	11 1 1 11
Name of the Faculty Member	Dr. Mehammed Abdullet
Designation	
Designation	
Department	Public Health Dentistry
Date of Birth	06/08/1983
Name of the event for which financial assistance is sought	Confluence of Dentistry A Step towards Excellence.
Date of the event	6th - 7th Jonery 2020. HHE. Dertel College, Hunnabad.
Location	HKE. Dentel College, Humnabad.
Title of the paper if presenting the paper	
Amount Requested	1500/
	Signature of the Applicant Date: / January 2020
	Date: 1 January 2020
Only for office use:	
Amount sanctioned from college:	
Rs. 1500 In words: Rs. O	ne thousand five hundred orly
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Account Officer:	

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Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	DR. Sayeeda Laeque.
Designation	Reader
Department	orthodonlis
Date of Birth	22.11.1183
Name of the event for which financial assistance is sought	Confluence et dentistay. A Step towards excellence.
Date of the event	6- J. January, 2020 HKE dental collège, Humnabas
Location	HKE dental collège, Humnabad
Title of the paper if presenting the paper	
Amount Requested	4100/

Signature of the Applicant

Date: 61 - Jan - 2020

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## Only for office use:

Amount sanctioned from college:

Rs. 4100/- In words: four thousand one hundred o

Account Officer:

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone: 08472 - 227610, 220222 - Fax: 229687 | albadar\_glb@yahoo.com



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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

Affiliated to Rajiv Gandhi University of Health Sciences Bangalore & Recognized by Dental Council of India (New Delhi)

# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Or Sydn Arshiya Ana.
Designation	Professor 4
Department	DW Medicine & Radiology
Date of Birth	05.09.1974 .
Name of the event for which financial assistance is sought	Jraining programme on Reserracy ethics, 609 Wired Regulations for Christian
Date of the event	12th November 2020.
Location	Bangaione.
Title of the paper if presenting the paper	
Amount Requested	7000/-

Signature of the Applicant Date:

Only for office use:

Amount sanctioned from college:

Rs

7000/-

In words:

Rs: Seven thousand or

Principal

CEUAL-Badar Rural Denial College & Hospital, KALABURAGI

Account Officer:

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.

Phone: 08472 - 227610, 220222 - Fax: 229687 | albadar\_glb@yahoo.com



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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

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Professon & HOD
Onal · Hedicine & Radiology ·
05-09-1974
International science Awards on.
784 84 Ang 2021.
Pondecheny, India.
Women Researcher Award.
5000 -

Signature of the Applicant Date:

Only for office use:

Amount sanctioned from college:

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In words:

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Al-Badar Rural Dental College & Hospital, KALABURAGI



Dariyapur Village, Nagan Halli Road, GULBARGA - Ph :227610, 220222 FAX : 08472-229687

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Dr Syeda &	5000	)
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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Dr. Praveen kumar Bankur
Designation	Leader
Department	Perriodontology
Date of Birth	06/11/1983
Name of the event for which financial assistance is sought	45th TSP National Confrence, Virtual, Pune
Date of the event	21-23 October 2021
Location	Pune
Title of the paper if presenting the paper	Comparison of Ellicacy of octenidine in H & CHX on candida in the Peris Pts. [ Diabetes Mellitur. A Clinico thin Study.
Amount Requested	5 roof -

Signature of the Applicant Date: 10 10 2021

Only for office use:

Amount sanctioned from college:

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& Hospital, KALABURAGI



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# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	DR ROOPAII.
Designation	PROF
Department	PERIODONTICS
Date of Birth	11th May 1980
Name of the event for which financial assistance is sought	45th ISP National Conference Victime, Pune
Date of the event	21-23 october 2021
Location	June:
Title of the paper if presenting the paper	Evaluation & Chester bone loss in delayed & Imudate
Amount Requested	5000 - 200 Jank

Signature of the Applicant Date:

Only for office use:

Amount sanctioned from college:

Rs. 5000/-

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Al-Badar Rural Dental College

& Hospital, KALABURAGI

# AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI

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# APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP

Name of the Faculty Member	Da. Neha BHUTANI
Designation	READER
Department	PERIODONTO LO GIY
Date of Birth	10   09   1983
Name of the event for which financial assistance is sought	45 ISP National Conference Violatial, Pune
Date of the event	21-23 oct 2021
Location	Pune
Title of the paper if presenting the paper	Immediate imple + with provision provision with a w
Amount Requested	5000[

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Signature of the Applicant Date:

## Only for office use:

Amount sanctioned from college:

Rs. 5000/

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PRINCIPAL

Al-Badar Rural Dental College

& Hospital, KALABURAGI



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