

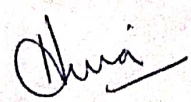


AL-BADAR Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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
Designation	Professor.
Department	oral Pathology & Microbiology
Date of Birth	25/12/1975
Name of the event for which financial assistance is sought	Slide Seminar on "Oral soft tissue tumors"
Date of the event	19 August 2016.
Location	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

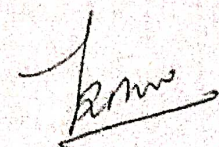
Only for office use :

Amount sanctioned from college:

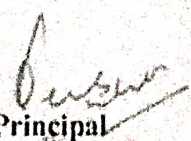
Rs. 4300/-

In words:

Four thousand three hundred only



Account Officer:

  
Principal  
AL-BADAR Rural Dental College  
& Hospital, KALABURAGI





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 25.08.2016

DEBIT T. A & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Heena Zainab	4300/-	
to go to attend the Conference		
Rupees in (Words) <u>Four thousand three</u>		
<u>hundred only</u>	4300/-	

Receiver's Signature Chirwa

Chif Accountant/Accountant [Signature]





AL-BADAR EDUCATIONAL & CHARITABLE TRUST'S  
**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 I
Designation	Lecturer
Department	Prosthodontics, Crown & Bridge
Date of Birth	29/6/1971
Name of the event for which financial assistance is sought	Full Month Rehabilitation
Date of the event	19-09-2016
Location	A.M.E's Dental College & Hospital, Raichur.
Title of the paper if presenting the paper	-
Amount Requested	10,000/-

Signature of the Applicant

Date: 12-09-2016

Only for office use :

Amount sanctioned from college:

Rs. 10,000/-

In words:

Ten thousand only

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

## VOUCHER

V.No. \_\_\_\_\_

Date : 01.09.2016

DEBIT \_\_\_\_\_

T. A of Conveyance.

Debit	Rs.	Ps.
Amount paid to Dr. Prangali	10,000	-
Itagampalli for attending the		
Conference		
Rupees in (Words ) Ten thousand only		
	10,000	-

Receiver's Signature

Chief Accountant/Accountant



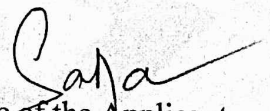


Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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**

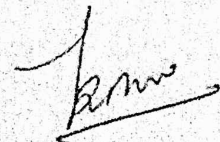
Name of the Faculty Member	Dr. Sagiya Sana.
Designation	Reader.
Department	Orthodontics
Date of Birth	28 <sup>th</sup> sept 1950
Name of the event for which financial assistance is sought	Contemporary treatment of Anterior open bite.
Date of the event	25-30 november, 2016.
Location	creator new york dental meeting.
Title of the paper if presenting the paper	
Amount Requested	5000/-

  
Signature of the Applicant  
Date: 18 - NOV - 2016

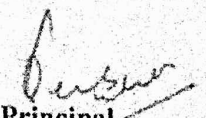
Only for office use :

Amount sanctioned from college:

Rs. 5000/- In words: Rs. Five thousand only



Account Officer:

  
Principal  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 16.11.2016

DEBIT T. A & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Safiya Sana	5000	
for attending the conference.		
Rupees in (Words) Five thousand only		
	5000	-

Receiver's Signature Sana

Chief Accountant/Accountant [Signature]





Al-Badar Educational & Charitable Trust's  
**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	Lecturer
Department	Oral medicine & Radiology.
Date of Birth	22/01/1984
Name of the event for which financial assistance is sought	28 <sup>th</sup> National conference of Indian Academy of Oral medicine & Radiology.
Date of the event	15 - 17 December 2016
Location	Kanyakumari
Title of the paper if presenting the paper	
Amount Requested	5340/-

Signature of the Applicant

Date: 22/12/16

Only for office use :

Amount sanctioned from college:

Rs.

5340/-

In words:

Rs. Five thousand three hundred forty

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

## VOUCHER

Date : 26.12.2016

DEBIT \_\_\_\_\_

T. A & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Humera Ayesha for attending the Conference in Kanyakumari	5340/-	
Rupees in (Words) - Five thousand three hundred forty only	5340/-	

Receiver's Signature

Chief Accountant/Accountant





Al-Badar Educational & Charitable Trust's  
**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 Anshuqa Ansari
Designation	Professor
Department	Department of Oral Medicine & Radiology
Date of Birth	05.09.1974.
Name of the event for which financial assistance is sought	Research Excellence Award.
Date of the event	2017.
Location	Bangalore.
Title of the paper if presenting the paper	for Research on "OSMF & CUPROMIN Clinical Trial".
Amount Requested	2600/-

*Anshuqa*  
Signature of the Applicant  
Date: 26/08/2017

Only for office use :

Amount sanctioned from college:

Rs. 2600/- In words: Rs. Two thousand Six Hundred only

*[Signature]*

Account Officer:

*[Signature]*  
Principal  
AL-BADAR Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 26.8.2017

DEBIT T.A Z Conveyance

Debit	Rs.	Ps.
Amount - Paid to Mr Syeda	2600	-
for buying a car for her - the		
amount of Rs 26000		
Dr		
Rupees in (Words) Two thousand Six		
hundred only	2600	-

*[Signature]*  
Receiver's Signature

Chif Accountant/Accountant  
*[Signature]*






Al-Badar Educational & Charitable Trust's  
**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. Mahesh . Hiregoudar
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 practice, KBN
Date of the event	18-9-2017
Location	Kalaburgi
Title of the paper if presenting the paper	-
Amount Requested	1933/-

  
Signature of the Applicant  
Date: 8-9-2017

Only for office use :

Amount sanctioned from college:

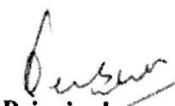
Rs. 1933/-

In words:

Is one thousand nine hundred  
thirty three



Account Officer:

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

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

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



Al-Badar Educational & Charitable Trust's  
**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 Pawan Dewangi
Designation	Asst Lecturer
Department	Cems & Endo
Date of Birth	01/11/1986
Name of the event for which financial assistance is sought	Workshop on Good Clinical practice KBN
Date of the event	18-09-2017
Location	Kalaburagi
Title of the paper if presenting the paper	
Amount Requested	1500/-

*P. Dewangi*  
Signature of the Applicant  
Date: 8/9/2017

Only for office use :

Amount sanctioned from college:

Rs. 1500/- In words:

Rs. one thousand five hundred only

*[Signature]*

Account Officer:

*[Signature]*  
Principal  
Principal  
CEL Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





Al-Badar Educational & Charitable Trust's  
**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 Shreeeshail Indi
Designation	Gr Lecturer
Department	Cems & Endo
Date of Birth	20 <sup>th</sup> March 1980
Name of the event for which financial assistance is sought	workshop on Grad clinical practice KBN Kalaburgi
Date of the event	18-09-2017
Location	Kalaburgi
Title of the paper if presenting the paper	
Amount Requested	1500/-

Signature of the Applicant

Date: 18/09/2017

Only for office use :

Amount sanctioned from college:

Rs. 1500/- In words:

Rs. One thousand five hundred

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 01.9.2017

DEBIT T.A. & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Maheshwari	1933	-
Dr Purnima's money	1500	-
Dr Shri Shail Shinde	1500	-
Rupees in (Words) <u>Four thousand nine</u>		
<u>hundred thirty three</u>	4933	-

Receiver's Signature

Chif Accountant





Al-Badar Educational & Charitable Trust's  
**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 Prakash
Designation	Senior lecturer
Department	Conservative & endodontics
Date of Birth	
Name of the event for which financial assistance is sought	19 <sup>th</sup> 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	
Amount Requested	1250/-

Signature of the Applicant  
Date: 6/2/18.

Only for office use :

Amount sanctioned from college:

Rs.  In words:

Rs. One thousand two hundred  
fifty only

Account Officer:

Principal

CEL Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



Al-Badar Educational & Charitable Trust's  
**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. Janavathi
Designation	Reader
Department	Conservative & Endodontic dentistry
Date of Birth	1/6/1975
Name of the event for which financial assistance is sought	19 <sup>th</sup> IACDE - IES National PG convention
Date of the event	16 <sup>th</sup> - 18 <sup>th</sup> February 2018
Location	HIKE Society's Convention Center, Gulbarga
Title of the paper if presenting the paper	
Amount Requested	1250/-

Signature of the Applicant

Date: 6<sup>th</sup> February 2018.

Only for office use :

Amount sanctioned from college:

Rs.

1250/-

In words:

Rs. One thousand two hundred  
fifty only

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



Al-Badar Educational & Charitable Trust's  
**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	Senior lecturer.
Department	Conservative & endodontics
Date of Birth	01/11/1986.
Name of the event for which financial assistance is sought	19 <sup>th</sup> 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/-

*P. Diwanji*  
Signature of the Applicant  
Date: 06 - Feb - 2018

Only for office use :

Amount sanctioned from college:

Rs. 1250/- In words:

*Rs. One thousand two hundred fifty only*

*[Signature]*

Account Officer:

*[Signature]*  
Principal

CELL Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





Al-Badar Educational & Charitable Trust's  
**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. Shreeshaile Pradi
Designation	Senior Lecturer
Department	conservative & Endodontics.
Date of Birth	20 <sup>th</sup> March 1980
Name of the event for which financial assistance is sought	19 <sup>th</sup> IACDE - IES National PG Convention.
Date of the event	16 - 18 <sup>th</sup> February, 2018.
Location	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:

Rs.

1250/-

In words:

One thousand two hundred  
fifty only

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 20.2.2018

DEBIT T. A A Conveyance.

Debit	Rs.	Ps.
A amount paid to Conserveative	5000	-
Department to attend the		
Convention in Gulbarga		
1) Dr Kiran G. 2) Dr Jangmatan		
3) Dr Pankaj B. 4) Dr Shindani		
Rs. 1250/- each.		
Rupees in (Words) Five thousand only		
	5000	-

Receiver's Signature

Chief Accountant




AL-BADAR Educational & Charitable Trust's  
**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	Lecturer
Department	oral medicine & Radiology
Date of Birth	28 / 1 / 1984
Name of the event for which financial assistance is sought	Stem cell - revisited & potentially malignant disorders - a note on metastasis
Date of the event	27 - March - 2018.
Location	A.M.E's Dental College, 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:


Rs. 3260/-

In words:

Rs. - Three thousand two hundred  
sixty only



Account Officer:

  
Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 24.3.2018

DEBIT T. A & Conveyance

Debit	Rs.	Ps.
A round-trip to Dr. Hummer	3260	-
Arrears to attend the C. D		
programme in Reichus		
Rupees in (Words) Three thousand four		
hundred sixty only	3260	-

Receiver's Signature

Chif Accountant

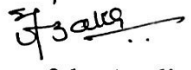


AL-BADAR Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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 Zakeullah
Designation	Professor
Department	Oral & Maxillofacial Surgery
Date of Birth	07/10/1974
Name of the event for which financial assistance is sought	CDE programme on "Stem Cell - revisited by PND's - a note on Metastasis.
Date of the event	27.3.18
Location	Raichur
Title of the paper if presenting the paper	
Amount Requested	7400/-

  
Signature of the Applicant  
Date:

Only for office use :

Amount sanctioned from college:

Rs.

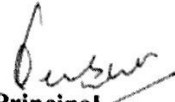
7400/-

In words:

Rs: Seven thousand four hundred only



Account Officer:

  
Principal

Principal  
AL-BADAR Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 24.3.2018

DEBIT T. A & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Syed	7400	-
Zakirullah to attend 1st C.D		
programme in Raichur		
Rupees in (Words) Seven thousand four		
hundred only	7400	-

Receiver's Signature

Chitra

Chit Accountant/Accountant



Al-Badar Educational & Charitable Trust's  
**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 Anshiya Ana .
Designation	Professor
Department	Oral Medicine & Radiology .
Date of Birth	05.09.1974 .
Name of the event for which financial assistance is sought	CDE programme on "Stem Cell Revisited & PMD - a note on Metastasis".
Date of the event	27.3.2018
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:

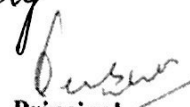
Rs. 6298/-

In words:

Rs. Six thousand two hundred ninety eight only



Account Officer:

  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 26.3.2018

DEBIT \_\_\_\_\_

T. A. J. Conveyance

Debit

Rs.

Ps.

Amount paid to Dr Syeda Azeem

6298/-

for C.D programme in  
Rovermas

Rupees in (Words) Six thousand two hundred

only

6298/-

Receiver's Signature

Chif Accountant




Al-Badar Educational & Charitable Trust's

## 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. Hina Zainab
Designation	Professor
Department	Oral pathology
Date of Birth	25/12/1975
Name of the event for which financial assistance is sought	6 <sup>th</sup> Karnataka State Conference, Scientific writing skills for publication
Date of the event	6-8 April 2018
Location	Kalaburagi
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. 2250 In words: Rs. Two thousand two hundred fifty only



Account Officer:

  
Principal  
CELL Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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




Al-Badar Educational & Charitable Trust's  
**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 Kumar Bankur
Designation	Reader
Department	Periodontology
Date of Birth	06/11/1983
Name of the event for which financial assistance is sought	LPS - Karnataka State Branch 6th Karnataka state conference, kalaburagi
Date of the event	6th - 8th April 2019
Location	Kalaburagi
Title of the paper if presenting the paper	An overview on Preprosthetic surgery.
Amount Requested	1500/-

  
Signature of the Applicant  
Date: 31/03/2019.

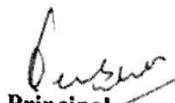
Only for office use :

Amount sanctioned from college:

Rs. 1500/- In words: Rs. One thousand five hundred only



Account Officer:

  
Principal  
CELL Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 10.04.2018

DEBIT T.A & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Heera Ramiah	3750	-
& Dr Preveen Kumar Bansal		
to attend the Karnataka State		
Conference @ Dorthonda -- 22/12		
3 Dr Preveen <u>1500</u>		
Rupees in (Words) Three thousand Seven		
<u>Hundred fifty only</u>	3750	-

Receiver's Signature

Chief Accountant






Al-Badar Educational & Charitable Trust's  
**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 Kumar Bankur
Designation	Reader
Department	Periodontology
Date of Birth	06/11/1983
Name of the event for which financial assistance is sought	LSP 43rd National Annual conference
Date of the event	5th - 7th October 2018
Location	Chandigarh
Title of the paper if presenting the paper	Detection of TF by culture & RA Tech in periodontal health & Periodontitis pts.
Amount Requested	9430/-

  
Signature of the Applicant  
Date: 25/9/2018.

Only for office use :

Amount sanctioned from college:

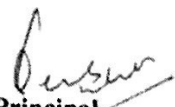
Rs. 9430/-

In words:

Rs nine thousand four hundred  
thirty only



Account Officer:

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

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 9.10.18

DEBIT T. A. 7 Conveyance

Debit	Rs.	Ps.
A month- paid to Dr Phameen	9430	-
Kumar Banks to attend the		
National Conference in Chandigarh		
Rupees in (Words) Nine thousand four		
hundred thirty only	9430	-

Receiver's Signature

Chief Accountant/Accountant

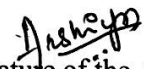


Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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 Aneha Ana.
Designation	Professor
Department	Oral Medicine & Radiology
Date of Birth	05.09.1974.
Name of the event for which financial assistance is sought	International Summit on OSMF, Vadodra, Gujarat.
Date of the event	7 <sup>th</sup> & 8 <sup>th</sup> October 2018.
Location	Vadodra, Gujarat.
Title of the paper if presenting the paper	Curcumin Mucoadhesive Gel 2 management of OSMF - A Clinical & Histopathological Study.
Amount Requested	10,000/-

  
Signature of the Applicant  
Date:


Only for office use :

Amount sanctioned from college:

Rs. 10,000/- In words: Rs. Ten thousand only



Account Officer:

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

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 30.10.2018

DEBIT T.A Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Syeda	10000	
Ashiya Aha to attend the		
International Summit OSMF		
in Vadodara.		
Rupees in (Words) Ten thousand only		
	10000	-

Receiver's Signature

*[Signature]*

Chit Assistant/Accountant

*[Signature]*





Al-Badar Educational & Charitable Trust's  
**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 Neko Bhutani
Designation	Reader
Department	Periodontology
Date of Birth	10. 09. 1983
Name of the event for which financial assistance is sought	Decennial celebration 1st National Symposium
Date of the event	8 Dec 2018
Location	Bangalore.
Title of the paper if presenting the paper	measures to manage peri-implants.
Amount Requested	5000/-



Signature of the Applicant

Date: 28/NOV/2018

Only for office use :

Amount sanctioned from college:

Rs.

In words:



Account Officer:



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

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

Dariyapur Village, Nagan Halli Road, GULBARGA - Ph: 227610, 2202222 FAX: 08472-229687

V.No. \_\_\_\_\_

## VOUCHER

Date : 28.12.2018

DEBIT T.V. Conveyance

Debit	Rs.	Ps.
Amount paid to Mr Neha Ahutani to attend the Decennial Celebration Ist. Medical Symposium in Blore	5000	-
Rupees in (Words) - Five thousand only	5000	-

Receiver's Signature

*(Signature)*

Chief Accountant/Accountant

*(Signature)*



Al-Badar Educational & Charitable Trust's  
**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 Aneeya Ane
Designation	Professor
Department	Oral Medicine & Radiology.
Date of Birth	05.09.1974.
Name of the event for which financial assistance is sought	Research Extra Award.
Date of the event	28 <sup>th</sup> Feb. 2019.
Location	Tamil Nadu.
Title of the paper if presenting the paper	for Research on "Innovative formulations of CURCUMIN".
Amount Requested	3800/-

  
Signature of the Applicant  
Date:

Only for office use :

Amount sanctioned from college:

Rs. 3800/-  
Rs. 4500/-

In words:

Rs. Three thousand eight hundred only  
Rs. Four thousand five hundred only



Account Officer:

  
Principal

CELL Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 14.2.2019

DEBIT T.A & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Syeda Farhina	3800	-
for Research Ratna Award		
in Tandalnad		
Rupees in (Words) Three thousand eight		
hundred only	3800	-

Receiver's Signature

*[Signature]*

Chif Accountant

*[Signature]*



Al-Badar Educational & Charitable Trust's  
**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 Laeque Bangi
Designation	Reader
Department	Orthodontics
Date of Birth	22. 11. 1983
Name of the event for which financial assistance is sought	IBO Awareness Programme
Date of the event	9 <sup>th</sup> September, 2019.
Location	PMNM Dental college & Hospital, Bagalkot.
Title of the paper if presenting the paper	
Amount Requested	4000/-

Signature of the Applicant

Date: 21/9/2019

Only for office use :

Amount sanctioned from college:

Rs. 4000/-

In words:

Rs. Four thousand only

Account Officer:

Principal

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

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

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





Al-Badar Educational & Charitable Trust's  
**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	Orthodontics
Date of Birth	28 <sup>th</sup> Sept 1980
Name of the event for which financial assistance is sought	IBO Awareness Programme
Date of the event	09- September - 2019
Location	PMNM Dental college, Bagalkot
Title of the paper if presenting the paper	
Amount Requested	3000/-

  
Signature of the Applicant  
Date: 09- Sept- 2019.


Only for office use :

Amount sanctioned from college:

Rs.  In words:



Account Officer:

  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



Al-Badar Educational & Charitable Trust's  
**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 Fstima
Designation	Reader
Department	Orthodontics
Date of Birth	26 - Jan - 1986
Name of the event for which financial assistance is sought	IBO Awareness programme
Date of the event	9 <sup>th</sup> September 2019
Location	PDA Dental College & Hospital, Bagalkot
Title of the paper if presenting the paper	
Amount Requested	3000/-

Signature of the Applicant

Date: 2<sup>nd</sup> September 2019

Only for office use :

Amount sanctioned from college:

Rs. 3000/-

In words:

Rs. Three thousand only

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 27.09.2019

DEBIT T.A & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Syeda L. B.	10,000/-	
Rs. 4000/-		
To Dr Sahib Saman		
Rs. 3000/-		
to Dr Arshad Fatima Rs. 3000/-		
to attend I.B.O Awareness program Rs. 4000/-		
Rupees in (Words) Ten thousand only		
	10,000	-

Receiver's Signature

Chief Accountant/Accountant



Al-Badar Educational & Charitable Trust's  
**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 Zakaullah
Designation	Professor
Department	Oral & Maxillofacial Surgery.
Date of Birth	07/17/1974
Name of the event for which financial assistance is sought	FAM DENT SHOW 2019 DENTAL CONVENTION
Date of the event	14-15 <sup>th</sup> Sept 2019.
Location	Hyderabad.
Title of the paper if presenting the paper	
Amount Requested	8000/-

Signature of the Applicant  
Date:

Only for office use :

Amount sanctioned from college:

Rs. 8000/-

In words:

Rs. Eight-thousand only

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 9-9-2019

DEBIT T. A & Conveyance.

Debit	Rs.	Ps.
Amount- Paid to Mr Syed Zakeerullah	8000	
To go to Hyderabad attend the		
conference / work shop of "FAM DEN"		
Spent in Hyderabad		
Rupees in (Words) Eight thousand only	8000	-

Receiver's Signature

*[Signature]*

Chf. Assistant/Accountant

*[Signature]*





Al-Badar Educational & Charitable Trust's  
**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. NEHA BHUTANI
Designation	Reader
Department	Periodontics
Date of Birth	10 Sep 1983
Name of the event for which financial assistance is sought	FAMDENT 2019
Date of the event	14, 15 sep 2019
Location	Hyderabad.
Title of the paper if presenting the paper	Sublingual proximal as a preventive analgesic in single implant surgery.
Amount Requested	5600/-

*N. Bhutani*

Signature of the Applicant

Date: 02/9/2019

Only for office use :

Amount sanctioned from college:

Rs. 5600/-

In words:

Rs. Five thousand Six Hundred only

*[Signature]*

Account Officer:

*[Signature]*  
Principal

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

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 19.9.2019

DEBIT T.D. & Conveyance

Debit	Rs.	Ps.
A month paid to Dr. Neha Bhutani	5600	-
to attend 'FAMDENI' in Hyderabad		
Rupees in (Words) Five thousand 314		
hundred only	5600	-

Receiver's Signature

OBhute ne

Chief Accountant/Accountant

Accountant




Al-Badar Educational & Charitable Trust's  
**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 Kumar Bankur
Designation	Reader
Department	Periodontology
Date of Birth	06/11/1982
Name of the event for which financial assistance is sought	Fawdext show Hyd 2019
Date of the event	14-15th Sept 2019
Location	Hyderabad
Title of the paper if presenting the paper	Management of Radicular cyst using Bone Graft & PRF-core Report.
Amount Requested	6000/-

  
Signature of the Applicant  
Date: 02/9/2019


Only for office use :

Amount sanctioned from college:

Rs. 6000/- In words: Rs. Six thousand only



Account Officer:

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

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 24.9.19

DEBIT T.A. & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Jeevaben	6000	-
Kumar Banks to attend		
"FAMILY" in Hyderabad		
Rupees in (Words) Six thousand only	6000	-

Receiver's Signature

Chit Accountant/Accountant



Al-Badar Educational & Charitable Trust's  
**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. ROOPAL. TARASHEETI
Designation	Reader
Department	PERIODONTICS
Date of Birth	11 <sup>th</sup> May 1980
Name of the event for which financial assistance is sought	FAMEDENT 2019 Shraward
Date of the event	14 <sup>th</sup> & 15 <sup>th</sup> Sept 2019
Location	HYDRABAD
Title of the paper if presenting the paper	Effect of chlorhexidine in minor OT.
Amount Requested	6000/-

  
Signature of the Applicant  
Date: 02/09/2019

Only for office use :

Amount sanctioned from college:

Rs. 6000/-

In words:

Rs. Six thousand only



Account Officer:

  
Principal

Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 14.10.2019

DEBIT \_\_\_\_\_

T. A & Conveyance

Debit	Rs.	Ps.
Amount paid to Mr. Deepali	6000.	
Tapaswathy for FARMER'S IN		
Hydrolaband, attending.		
Rupees in (Words)	Six thousand only	6000

Receiver's Signature

Chif Accountant/Accountant

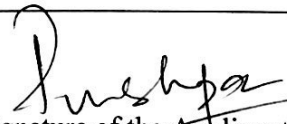


Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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-Sep-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, Hyderabad.
Title of the paper if presenting the paper	
Amount Requested	6650/-

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

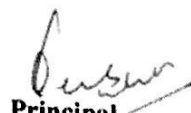
Only for office use :

Amount sanctioned from college:

Rs.  In words:



Account Officer:

  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 24.10.2019

DEBIT T. A. J conveyance

	Debit	Rs.	Ps.
	Amount paid to Dr. Purna Kata to attend F&M DENT in Hyderabad	6650-	
Rupees in (Words)	Six thousand Six		
	Amount paid	6650-	

Receiver's Signature

Chief Accountant/Accountant



Al-Badar Educational & Charitable Trust's  
**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	Tutor
Department	Conservative & endodontics
Date of Birth	10/06/1994
Name of the event for which financial assistance is sought	The Faridat Convention
Date of the event	14-15 <sup>th</sup> September 2019.
Location	JRC, convention Centre. Hyderabad.
Title of the paper if presenting the paper	
Amount Requested	4000/-

  
Signature of the Applicant  
Date: 6/9/2019.

Only for office use :

Amount sanctioned from college:

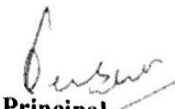
Rs. 4000/-

In words:

Rs. Four thousand only



Account Officer:

  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 24.10.2019

DEBIT T. A. J conveyance

Debit	Rs.	Ps.
Amount paid to Dr Syeda Hussana to attend FAMIEN in Hyderabad	4000	,
Rupees in (Words) Four thousand only		
	4000	-

Receiver's Signature

Chief Accountant/Accountant






Al-Badar Educational & Charitable Trust's  
**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. Kumar Bankur
Designation	Reader
Department	Periodontology,
Date of Birth	06/11/1983
Name of the event for which financial assistance is sought	44th National conference of Indian Society of Periodontology.
Date of the event	8th - 10th November 2019
Location	Bengaluru
Title of the paper if presenting the paper	Photodynamic Therapy in Periodontics.
Amount Requested	5100/-

  
Signature of the Applicant  
Date: 28/10/2019

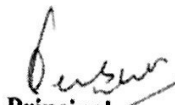
Only for office use :

Amount sanctioned from college:

Rs.  In words:



Account Officer:

  
Principal  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 2.11.2019

DEBIT TTA & conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Praveen Kumar's Bank to attend National Conference of Indian Society of Period.	5100	00
Rupees in (Words) Five thousand one hundred only	5100	00

Receiver's Signature

Chief Accountant/Accountant



Al-Badar Educational & Charitable Trust's  
**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 Laque Bangi
Designation	Reader
Department	Orthodontics
Date of Birth	22.11.1983
Name of the event for which financial assistance is sought	47 <sup>th</sup> Karnataka State & 6 <sup>th</sup> Interstate Dental Conference.
Date of the event	13-15 <sup>th</sup> December, 2019.
Location	PES Engineering college, Mandya.
Title of the paper if presenting the paper	Evaluation of accuracy of Tanaka Johnston mixed dentition Analysis in north Karnataka Population. Cross Sectional study
Amount Requested	5000/-

Signature of the Applicant  
Date: 6<sup>th</sup> December, 2019.

Only for office use :

Amount sanctioned from college:

Rs. 5000/- In words: Rs. Five thousand only

Account Officer:

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

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

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




Al-Badar Educational & Charitable Trust's  
**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 HM
Designation	Reader
Department	Pediatric Dentistry
Date of Birth	2 / Sep / 1983
Name of the event for which financial assistance is sought	47 <sup>th</sup> Karnataka State & 6 <sup>th</sup> Inter state Dental Conference
Date of the event	13 <sup>th</sup> - 15 <sup>th</sup> December 2019
Location	Mandya
Title of the paper if presenting the paper	Awareness of Child Abuse & Neglect
Amount Requested	4500/-

  
Signature of the Applicant  
Date: 6<sup>th</sup> December 2019.


Only for office use :

Amount sanctioned from college:

Rs.  In words:



Account Officer:

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

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 14/12/2019

DEBIT T.A. & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Sayeeda. K. Bangi	5000/-	
Amount paid to Dr Purnima Late	4500/-	
to attend Karnataka & International		
Dental Conference		
Rupees in (Words) Nine thousand five		
hundred only.	9500/-	

Received  Signature

Chif Accountant 




Al-Badar Educational & Charitable Trust's  
**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. Sajiya Sana.
Designation	Reader
Department	orthodontics
Date of Birth	
Name of the event for which financial assistance is sought	47 <sup>th</sup> Karnataka State & 6 <sup>th</sup> inter state dental Conference
Date of the event	13 - 15. December, 2019.
Location	PES Engineering College, Mandya
Title of the paper if presenting the paper	Evaluation of structural design & elemental Analysis of an indigenous mini-Implant
Amount Requested	4195/-

  
Signature of the Applicant  
Date: 05 - Dec, 2019.

Only for office use :

Amount sanctioned from college:


Rs. 4195/-

In words:

Rs. four thousand one hundred  
and ninety five only



Account Officer:

  
Principal

Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 14.12.2019

DEBIT \_\_\_\_\_

T. A & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Safia Samad to attend Karnataka Inter State Dental Conference	4195	-
Rupees in (Words) Four thousand one hundred ninety five only.	4195	-

Receiver's Signature

Chief Accountant/Accountant




Al-Badar Educational & Charitable Trust's  
**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 Fatima
Designation	Reader
Department	orthodontics
Date of Birth	26/1/1986
Name of the event for which financial assistance is sought	47 <sup>th</sup> Karnataka state & 6 <sup>th</sup> inter state Dental Conference
Date of the event	13-15. Dec, 2019.
Location	PES engineering college, Mandya
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:

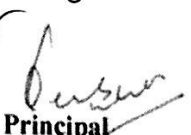
Rs. 5886/-

In words:

Rs. five thousand eight hundred  
eighty six only



Account Officer:

  
Principal

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

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 01-01-2020

DEBIT T-A & Conveyances

Debit	Rs.	Ps.
Amount paid to Dr. Aruna Sharma	5886	
to attend Karnataka & Inter-		
State Dental Conference		
Rupees in (Words) five thousand eight		
hundred eighty six only	5886	00

Receiver's Signature

Chief Accountant/Accountant



Al-Badar Educational & Charitable Trust's  
**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. Shrushtail Indhi
Designation	Senior lecturer
Department	Conservative & Endo -dentic Dentistry
Date of Birth	20 <sup>th</sup> March 1980
Name of the event for which financial assistance is sought	47 <sup>th</sup> Karnataka State & 6 <sup>th</sup> Inter State Dental Conference
Date of the event	13 <sup>th</sup> -15 <sup>th</sup> December 2019
Location	Mandya
Title of the paper if presenting the paper	
Amount Requested	2500/-

Signature of the Applicant

Date: 6<sup>th</sup> December 2019

Only for office use :

Amount sanctioned from college:

Rs. 2500/-

In words:

Rs. Two thousand five hundred only

Account Officer:

Principal

Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

## VOUCHER

Date : 30.01.2020

DEBIT \_\_\_\_\_

T-A 8 Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Shrinivas Shinde to attend Karnataka & Inter State Dental Conference	2500-	
Rupees in (Words) <u>Two thousand five</u>		
<u>hundred and</u>	2500-	

Receiver's Signature

Chief Accountant




Al-Badar Educational & Charitable Trust's  
**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. Prasad Konda
Designation	professor
Department	Orthodontics
Date of Birth	18 / 10 / 1975
Name of the event for which financial assistance is sought	orthodontic planning in orthognathic surgery
Date of the event	19 <sup>th</sup> December 2019.
Location	AME'S Dental college, Hospital and Research Centre, Raichur.
Title of the paper if presenting the paper	
Amount Requested	8000/-

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


Only for office use :

Amount sanctioned from college:

Rs. 8000/- In words: Rs. Eight-thousand only



Account Officer:

  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

Near PDA Engg. College, Naganhalli Road, KALABURAGI - 585 102 - KARNATAKA - INDIA.  
Phone : 08472 - 227610, 220222 - Fax : 229687





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 09.01.2020

DEBIT T- A 8 Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Prasad Konda to go to Raichur for attending the conference "Endodontic planning in orthognathic surgery".	8000	-
Rupees in (Words) Eight thousand only	8000	-

Receiver's Signature

Chif Accountant



Al-Badar Educational & Charitable Trust's  
**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. Arshad Hussain
Designation	Professor.
Department	Orthodontia
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	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 :

Amount sanctioned from college:

Rs. 5000/- In words: Rs. Five thousand only

Account Officer:

Principal

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

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 8.2.20

DEBIT T. A. & Company

Debit	Rs.	Ps.
Amount paid to Dr. Ashraf Hussain to attend the conference in Humnabad.	5000	
Rupees in (Words) Five thousand only	5000	

Receiver's Signature

Chif Accountant/Accountant

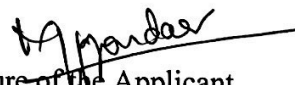


Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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. Mahesh Hiregoudar
Designation	professor
Department	Public Health Dentistry.
Date of Birth	06/06/1984
Name of the event for which financial assistance is sought	Confluence of Dentistry "A step towards excellence."
Date of the event	6 - 7th January 2020
Location	HKE' Dental college, Hummabad.
Title of the paper if presenting the paper	
Amount Requested	5150/-

  
Signature of the Applicant  
Date: 11/1/20

Only for office use :

Amount sanctioned from college:

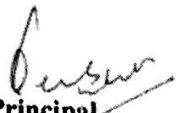
Rs. 5150/-

In words:

Rs. Five thousand one hundred fifty only



Account Officer:

  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 20-11-20

DEBIT T. A. & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Mahesh	5150	-
He goes to attend the conference in Humnabad		
Rupees in (Words) Five thousand one		
hundred fifty only	5150	-

Receiver's Signature [Signature]

Chief Accountant [Signature]  
Accountant



Al-Badar Educational & Charitable Trust's  
**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. Shriya Sarg
Designation	Reader.
Department	Orthodontics
Date of Birth	28 <sup>th</sup> Sept 1980
Name of the event for which financial assistance is sought	Confluence of Dentistry : A step towards Excellence.
Date of the event	6 <sup>th</sup> - 7 <sup>th</sup> January 2020
Location	HIKE Dental College, Humnabad.
Title of the paper if presenting the paper	
Amount Requested	4100/-

Signature of the Applicant

Date: 1<sup>st</sup> January 2020.

Only for office use :

Amount sanctioned from college:

Rs.

4100/-

In words:

Four thousand One hundred only

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 24.2.20

DEBIT TA & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Safia Sana	4100	
To attend the Conference in		
Hydrabad		
Rupees in (Words) Four thousand one		
hundred only	4100	

Receiver's Signature

Chief Accountant



Al-Badar Educational & Charitable Trust's  
**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 Fatima
Designation	Reader
Department	Orthodontics
Date of Birth	26 Jan 1986.
Name of the event for which financial assistance is sought	Conference of Dentistry. "A Step towards excellence"
Date of the event	6-7 <sup>th</sup> January 2020.
Location	HKE dental college & Hospital Hunnabad.
Title of the paper if presenting the paper	
Amount Requested	5100/-

Signature of the Applicant

Date: 11/1/20

Only for office use :

Amount sanctioned from college:

Rs.

5100/-

In words:

Rs. Five thousand one hundred only

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 24.2.20

DEBIT T. A. Z. Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Asma Fathiya to attend the conference in the developed	5100	-
Rupees in (Words) Five thousand one hundred only	5100	-

Receiver's Signature

Chief Accountant/Accountant

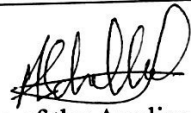


Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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. Mohammed Abdulbaki
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	6 <sup>th</sup> - 7 <sup>th</sup> January 2020.
Location	HKE. Dental College, Mumukshu.
Title of the paper if presenting the paper	
Amount Requested	1500/-

  
Signature of the Applicant

Date: 1<sup>st</sup> January 2020

Only for office use :

Amount sanctioned from college:

Rs.

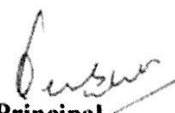
1500/-

In words:

Rs. One thousand five hundred only



Account Officer:

  
Principal

Principal  
AL-BADAR Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 24.2.20

DEBIT

T-A & Conveyance

Debit

Rs.

Ps.

Amount paid to Dr Mohammed  
Abdullah to attend the conference  
in Hampdenabad

1500

Rupees in (Words)

One thousand five

1500

Handed over

Receiver's Signature

Chif Accountant



Al-Badar Educational & Charitable Trust's  
**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 laeque.
Designation	Reader
Department	orthodontics
Date of Birth	22.11.1983
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	HKE dental college, Humnabad.
Title of the paper if presenting the paper	
Amount Requested	4100/-

Signature of the Applicant  
Date: 01-Jan-2020.

Only for office use :

Amount sanctioned from college:

Rs. 4100/- In words: Four thousand one hundred only

Account Officer:

Principal

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 09.3.20

DEBIT T. A. & Conveyance

Debit	Rs.	Ps.
Amount paid to Mr Sayeeda Kaque Begg to attend Conference in Humnabad	4100	
Rupees in (Words) <u>four thousand one hundred and</u>	4100	

Receiver's Signature

Chief Accountant/Accountant

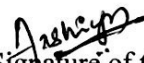


Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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 Syedn Anshya Ana.
Designation	Professor
Department	Oral Medicine & Radiology
Date of Birth	05.09.1974.
Name of the event for which financial assistance is sought	Training programme on Research ethics, GCP & Current Regulations for Clinical Trial.
Date of the event	12 <sup>th</sup> November 2020.
Location	Bangalore.
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 only



Account Officer:

  
Principal  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date: 07.11.2020

DEBIT T.A. 3 Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Syeda Shauze	7000	
Area for training programme in		
Bangalore		
Rupees in (Words) Seven thousand and only		
	7000	-

Receiver's Signature

Chief Accountant/Accountant



Al-Badar Educational & Charitable Trust's  
**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 Anshika Ana.
Designation	Professor & HOD
Department	Oral Medicine & Radiology.
Date of Birth	05-09-1974
Name of the event for which financial assistance is sought	International Scientist Awards on Science & Medicine.
Date of the event	7th & 8th Aug 2021.
Location	Pondicherry, India.
Title of the paper if presenting the paper	Women Researcher Award.
Amount Requested	5000/-

Signature of the Applicant  
Date:

Only for office use :

Amount sanctioned from college:

Rs. 5000/-

In words:

Rs. Five thousand only

Account Officer:

PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 10.08.2021

DEBIT T. A. 3 Conveyance

Debit	Rs.	Ps.
Amount paid to Dr Syeda Afsarunnisa	5000	-
for to attend International		
Scientist Award in Psychology		
Rupees in (Words) Five thousand only		
	5000	-

Receiver's Signature

*[Signature]*

Chief Accountant/Accountant

*[Signature]*




Al-Badar Educational & Charitable Trust's  
**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

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

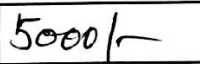
**APPLICATION FORM FOR FINANCIAL ASSISTANCE TO FACULTY  
MEMBERS TO PARTICIPATE IN SEMINAR/ CONFERENCE / WORKSHOP**

Name of the Faculty Member	Dr. Praveen Kumar Bankur
Designation	Reader
Department	Periodontology
Date of Birth	06/11/1983
Name of the event for which financial assistance is sought	45th IASP National Conference, Virtual, Pune
Date of the event	21 - 23 October 2021
Location	Pune
Title of the paper if presenting the paper	Comparison of Efficacy of Oxetandine HCl & CHX on candida in chr. Perio pts. with Diabetes Mellitus. A Clinico-trial Study.
Amount Requested	5000/-

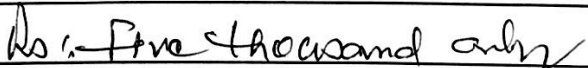
  
Signature of the Applicant  
Date: 10/10/2021

Only for office use :

Amount sanctioned from college:


Rs. 

In words:





Account Officer:

  
PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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





# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

**VOUCHER**

Date : 09.11.2021

DEBIT \_\_\_\_\_

T. A. & Conveyance

Debit	Rs.	Ps.
Amount paid to Dr. Javed Iqbal	5000	-
Bank to attend the '15P'		
National Conference in June		
Rupees in (Words) Five thousand only	5000	-

Receiver's Signature

Chief Accountant/Accountant



Al-Badar Educational & Charitable Trust's  
**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 ROOPALI.
Designation	PROF
Department	PERIODONTICS
Date of Birth	11 <sup>th</sup> May 1980
Name of the event for which financial assistance is sought	48 <sup>th</sup> IAP National Conference Virtual, Pune
Date of the event	21 - 23 October 2021
Location	Pune.
Title of the paper if presenting the paper	Evaluation of Crestal bone loss in delayed & immediate implant
Amount Requested	5000/-

Signature of the Applicant  
Date:

Only for office use :

Amount sanctioned from college:

Rs. 5000/- In words: Rs. Five thousand only

Account Officer:

PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



Al-Badar Educational & Charitable Trust's  
**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. Neha Bhutani
Designation	Reader
Department	PERIODONTOLOGY
Date of Birth	10/09/1983
Name of the event for which financial assistance is sought	45 ISP National Conference Virtual, Pune
Date of the event	21-23 Oct 2021
Location	Pune
Title of the paper if presenting the paper	Esthetic evaluation of immediate implant with provisional abutment with & without gummy.
Amount Requested	5000/-

*(Signature)*

Signature of the Applicant  
Date:

Only for office use :

Amount sanctioned from college:

Rs. 5000/-

In words:

Rs. Five thousand only

*(Signature)*

Account Officer:

*(Signature)*  
PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

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

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



# AL-BADAR DENTAL COLLEGE & HOSPITAL

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

V.No. \_\_\_\_\_

## VOUCHER

Date : 27.11.2021

DEBIT TA & Conveyance

Debit	Rs.	Ps.
A went food to gr. Roopali Tapsheethy	5000.	
I dr Meha Bhutani to attend	5000.	
the 13 <sup>th</sup> National conference in		
Pune		
Rupees in (Words) Ten thousand only		
	10000	

Receiver's signature

Chif Accountant