The Society for Cardiovascular Angiography and Interventions

This is to certify that Sameer Suresh Ambar, DM, FSCAI Has been elected a

Fellow

In

The Society for Cardiovascular Angiography and Interventions May 2023



President



Society for Cardiovascular Angiography & Interventions

Certificale of Parlicipation This Certificate is Awarded to

DR. VIJAY METGUDMATH

For Participating in SCAI Complex Cases In Coronary Interventions 2023

Dr. Ashok Seth MD, MSCAI SCAI India Ambassador

anych Dagquest

Dr. Ramesh Daggubati MD, FSCAI Chair, SCAI International Committee

Dr. A. Sreenivas Kumar MD, DM Scientific Chair, SCAI Complex Cases in Coronary Intervention

Dr. Sarita Rao MD, DM Scientific Chair, SCAI Complex Cases in Coronary Intervention

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23

J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39 A/c No. : 217-39

0 8 FEB 2023 Date: 07.02.2023

Ref:KAHER/Accts/2022-23/D-2-637 To, The Chief Manager Canara Bank Nehru Nagar Belagavi

NEFT cleared on 08/02/2023

Subject: Payment Through RTGS / NEFT

Dear Sir,

Please Debit A/c No. 217-39 for Rs. 1,05,000.00 (Rupees One Lakh Five Thousand Only). We request you to do the following payments to our Faculties towards Financial Assistance through RTGS/NEFT. All the required information is also provided in connection with each party.

NO									
NO.	Date	Name of the Employee	Bank Name	Branch	Ас Туре	Place	Ac No	IFSC Code	Ammount
1	07.02.2023	Dr Rajesh R Mane	Canara Bank	M.L. M				in oc code	Sanctioned
2		Dr Harpreet Kour		Nehru Nagar	SB	Belagavi	05042010028160	CNRB0010504	30,000.00
	07.02.2025	bi narpreet Kour	Canara Bank	Nehru Nagar	SB	Belagavi	05042010082706	CNRB0010504	75,000.00
								011100010304	75,000.00
			T	otal Rs.					
									1,05.000.00

Admin. Assistant

Verified Bv

Finance Officer

Kell-Registrar



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES

Sr No	Faculty Name	Institution	Name of Conference	International Level	Bill Amount	Sanctioned
1	Dr Rajesh R Mane		Asian Society of Pediatric Anaesthesiology held at Istanbul, Turkey from 14 to 16 Oct 2022	Asian Country	30,000.00	30,000.00
2	Dr Harpreet Kour		International Sports & Exercise Nutrition 2022 held at UK from 17 to 20 Dec 2022	Europe	1,57,758.00	75,000.00
				Tøtal Rs.	1,87,758.00	1,05,000.00

Admin Asst

davoal Finance Officer

Kolh

Dy Registrar

Registrar

b) Title of the program	 10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1st January to 31st December) a) Title of the Conference / Settinar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed 11. Particulare of the corganizer a) Name of the Organizer 	Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / a) Symposium Affile Carl Ary Ary Ary (a) Carl Ary Ary (a) Carl Ary (a) Carl Ary (a) Carl Ary (a) C) C) C) C) C) C) C) C) C) C) C) C) C)		KLE UNIVERSITY (Formerly known as KLE Academy of Higher Education & IEstablished under Section 3 of the UGC Act, 1956 vide Government of India Notification & APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES (To be submitted to the University through the concerned HoD & P
- 2022 12 0 0 0 - 10 12 0 0 0 - 10 12 0 0 0 - 10 12 0 0 0 0 0 0	EGISTRAR ar Education AGAM	 Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper (Chairing a scientific session) c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify. 	r. Rajesh S. Mane M.D. DNB (Angeotherin Angesthese elogy Angesthese elogy M. Medical Collage Betyri ediatric Angetheri	E UNIVERSITY No. 5/1 Academy of Higher Education & Research act, 1956 vide Government of India Notification & Research SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA University through the concerned HoD & Principal)

1 / I					1	1	1			-						1				_	_					
Al (. V)	f) Financial grant sought	e) Date of Conference	Place	a) Name of the Organizer	11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium ron, BEAGAVI	e) Copy of the sanction letter to be enclosed	d) Financial support extended by the line of	 b) Date of conduct c) Venue 		University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	10 Detion 1 Arritard No. 28	8 4 JAN 2023	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI	Symposium	 Denerities to be derived from participation in the aforesaid Conference / Seminar / Symposium. 9 Assignment in the aforesaid 	Dujectives of		6. Date of interiment	4. Department	3. Designation	2. Qualification	 A. To be filled by the faculty member.	UNIVERSITY LEstablished under Section 3 of the UGC Act, 1956 vide	(Formerly known as KT E And	N N	/
(Detailed Euperses)	1,577. J& Der 2012	4 days.	A Sports & Enduse Milli		Enclosed By KAHER /2012-33/22261 doted 198 De 2012		Mchopolian Manchaster University in	13th - 2 Ber Der 20 22	1 1	0	 f) Others, if any, specify. 	or to deliver talks	baper ion n exchan	a) Delivering Key-note address / orations / plenary lectures / 010 b u - lectures /	Please		00-2013	Jewochan Ala Wohn Martin 1	o crete My	Ph-D. Midelied Physiosoph	Harpret	To be submitted to the University through the concerned HoD & Principal)	6 vide Government of India Notification No.F.9-19/2000-U.3(Å)]	NIVERSITY Con Sun	Man I will we will work when	s with and

Expenses
Towards
Conference

.

	5.	4.	3	2.	1.	Sl.no	
Total	Local Transport	Registration	Accommodation in Manchester	Domestic Flights	International Flight	Particulars	
1,577,58/-	10,000/-	20600	15404	16154	95600	Amount	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23

J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39 A/c No. : 217-39

0 8 FEB 2023 Date: 07.02.2023

Ref:KAHER/Accts/2022-23/D-2-637 To, The Chief Manager Canara Bank Nehru Nagar Belagavi

NEFT cleared on 08/02/2023

Subject: Payment Through RTGS / NEFT

Dear Sir,

Please Debit A/c No. 217-39 for Rs. 1,05,000.00 (Rupees One Lakh Five Thousand Only). We request you to do the following payments to our Faculties towards Financial Assistance through RTGS/NEFT. All the required information is also provided in connection with each party.

NO									
NO.	Date	Name of the Employee	Bank Name	Branch	Ас Туре	Place	Ac No	IFSC Code	Ammount
1	07.02.2023	Dr Rajesh R Mane	Canara Bank	M.L. M				in oc code	Sanctioned
2		Dr Harpreet Kour		Nehru Nagar	SB	Belagavi	05042010028160	CNRB0010504	30,000.00
	07.02.2025	bi narpreet Kour	Canara Bank	Nehru Nagar	SB	Belagavi	05042010082706	CNRB0010504	75,000.00
								011100010304	75,000.00
			T	otal Rs.					
									1,05.000.00

Admin. Assistant

Verified Bv

Finance Officer

Kell-Registrar



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES

Sr No	Faculty Name	Institution	Name of Conference	International Level	Bill Amount	Sanctioned
1	Dr Rajesh R Mane		Asian Society of Pediatric Anaesthesiology held at Istanbul, Turkey from 14 to 16 Oct 2022	Asian Country	30,000.00	30,000.00
2	Dr Harpreet Kour		International Sports & Exercise Nutrition 2022 held at UK from 17 to 20 Dec 2022	Europe	1,57,758.00	75,000.00
				Tøtal Rs.	1,87,758.00	1,05,000.00

Admin Asst

davoal Finance Officer

Kolh

Dy Registrar

Registrar

b) Title of the program	 10. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1st January to 31st December) a) Title of the Conference / Settinar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed 11. Particulare of the corganizer a) Name of the Organizer 	Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / a) Symposium Affile Carl Ary Ary Ary (a) Carl Ary Ary (a) Carl Ary (a) Carl Ary (a) Carl Ary (a) C) C) C) C) C) C) C) C) C) C) C) C) C)		KLE UNIVERSITY (Formerly known as KLE Academy of Higher Education & IEstablished under Section 3 of the UGC Act, 1956 vide Government of India Notification & APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES (To be submitted to the University through the concerned HoD & P
- 2022 12 0 0 0 - 10 12 0 0 0 - 10 12 0 0 0 - 10 12 0 0 0 0 0 0	EGISTRAR ar Education AGAM	 Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper (Chairing a scientific session) c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify. 	r. Rajesh S. Mane M.D. DNB (Angeotherin Angesthese elogy Angesthese elogy M. Medical Collage Betyri ediatric Angetheri	E UNIVERSITY No. 5/1 Academy of Higher Education & Research act, 1956 vide Government of India Notification & Research SUPPORT TO ATTEND CONFERENCES OUTSIDE INDIA University through the concerned HoD & Principal)

1 / I					1	1	1			-						1				_	_					
Al (. V)	f) Financial grant sought	e) Date of Conference	Place	a) Name of the Organizer	11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium ron, BEAGAVI	e) Copy of the sanction letter to be enclosed	d) Financial support extended by the line of	 b) Date of conduct c) Venue 		University to attend the International Conference(s) during the block period of three years (1 st January to 31 st December)	10 Detion 1 Arritard No. 28	8 4 JAN 2023	OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI	Symposium	 Denerities to be derived from participation in the aforesaid Conference / Seminar / Symposium. 9 Assignment in the aforesaid 	Dujectives of		6. Date of interiment	4. Department	3. Designation	2. Qualification	 A. To be filled by the faculty member.	UNIVERSITY LEstablished under Section 3 of the UGC Act, 1956 vide	(Formerly known as KT E And	N N	/
(Detailed Euperses)	1,577. J& Der 2012	4 days.	A Sports & Enduse Milli		Enclosed By KAHER /2012-33/22261 doted 198 De 2012		Mchopolian Manchaster University in	13th - 2 Ber Der 20 22	1 1	0	 f) Others, if any, specify. 	or to deliver talks	baper ion n exchan	a) Delivering Key-note address / orations / plenary lectures / 010 b u - lectures /	Please		00-2013	Jewochan Ala Wohn Martin 1	o crete My	Ph-D. Midelied Physiosoph	Harpret	To be submitted to the University through the concerned HoD & Principal)	6 vide Government of India Notification No.F.9-19/2000-U.3(Å)]	NIVERSITY Con Sun	Man I will we will work when	s with and

Expenses
Towards
Conference

.

	5.	4.	3	2.	1.	Sl.no	
Total	Local Transport	Registration	Accommodation in Manchester	Domestic Flights	International Flight	Particulars	
1,577,58/-	10,000/-	20600	15404	16154	95600	Amount	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23

J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39 A/c No. : 217-39

Ref:KAHER/Accts/2022-23/D- 2-5 30 To, The Chief Manager

NEFT cleared on 09/02/2023 Date: 03.02.2023

0 8 FEB 2023

Subject: Payment Through RTGS / NEFT Dear Sir,

Please Debit A/c No. 217-39 for Rs. 3,08,000.00 (Rupees Three Lakh Eight Thousand Only). We request you to do the following payments to **our Faculties towards Financial Assistance** through RTGS/NEFT. All the required information is also provided in connection with each party.

NO.	Date	Name of the Employee	Bank Name	Branch	Ас Туре	Place	Ac No	IFSC Code	Ammount Sanctioned
1	03.02.2023	Dr Somashekhar S Pujar	Canara Bank	Neharu Nagar	SB	Belagvai	05042180016120	CNRB0010504	8,000.00
2	03.02.2023	Dr Ravindra S Honnungar	Canara Bank	Neharu Nagar	SB	Belagvai	05042010062845	CNRB0010504	8,000.00
3	03.02.2023	Dr Sunita Y Patil	Canara Bank	Neharu Nagar	SB	Belagvai	05042010079426	CNRB0010504	16,000.00
4	03.02.2023	Dr Shivaswamy M S	Canara Bank	Neharu Nagar	SB	Belagvai	05042180008830	CNRB0010504	16,000.00
5	03.02.2023	Dr Mahesh S Palled	Canara Bank	Neharu Nagar	SB	Belagvai	05042010049409	CNRB0010504	
6	03.02.2023	Dr Chetan Belaldavar	Canara Bank	Neharu Nagar	SB	Belagvai	2912101002568	CNRB0002912	8,000.00
7	03.02.2023	Dr Sidramesh Muttagi	Axis Bank	Neharu Nagar	SB	Belagvai	912010064698888	UTIB0001690	16,000.00
8	03.02.2023	DR Vidyavathi H Patil	Canara Bank	Neharu Nagar	SB	Belagavi	12062200014536	CNRB0010504	16,000.00
9	03.02.2023	Dr Niraj Gokhale	SBI	Angol	SB	Belagavi	38559110846	SBIN0015453	16,000.00
10	03.02.2023	Ms. Rohini S Kavalapure	Canara Bank	, Neharu Nagar	SB	Belagavi	05042180024880	CNRB0010504	16,000.00
11	03.02.2023	Dr Preeti Salve	Canara Bank	Neharu Nagar	SB	Belagavi	05042010119698	CNRB0010504	8,000.00
12	03.02.2023	Dr Manasi Gosavi	Canara Bank	Neharu Nagar	SB	Belagvi	05042190012224		8,000.00
13	03.02.2023	Dr Jang Bahadur Prasad	Canara Bank	NEHRU NAGAR	SB	Belagavi	05042190012224	CNRB0010504	8,000.00
14	03.02.2023	Mr Kiran N Gaikwad	Canara Bank	NEHRU NAGAR	SB	Belagavi	05042010133190	CNRB0010504	9,000.00
15	03.02.2023	Dr Shivayogi M Hugar	Yes Bank	Club Road	SB	Belagavi	054792000002426	CNRB0010504	8,000.00
16	03.02.2023	Dr Manisha S More	Canara Bank	Neharu Nagar	SB	Belagavi		YESB0000547	16,000.00
17	03.02.2023	kashamma V Uppin	Canara Bank	Neharu Nagar	SB	Belagavi	05042180007731	CNRB0010504	8,000.00
18	03.02.2023	Dr Prasanna S-Jirli	Canara Bank	Neharu Nagar			0563108031703	CNRB0010504	8,000.00
19	03.02.2023	Dr Annapurna Kari	Canara Bank	Neharu Nagar		Belagavi	05042010038273	CNRB0010504	. 8,000.00
20	03.02.2023	Dr Chaitanya Kamat	Canara Bank	Neharu Nagar		Belagavi	05042010134507	CNRB0010504	16,000.00
21	03.02.2023	Dr Jang Bahadur Prasad	Canara Bank	NEHRU NAGAR	_	Belagavi	05042010027805	CNRB0010504	16,000.00
22	03.02.2023	Dr Sunita Y Patil	Canara Bank			Belagavi	05042600000047	CNRB0010504	16,000.00
		Dr Bhagyashri R Hungund (Joshi)	Canara Bank	NEHRU NAGAR		Belagavi	05042010079426	CNRB0010504	8,000.00
	03.02.2023	Dr Roopali Sankeshwari	IDBI Bank	NEHRU NAGAR		Belagavi	05042010047650	CNRB0010504	16,000.00
				Belagum	SB	Belagavi	0101104000208475	IBKL0000101	8,000.00

NO.	Date	Name of the Employee	Bank Name	Branch	Ас Туре	Place	Ac No	IFSC Code	Ammount Sanctioned			
25	03.02.2023	Dr Neha Kulkarni	Canara Bank	Tilakwadi	SB	Belagavi	0558101024146	CNRB0000558	16,000.00			
26	03.02.2023	Dr Anil Muragod	Canara Bank	Neharu Nagar	SB	Belagavi	05042180008714	CNRB0010504	8,000.00			
27	03.02.2023	Dr Pamela D'silva	Canara Bank	Neharu Nagar	SB	Belagavi	05042180025955	CNRB0010504	3,000.00			
Total Rs. 3,08,0												

Admin. Assistant

۳.

1

Baradi 0 Verified By

æ

enta Finance Officer

e.

Registrar



Educa

1. Jan 2. 19

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
Í	Dr Somashekhar S Pujar	JNMC	Kamlscon -2022, Collaborative Forensic JSS Med.college , Mysuru.	State Level	8,000.00	8,000.00
2	Dr Ravindra S Honnungar	JNMC	Kamlscon -2022, Collaborative Forensic JSS Med.college , Mysuru.	State Level	8,000.00	8,000.00
3	Dr Sunita Y Patil	JNMC	NCHPE-2022 National Conference of Health Professions Education at Dehradun to 2nd & 3rd Nov 2022	National Level	16,000.00	16,000.00
4	Dr Shivaswamy M S	JNMC	NCHPE-2022 13th National Conference on Health Professions Education at Dehradun to 23rd Nov 2022	National Level	16,000.00	16,000.00
5	Dr Mahesh S Palled	CoP Belagavi	ICDD -2022 10th as 11th Nov -2022	State Level	8,000.00	8,000.00
6	Dr Chetan Belaldavar	VKIDS	29 th IAOMP National Conference Subharti Denatl Clg & Himachal Institute of Dental Sciences Maxillofacial Infections: Evalving Paradigms at Dehradun to 11,12 & 13 Nov 2022	National Level	16,000.00	16,000.00
7	Dr Sidramesh Muttagi	VKIDS	Maxillofac Surgerji Exponding the Envelope 17th to 19th Nov 2022	National Level	16,000.00	16,000.00
8	DR Vidyavathi H Patil	VKIDS	43rd National ISPPD Conference 24th -26th Nov 2022	National Level	16,000.00	16,000.00
9	Dr Niraj Gokhale	VKIDS	Pedotaal IAPD Conference from 11-14th June 2021	National Level	16,000.00	16,000.00
10	Ms. Rohini S Kavalapure	CoP Belagavi	International Conference on Drug Discores to Goa from 10 & 11th Nov 2022	State Level	8,000.00	8,000.00
11	Dr. Preeti Salve	CoP Belagavi	International Conference on Drug Discores to Goa from 10 & 11th Nov 2022	State Level	8,000.00	8,000.00
12	Dr Manasi Gosavî	JNMC	70th Annual National Conference at Bangalore from 2nd-4th Dec 2022	State Level	8,000.00	8,000.00
13	Dr Jang Bahadur Prasad	KAHER	43rd Annual Conference of the IASP Vdaipur, Rajasthan from 1-3, Dec,2022	National Level	9,000.00	9,000.00
14	Mr Kiran N Gaìkwad	CoP Belagavi	ICDD K K Birala Campus, Goa From 10th -11th November 2022	State Level	8,000.00	8,000.00

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
15	Dr Shivayogi M Hugar	VKIDS	Pedotaal at Bupal From 24-26th Nov 2022	National Level	16,000.00	16,000.0
16	Dr Manisha S More	JNMC	69th Natcon & Global Congress of Anatomists From 8th to 11th Dec 2022	National Level	16,000.00	8,000.0
17	kashamma V Uppin	JNMC	Public Health Aspects of Nutrition From 8th & 9th Dec 2022	State Level	8,000.00	8,000.0
18	Dr Prasanna S Jirli	JNMC	Collaborative Forensics	State Level	8,000.00	8,000.0
19	Dr Annapurna Kari	JNMC	Climate Change: A Public Health Threat Kochi, Kerala From 2nd & 3rd Dec 2022	National Level	18,000.00	16,000.00
20	Dr Chaitanya Kamat	JNMC	13th National Conference on Health Professiona Education to Dehradun from 31st Oct to 3rd Nov- 2022	National Level	18,000.00	16,000.00
21	Dr Jang Bahadur Prasad	KAHER	40th Annual National Conference of The ISMS to Karad from 24-23 Nov 2022	State Level	8,000.00	16,000.00
22	Dr Sunita Y Patil	JNMC	APCON-22 National Conference of M.S Ramaiah Med College, Bengalure from 2nd -4th Dec 2022	State Level	18,000.00	8,000.00
23	Dr Bhagyashri R Hungund (Joshi)	JNMC	13th National Conference on Health Professiona Education to Dehradun from 2 Nov 2022 to 3rd Nov- 2022	National Level	16,000.00	16,000.00
24	Dr Roopali Sankeshwari	VKIDS	26th IAPHD National Conference at Goa on 23rd - 25th Sept 2022	National Level	8,000.00	8,000.00
25	Dr Neha Kulkarni	JGMMC	Swaninarayan Universitys Himalayan Institute of Medical Sciences, Dehradun, Uttarakhand at 2nd & 3rd Nove 2022	National Level	<u>16,000.00</u>	16,000.00
26	Dr Anil Muragod	IPT	10th Anniversary International Conference of Gertatvic Orthopaedic Societe of India Gosicoh 2022	State Level	8,000.00	8,000.00
27	Dr Pamela D'silva	IPT		State Level	3,000.00	3,000.00
				Total Rs.	3,22,000.00	3,08,000.00

Praradi Admin Asst

Einance Officer

Dy Registrar

Kelh

Registrar

		and the
		f) Amount claimed
	6 F HON 200	e) Date
		d) Duration
	c.	c) Place (
c	1LSION - 2022, Collaboral	f the program
	Dr. Aron M, Professor & Head	zer
		11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium
	Inward No.	Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.
	0 7 NOV 2022	f) Level of Conference State / Zonal / National
		e) Copy of the sanction letter to be enclosed
	KLE Academy of Higher Education	d) Financial support extended by the University
	OFFICE OF THE REGISTRAN	c) Venue
	Base of the second seco	b) Date of conduct
	100081	a) Title of the Conference / Seminar / Symposium
	NIL	10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)
	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify. 	9. Assignment in the aforesaid Conference / Seminar / Symposium
	Please enclose a separate sheet.	8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium
	Collaborative torenich .	7. Objectives of the Conference / Seminar / Symposium
	1. December 2010	6. Date of joining the Institution
	autal Netro Med	5. Institution
-	formic Medicine & Toxicology	4. Department
	Professor.	3. Designation
6	BBS, MD. forensic	2. Qualification
0	Dr. Normashekhar S. Pular	1. Name
		A. To be filled by the faculty member:
	to the University through the concerned HoD & Principal)	APPLICATION FOR FINANCIAL SUMMORT TO ATTEND STATE (To be submitted to the University through the corr
	ITY Educa India Not	Formerly known as KLE Academy of Highe INNERSITY Established under Section 3 of the UGCAC, 1960 de 2002 mment of
	inchi corensie Aredicine	
		- ·

11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place d) Duration d) Duration Academy of Higher Education a. Nessarch, Balanty f) Amount claimed g 7 NOV 2023	 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference In a calendar year.</u> 	Institution Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium D. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to	APPLICATION FOR FINANCIAL SUPPORT TO ADDITION (To be submitted to the University Throug) A. To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department	KLE UNRENCA
Dr. Arun M. KAMLSCON-22 Colaborative forensia Mysuru, JSS Med. college 2 days. 25, 26th Nov. 2022. 1.	(good))	hastal Nehru Med M July 2007 aborative foreasic laborative foreasic ing a scientific session. ributing a scientific paper (poster of ering a guest lecture rs, if any, specify. N I L	Highler Education & Research	Dichard Contract Part of the Providence of the p

KLE UNIVERSITY Gromety known skull Academy of Higher Education & Research (in be submitted to the University Integrate Education & Research) (in be submitted to the University Integrate Education & Research) (in be submitted to the University Integrate Education & Research) (in be submitted to the University Integrate Education & Research) (in be submitted to the University Integrate Education & Research) (in be submitted to the University Integrate Education & Research) (in be submitted to the University Integrate Education & Research) (in be submitted to the University Integrate Education & Research) (in best the faculty member: (in best the faculty member) (in best the Integrate Education in the aforesaid Integrate Seminar / Symposium (in the aforesaid Conference / Seminar / Bose enclose a subfarite sheet. 10. Operations of the financial support extrancial by the University to attend the similar Conference (e) (in financial support extrancial by the University to attend the similar Conference (e) (in the aforesaid Conference / Seminar / Bose enclose a subfarite sheet. 10. Particulars of the financial support extrancial by the University to attend the similar Conference (e) (i) Financial support extrancial by the University of the financial support extrancial by the University of the financial support extrancial by the Conference Same / Summar / Sumposium 10. Particulars of the financial support extrancial support extrancial support extrancial support university of attend the similar Conference (e) (i) Financial support extrancial support extrancial by the Conference Same / Summar / Sumposium 11. Particulars of the financial support extrancial by the Conference Same / Summar / Sumposium 12. Particulars of the organizer University	(11																				1
NIVERSITY demy of Higher Education & Research (* 1931) 56 vide Government of India Notification & Research (* 1931) ATTEND STATE / ZONAL / NATIONAL CONFERENCES ity through the concerned HoD & Principal) ATTEND STATE / ZONAL / NATIONAL CONFERENCES ity through the concerned HoD & Principal) Patho logy 7. N. Neddle cal (bulkege 14.17.2017, 2017, 2012) 7. N. Neddle cal (bulkege 14.17.2017, 2017, 2012) Patho logy 7. N. Neddle cal (bulkege 14.17.2017, 2017, 2012) Patho logy 7. N. Neddle cal (bulkege 14.17.2017, 2017, 2012) Patho logy 7. N. Neddle a separate sheet. Please enclose a separate sheet. Please enclose a separate sheet. 14.17.2017, 2017, 2012, 2017, 2	26	Amount claimed	Date	Duration	Place	Title of the program		Particulars of the organizers of the Conference / Seminar / Symposium		1				Date of	Particulars of the financial support University to attend the similar during the current calendar year 31 st December)	Assignment in the aforesaid Conference / Symposium	Benefits to be derived from participation in the Conference / Seminar / Symposium	Objectives of the Conference /					1. Name	70	APPLICATION FOR FINANCIAL SUPPORT T (To be submitted to the Univer	(Formerly known as KLE O UNIVERSITY IEstablished under Section 3 of the UGC Act, 1	
1000g B* 368	Achernon to to	TU MUY NOR	COULD TO THE PORT PORCE	Ro	Desudun	NCHPE-22 Nework Control	, Deh		16		Q	Star III	201		to	 / a) Chairing a scientific session. b) Contributing a scientific paper (poster c) Delivering a guest lecture d) Others, if any, specify. 	Please enclose a separate sheet.	Health Protessions Solue	l the	Juna / ralloa	ate	27401	Y Pat.		O ATTEND STATE / ZONAL / NATIONAL CONFERENCES sity through the concerned HoD & Principal)	Ademy of Higher Education & Research	Merical Coll

W

f) Amount claimed	e) Date	d) Duration	1 st Me	b) Title of the program		114 7	<u>Conference</u> in a calendar year.	Note : The faculty member is eligible for financial support to attend one State / Zonal and one National	f) Level of Conference State / Zonal / National	e) Copy of the sanction letter to be enclosed	d) Financial support extended by the University	c) Venue	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December) - 2029	Assignment Symposium	Benefits to be d Conference / St		6. Date of joining the Institution	5. Institution	4. Department	3. Designation	2. Qualification	1. Name	A. To be filled by the faculty member:	APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University	KLE UNIVERSITY WINNERSITY RECOMMENDER International Content of the USC Act, 1956 vide of the USC
73.07 - NON C & MON	3	2h	th Rofessions solucation	NCHPE-2022 13 Notimul Conference	5	Lisith AHPE & FAIMEP UCA	1	10009/ 10 m	I DAWN	1. 1.8	Inward No		11 OCT 2002	& Research, BELACAVI	Z.= 1	 / a) Chairing a scientific session. (b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify. 		Theme: Valgequing the human connect in	100-100 100-100	0000	Comment Modifies	\sim	D Communation	Dr. SHWACHAMY M 1		SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES	Cademy of Higher Education & Research College, Belage

	-	
٦.	10	
6		
	•7	

	ų		and the second se
 extended by the University a) Name of the Organizer b) Title of the program c) Place d) Duration e) Date of Conference a) Enancial grant availed 	 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support to attend on the financial support strended by the financial strended by the financial support strended by the financial support	 (Formerly known a (Deemed-to-be-University, estable) APPLICATION FOR FINANCIAL SUPPORT TO (To be submitted to the University the A. To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the institution (the faculty should complete minimum one year of service to avail this facility) 8. Objectives of the Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference 	
BTTS PTLANT I COD I COD	Quantum of financial grant eligible (or actuals expenses, whichever is less) State Level : Rs. 8,000/- Venue Image: State	s KLE University) ished u/s 3 of the UGC Act, 1956] ATTEND STATE / NATIONAL CONFEREN ough the concerned HoD & Principal) U. MA HES & S. MALL NARES & S. MALL NARES & S. MALL NARES & MALL N	OF HIGHER EDITICATION AND RESEARCH

\$

.....

4

mand be many and be and

8

3.12 2

1 to

rell-the words the	invert No.	
	6 - 1101 LULL	f) Amount claimed
-11, 12 & 13 November 2022	2 2 NAN 2022	e) Date
	& Research, BELAGAVI	d) Duration
\smile	KLE Academy of Higher Education	c) Place
Maxillopaired Injections! Evalving Paradigns	N	b) Title of the program
Institute of Dental Sciences.	nizer	a) Name of the Organizer
29th IAOMP National Conjetence.	Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	12. Particulars of the org Conference / Seminar
	mber is eligible for financial tate / Zonal and one National year.	Note : The faculty member is eligible support to attend <u>one State / Zonal</u> and <u>Conference</u> in a calendar year.
	Copy of the sanction letter to be enclosed	f) Copy of the sanctic
	Financial support extended by the University	e) Financial support e
		d) Venue
110/10	Level of Conference (State / Zonal / National)	c) Level of Conferenc
1600/W/		b) Date of conduct
, ACK.	Title of the Conference / Seminar / Symposium	a) Title of the Confere
	Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	11. Particulars of the extended by the Uni Conference (s) during January to
 c) Others, if any, specify. 	Assignment in the aforesaid Conference / Seminar / Symposium	10. Assignment in the afore Symposium
Please enclose a separate sheet.	9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	9. Benefits to be derived from participa Conference / Seminar / Symposium
An accortment of scientific extravoganza	8. Objectives of the Conference / Seminar / Symposium	8. Objectives of the Conference
	tion	7. Date of joining the Institution
chetanbelaldaras a gnail. con		6. Email ID
VK PDS WU		5. Institution
Oral Pathology		4. Department
Lecturer		3. Designation
MDS		2. Qualification
Dr. Chotan, Belal davas	0	1. Name
	Ity member:	A. To be filled by the faculty member:
APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL-/ NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)	R FINANCIAL SUPPORT TO ATTEN	APPLICATION FO
KLE University) red u/s 3 of the UGC Act, 1956]		
OF HIGHER FOLICATION AND RESEARCH		
6	Fre	6 . 0/V 7

Inward No.	VON 5 L	f) Financial grant availed & Research, BELAGAN	e) Date of Conference OFFICE OF THE	d) Duration	c) Place	b) Title of the program	a) Name of the Organizer	12. Particulars of the financial support <u>previously</u> extended by the University	Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a celendar year	 f) Copy of the sanction letter along-with Brochure to be enclosed 	e) Venue	 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	c) Level of Conference	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	11. Particulars of the Conference being attended	Taculty	- /	Oncology (Topic: NACT Por	Participation in Debute in	10. Assignment in the aforesaid Conference / Seminar / Symposium	 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	8. Objectives of the Conference / Seminar / Symposium	7. Date of joining the institution (the faculty should complete minimum one year of service to avail this facility)	6. Institution	5. Email ID	4. Department	3. Designation	2. Qualification	1. Name	A. To be filled by the faculty member:	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)	KLE ACADEMIY OF HIGHEK EDUCATION AND RESEAVED (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]	
Signature	2022	astroand way	THE REGISTRAR			100	16001	NON R.	State / Zonal and one National Conference in a calendar year		Brilliant Convention Center, Indove	State Level : Rs. 8,000/- National Level : Rs.16,000/-	State / National ~ NATIONAL	17th to 19th November 2022-	Pac		e) Others, if any, specify.	or invited to discuss arts / skills (only on invitation)	 (only on invitation) Panel discussion or to deliver talks / lectures 	 c) International collaboration exchange program (only on invitation) 	a) Delivering Key-note address / orations / plenary lectures	Enclaced)	MaxilloPac. Surgery: Experiating	26 July 2010	KLE VK Inst Dental Sci.	dul376@qma	Oval a-Maxillo Par. Surgery	Reader (AMES)	S	Dr. STDRAMESH MUTTAGT		ugh the concerned HoD & Principal)	KLE University) hed u/s 3 of the UGC Act, 1956]	NTICATIONI AND RECEARCH

AVO 269

,

•	f) Financial grant availed	e) Date of Conference	d) Duration	c) Place	b) Title of the program	a) Name of the Organizer	12. Particulars of the financial support previously extended by the University	Note : The faculty member is eligible for financial support to attend one state	f) Copy of the sanction letter along-with Brochure to be enclosed		 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	1	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	11. Particulars of the Conference being attended				•	10. Assignment in the aforesaid Conference / Seminar /	 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	8. Objectives of the Conference / Seminar / Symposium	complete minimum one year of service to avail this facility)	0. Institution	o, Email ID	4. Department	3. Designation	2. Qualification	1. Name	A To be filled by the faculty member:	Deemed-to-be-University esta	KT F KLE ACADEMY OF HIGHER	
Inward No. 0.5 1 sign	EINANCE SECTION	KLE Academy of Higher Scale and	N N	6000	1 ANN		I contai and one National Conference in a calendar year	VICUN Ject V	emple's Dested College - Bhopal .)		State / National	H LANDON IS			 e) Others, if any, specify. 	d) Panel discussion or to deliver talks / lectures	 c) International collaboration exchange program (only on invitation) 	ures	- 2	Please enclose a separate skeet.		CI 04/01/40	KLEVET Dr Play yourson com	1	Seelyne		Dr. Vidyavalli, H. Patil		(To be submitted to the University through the concerned HoD & Principal)	Deemed-to-be-University established u/s 3 of the UGC Act, 1956	OF HIGHER EDUCATION AND RESEARCH	

•

f) Financial grant availed	e) Date of Conference	d) Duration	c) Place	b) Title of the program	a) Name of the Organizer	12. Particulars of the financial support <u>previously</u> extended by the University	Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year	 f) Copy of the sanction letter along-with Brochure to be enclosed 	e) Venue	 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	c) Level of Conference	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	11. Particulars of the Conference being attended					4 y 1 - 1 y 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	10. Assignment in the aforesaid Conference / Seminar / Symposium	 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	8. Objectives of the Conference / Seminar / Symposium	7. Date of joining the institution (the faculty should complete minimum one year of service to avail this facility)	6. Institution	5. Email ID		3. Designation	2. Qualification	1. Name	A. To be filled by the faculty member:	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)	(Formerly known as NLD University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]	KLE ACADEMY OF HIGHER EL	
14,000		12	OS LI SE				State / Zonal and one National Conference in a catendar year	ENCLOSED	REOPLE'S VENIAL COLLEGE, DHOAL	: Rs. 8,000/-	onal	×1-26. Nov 201 4		11	e) Others, if any, specify.	invitation)	 d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on 	c) International collaboration excitative program	Contributing a scientific paper	a) Delivering Key-note address / orations /	te sheet. そ いた	KNOWLEDGE UTPALE	and second s		2 - A	in de 6 Klederter - ban ed				DO NIDAT CYDENALC	igh the concerned HoD & Principal)	ned u/s 3 of the UGC Act, 1956]	HIGHER EDUCATION AND RESEARCH	

(1		b) Title of the programc) Place	a) Name of the Organizer	12. Particulars of the financial support <u>previously</u> extended by the University	le : T	 f) Copy of the sanction letter along-with Brochure to be enclosed 	<i></i>	 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	c) Level of Conference	a) Title of the Conference / Seminar / Symposiumb) Date of conduct	11. Particulars of the Conference being attended	To be To be Qualific Departr Departr Departr Departr Dobjectiv Sympos Sympos	
		14 I I I I I I I I I I I I I I I I I I I				te State / Zonal and one National Conference in a calendar year	· may · · · · · · · · · · · · · · · · · · ·	PIPS pitani	State Level : Rs. 8,0001	State / National	International configurate on Drug discoury.		KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Deemed-te-be-University, established us 3 of the UGC Act, 19661 APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) filled by the faculty member: Md: Qorbi rol: S: K av al apput (To be submitted to the University through the concerned HoD & Principal) filled by the faculty member: Md: Qorbi rol: S: K av al apput (To be submitted to the University through the concerned HoD & Principal) filled by the faculty should infinition one year of service to avail this facility) ges of the Conference / Seminar / Symposium to be derived from participation in the aforesaid ment in the aforesaid Conference / Seminar / ium Drvg due uvers become a separate sheet. Divid full 1 the aforesaid Conference / Seminar / ium Delivering Key-note address / crrations / b) Contributing a scientific paper (only on invitation) Delivering key-note address / crrations / b) Contributing a scientific paper (only on invitation) 0) Panel discussion rit o deliver talks / lectures or invitation) Sills (only on invitation)	

• mandal grant availed	f) Financial and	e) Date of Conference	d) Duration	c) Place Orrica	The program	- Q -	a) Name of the Organization	extended by the University	D	be enclosed		1	- E	1	1	8	11. Particulars of the O		Symposium	9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	o. Uplectives of the Conference / Seminar / Symposium	complete minimum one year of service to avail this facility)	7. Date of joining the local of	© Inetitution		4 Department	· Qualification	1. Name	To be f	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE (MILLION)	KLE ACADEMY OF HIGHEF	t.)
THE PART OF		" invuence, SELAGAV	XLE Academy of Higher Education	0- THE REUSIAND				the realized for the real real real for the real real real real real real real rea	ate / Zonal and one National Conference in a natural	Attached /8000/	BITS-Pilani, Goa	Rs Rs		10 & 11+1 Nov. 2022	International Confedence on Aria Nices and		 e) Others, if any, specify. 	 c) International collaboration exchange program 			International Conference on Acco	16/11/20	KLECOP, Belagavi	Ele planm	Pharmaceutical Chemietry		harm	Da. Prephi Salve	(To be submitted to the University through the concerned HoD & Principal) faculty member:	OR FINANCIAL SUPPORT TO ATTENN STATE IN TOTAL	OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)	

f) Amount claimed	e) Date	d) Duration	c) Place	b) Title of the program	a) Namerof the Organizer	11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	f) Level of Conference State / Zonal / National	e) Copy of the sanction letter to be enclosed	d) Financial support extended by the University	c) Venue	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	9. Assignment in the aforesaid Conference / Seminar / Symposium	8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	7. Objectives of the Conference / Seminar / Symposium	6. Date of joining the Institution	5. Institution	4. Department	3. Designation	2. Qualification	1. Name	A. To be filled by the faculty member:	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / N (To be submitted to the University through the concerned HoD	(Formerly known as KLE Academy of Higher Education & Research) KLE IEstablished under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-	
Re 16800/-	2 - 4th abliender dodd	1 daugs	Banjalore	70th Annual National Conference	in Association of tab		Inward No	1 5 BEC 2022	& Research, BELAGAVI	CETTOE OF THE REGISTRAR		W N	All and		 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify. 	Please enclose a separate sheet.	Annual National conference.	à	JUNGC	PATHOLOGY	PROFESSOR	MI) PATHOLOGY	JR. MANASI GOSAVI		SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES to the University through the concerned HoD & Principal)	* Debe &	- And

N= /W w	b) Title of the program OFFICE OF THE RECISTRAR c) Place KLE Acadismy of Higher Education d) Duration e) Date 0 5 DEC 2022 f) Amount claiped . 2.2 inward No. 2.2	: The faculty memi ort to attend <u>one Sta</u> rence in a calendar y articulars of the orga onference / Seminar / Name of the Organiz	Date of conduct Level of Conference (State / Zonal / National) Venue Financial support extended by the University Copy of the sanction letter to be enclosed	 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium 	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department 5. Institution 6. Email ID 7. Date of joining the Institution 8. Objectives of the Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium	KLE ACADEMY OF HIGHLR EI
	H304 Annald Confirmence Vdeipur, Reyastron :1-3, Dec, 2022 (Pec. 1-3, 2822 (9000/	PRC, Mohanla/ Sukhadia University, Udajum	1-3 Dec 2022 National Udaipur, Regastron	No. Reg jew 3000 Monship jes 5000 Sanchined 5000	DR. Tang Rahadur Basad DR. Tang Rahadur Basad Ph.D. Ph.D. Rahadur Basad Ph.D. Tang Rahadur Basad Ph.D. Citte Professor Associette Professor Epidemiology and Bibstattistics KLE Academy of Lycher Educationad Result MLE Academy of Lycher Educationad Result St. Feb. 2819 Please enclose a separate sheet Advolidation of self, department and university a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.	OF HIGHER EDUCATION AND RESEARCH

Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a contract of the financial support previously extended by the University 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place d) Duration e) Date of Conference f) Financial grant availed	 11 Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed 	KLE ACADEMY OF HIGHER H (Formerly known a Deemed-to-be-University estab APPLICATION FOR FINANCIAL SUPPORT TO (To be submitted to the University thr A. To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the institution (the faculty should complete minimum one year of service to avail this facility) 8. Objectives of the Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium
nt to attend one State / Zonal and one National Conference in a calendar year previously previously previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previously Previo	International contenence on Doug Discover (oth - 11th November 2022 State / National International State Level : Rs. 8,000/- National Level : Rs. 16,000/- BITS - Plani Gog.	Image: Content of the second

1) Emancial grant availed	d) Duration	c) Place	b) Title of the program	a) Name of the Organizer	12. Particulars of the financial support <u>previously</u> extended by the University	Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year	 f) Copy of the sanction letter along-with Brochure to be enclosed 	e) Venue	 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	c) Level of Conference	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	11. Particulars of the Conference being attended	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: PR. SHIVA (UG-1) M. HUG-1 1. Name PR. SHIVA (UG-1) M. HUG-1 2. Qualification PROF PROF M. DS 3. Designation PROF M. DS M. DS 4. Department PCD (ATPRUC & PROCUENT) 5. Email ID d+hug.aus.m & LLC NL (DS) 6. Institution the faculty should on previous avail this facility B. C. C. & PROCUENT & C. & PROCUENT & C. & PROCUENT & Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. Uf D.A.T. 10. Assignment in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. Of D.A.T. Please introve address / oration. please introve address / oration. 9. Denefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. Of D.A.T. Please introve address / oration. 10. Assignment in the aforesaid Conference / Seminar / Symposium Please introve address / oration. 9. Dentifies to be derived from participation in the aforesaid collaboration exchange program (only or invitation) D) Please invitation) 9. Others, if	KLE ACADEMY OF HIGHER EDUCATION AND RE (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act. 1956)	
		6001	111400 C			ate / Zonal and one National Conference in a calendar year	ENCLOSED	reople's peritricolicie, Bharac		State / National	24-26" Nov 2022	PEDOTAAL		ATTEND STATE / NATIONAL CONFERENCES Sugh the concerned HoD & Principal) PR. SHIVAYUG-1 M. HUGAK MDS PROF & HEAD PROF & HEAD PROF & HEAD PROF & HEAD ATOM AND WE PLEAD CONTRACT & PLEAD CONTRACT & PLEAD CONTRACT & CONTRACT CONTRACT & CONTRACT Please enclose a separate sheet. KNOWLEDGE OF CONTRACT Please enclose a separate sheet. KNOWLEDGE OF CONTRACT Please enclose a separate sheet. KNOWLEDGE OF CONTRACT Please enclose a separate sheet. NOT CONTRACT NOT CONTRACT Please enclose a separate sheet. NOT CONTRACT NOT CONTRACT NOT CONTRACT Please enclose a separate sheet. NOT CONTRACT NOT CONTRACT NOT CONTRACT Please enclose a separate sheet. NOT CONTRACT NOT CONT	HIGHER EDUCATION AND RESEARCH nerly known as KLE University) University established u/s 3 of the UGC Act. 19561	

I toward No	f) Financial grant availed 2.2. DEC	d) Duration e) Date of Conference & Research, BE, ACAVI	b) Title of the program	12. Particulars of the financial support <u>previously</u> extended by the University	Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in	 f) Copy of the sanction letter along-with Brochure to be enclosed 	e) Venue	 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	c) Level of Conference	Date of conduct	11. Particulars of the Conference / Seminar / Symposium			10. Assignment in the aforesaid Conterence / Seminiar / Symposium		8. Objectives of the Conterence / Seminar / Symposium	complete minimum one year of service to avail this facility)	7. Date of joining the institution (the faculty should	6. Institution		4. Department	3. Designation	2. Qualification	A. To be filled by the faculty member:	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)	100	KLE ACADEMY OF HIGHER EI		
A	2022 Parsheller	ACAN T		1 Nil - 2000	ate / Zonal and one National Conference in a calendar year	- Yes - attached	GIMS, Gadag, Kainataka,	State Level : Rs. 8,000/-	IN I	to 11th Dec. 2021	CATANATCON & Global Conaver of	any, specify.	d) Panel discussion or to deliver talks / lectures		9	Clore molece a senarte sheet VIA	Clab Concert 1 And and 1 Cotting of the	P	Colleg	n togale (Υ.	wate Prok	B.B.S. M.S.	The manisher & Marie	ITEND STATE / NATIONAL CONFERENCES	KLE University) hed u/s 3 of the UGC Act, 1956]	EDUCATION AND RESEARCH	* Date. 21 ~ 12 ~ 2 **	BELAGA

e) Date 1) Amount claimed Invested Neuronineshing Bighteen Anti-	Name of the Organizer Title of the program Place- OFFICE OF THE REGISTRAR Duration & Research, BELAGAVI	nded by the University atter to be enclosed r is eligible for financial / Zonal and <u>one National</u> r. zers of the aforesaid /mposium	 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue 	APPLICATION FC (To be To be filled by the fac (To b (To b) (To b (To b) (To b)	t)
8th & d q th Dec Do EMANCE SECTION A Spundow INVERTION DI JAN 2023 INVERTION ODD IN JAN 2023	Perty Community Medicine, JSS Modical dile Particle shudies in Food & Environting , Partick Health Aspect of Mudrition, Mysore XLE Academy at Higher Education	Gaat	NIL Nutic thealth Aspector of Nutrition Autochemol gran Dec 2022 National Octo 2022	Decimed: OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) Deemed-to-be-University established u/s 3 of the UGC Act, 1956] R FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES e submitted to the University through the concerned HoD & Principal) ulty member: Value Value Value No. Cc Public Alea Ha Public Alea Ha Symposium Value	

	f) Amount claimed	e) Date	d) Duration	c) Place	b) Title of the program	a) Name of the Organizer	11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	f) Level of Conference State / Zonal / National	e) Copy of the sanction letter to be enclosed	d) Financial support extended by the University	c) Venue	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	9. Assignment in the aforesaid Conference / Seminar / Symposium	-	-	6. Date of joining the Institution	5. Institution	4. Department	3. Designation	Qualification	1. Name	A. To be filled by the faculty member:	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONF (To be submitted to the University through the concerned HoD & Principal)	KLE UNIVERSITY T (Formerly known as KLE Academy of Higher Education & Reseaughte) (Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-04-2	(18)
m. A	, occ	(March 1)			Inward NoSign. Summer	32	0.2 NOV 2022	OFFICE OF THE REGIXTRAP		COON W	Y Lad VA	0	I MAN 2	A RUNA	Nil.	 a) Chairing a scientific paper (poster or oral) b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify. 		~	09.2005	NMC, Selasur	nsic Interior	7	P	UR. YKASANNA ZIOIN	00000	STATE / ZONAL / NATIONAL CONFERENCES 1 the concerned HoD & Principal)	of Higher Education & Research e. Felanov overnment of India Notification No.F.9-19/2000-0-3(A)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

TRAR	by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> 2. Particulars of the organizers of the second	 3. Designation 4. Department 5. Institution 6. Email ID 7. Date of joining the Institution 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 11. Particulars of the financial support of the financial su	K4: M.P.H. SB6. A A A A NAND RESE Inversity and the CATION AND RESE IN L.P. Internet to be university and the CATION AND RESE Inversity and the CATION AND RESE Inversity and the CATION AND RESE APPLICATION FOR FINANCIAL SUPPORT from Open of the UGC Act, 1956 Inversity through the concerned HoD & Principal A. I variant of the University through the concerned HoD & Principal A. I variant of the University through the concerned HoD & Principal A. I variant of the University through the concerned HoD & Principal A. I variant of the University through the concerned HoD & Principal A. I variant of the University through the concerned HoD & Principal A. I variant of the University through the concerned HoD & Principal A.	
Amseta reshwa reidyapeethan Arms climate change: A Rubic Health Threat Roche, Kerala 2nd 2 3nd December 20 202 Re. 18, 18, 18, 18, 18, 18, 18, 18, 18, 18,		RPS, MPH Lectricer Public Health J. N. Medical College dramapura-kasi @ gua 29-9-2016 Climate Clange: A public Please enclose a separate sheet. Please enclose a separate sheet. b) Delivering a guest lecture c) Others, if any, specify.	AS A NAA PURMA. KAPT	e and a set of the set

A No. 526	e) Date f) Amount claimed outment of Anacesta	d) Duration	c) Place	b) Title of the program	a) Name of the Organizer	11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	e) Copy of the sanction letter to be enclosed	d) Financial support extended by the University	c) Venue	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	d)		ference / Seminar /	Benefits to be derived from participation in the aforesaid p Conference / Seminar / Symposium	Objectives of the Conference / Seminar / Symposium	Date of joining the Institution	Institution	Department	Designation	Qualification	Name	A. To be filled by the faculty member:	TION FOR FINANCIAL	KLE UNIVERSITY (Formerly known as KLE Academy of Higher Education & Research) UNIVERSITY UNIVERSITY
12 manual	51st outsbes to 3rd November 2022	4 days.	627	The server is the on negets	titude of media	- N 3	06	Covort & Research, BELAGAVI				C	This de co		Contributing a scientific session. Contributing a scientific paper (poste Delivering a guest lecture	Chairing	a sep	Medical Education	Ć	UZAC, Belogani	$n \mid n$	SOR	ARS MID DA	Dr. Chaitanua Kauad.		SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES to the University through the concerned HoD & Principal)	of Higher Education & Research) Government of India Notification No.F.9-19/2000-U.3(A)]

8)

12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer Professor and Head pept. or Epidemiology & Evostatistics d) Duration d) Duration e) Date e) Date f) Amount claimed f) Amount claimed f) Amount claimed f) Amount claimed f) State for the Academy of Higher Education & Research, BELAGAVI f) Amount claimed for the Organizer finance for the Organizer for the Organizer fo	 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> 	A. To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department 5. Institution 6. Email ID 7. Date of joining the Institution 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium	Ref. Wo. RAHER/EBD/22-23/D-85 KLE ACADEMY OF HIGHER FOLIC (Formerly known as KLE (Deemed-to-be-University established u/s
Dr. Kakado S.V. Karad, Maharashtrag 24-26 Marashtrag 24-26 Mar, 2022 (Threedays) 24-26 Nav, 2072 (Threedays) Aspan No. 12	and the second	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) filled by the faculty member: Dration Phile Dr Jany Baladur Basad Ph.D. Dr Jany Baladur Basad Ph.D. Dr Jany Baladur Basad Ph.D. Associate Reoperson Associate Reoperson Dr Jany Baladur Basad Ph.D. Associate Reoperson Philemidogy and Biostatstics Foldemidogy and Biostatstics Foldemidogy and Biostatstics Asoption Education and Research Internet In the aforesaid Conference / Seminar / Stum Stum	DEMIY OF HIGHER FOLICATION AND RESEARCE (Formerly known as KLE University) Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

V	f) Amount claimed 21) Date 2.8	d) Duration		b) Title of the protoppice OF THE REGISTERAD	a) Name of the Organizer	11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	pport to attend one of the second sec	Level of Conference State /	e) Copy of the sanction letter to be enclosed	d) Financial support extended by the University	c) Venue	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	1 40	8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Objectives of	6. Date of joining the Institution	5. Institution	4. Department	3. Designation	2. Qualification	1. Name	A. To be filled by the faculty member:	APPLICATION FOR FINANCIAL SUPPORT TO AT (To be submitted to the University t	KLE UNIVERSITY (Formerly known as KLE Academy of Higher Education & Resc. Inviversity (Formerly known as the UGC Act, 1956 vide Government of India Notification No.F.9-19)	
i ma		days - 2nd - 1th Que 2m	Luner Karra la ta	Ranaiah Med. Lollege D. mal	APONI - In - Malional ich	KCTAPMERPADN		anculate,	National , Delaily yet the	EHP)	HPPHEN'- under Mod	INS Behradin 114	æ :	NCHPE-22	08000	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify. 	nclose a separate sheet.	as Naturnal Arturned	2410	alial Pallos	PATHOLOGY	mille	M Pathologia	De Cinta A Do Tentofpa	Call Date 25/11/ 202	to the University through the concerned HoD & Principal)	IVERSITY my of Higher Education & Research) Ide Government of India Notification No.F.9-19/2000-U.3(A)]	22

WI YNU DECEVDUH

9	MI / Malo	f) Amount claimed	NUX /	d) Duration Inward No.015	c) Place		a) Name of the Organizer FINANCE SECTION	11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium, of Higher Education	Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	Level of Conference State /	. e) Copy of the sanction letter to be enclosed	c) Venue	b) Date of conduct	a) Title of the Conference / Seminar / Symposium	10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)		9. Assignment in the aforesaid Conference / Seminar / Symposium		7. Objectives of the Conference / Seminar / Symposium	6. Date of joining the Institution	5. Institution	4. Department	3. Designation	2. Qualification	1. Name	A. To be filled by the faculty member:	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL C (To be submitted to the University through the concerned HoD & Principal)	KLE (Formerly known as KLE UNIV UNIVERSITY Established under Section 3 of the UGC Act, 1956 vide G
	- Co-	001 - 33 1	-11-2022 & 27-11-		alay an Institute of Medical Sciences, De	Watanal Cawleson	VIJENDRA D CHAUHAN	Inward No	2 2 OCT 2022	KLE Academy of Higher Education & Research, BELAGAVI	OFFICE OF THE REGISTRAN	0.200	0		Nil. About	 c) Delivering a guest lecture d) Others, if any, specify. 	a) Chairing a scientific session.	Please enclose a separate sheet.	UPDATES IN HEALTH PROF EDUCATION	2-1-2007	123C	Partholoan		1D Pathaba	De Bhaavashin . R. Himaund (Tarkin)		END STATE / ZONAL / NATIONAL CONFERENCES ough the concerned HoD & Principal)	(Formerly known as KLE Academy of Higher Education & Research)

۶,

2

Onv Nehru Nagar, Belagavi-10. KLE V.K. Institute of Dental Sciences Nehru Nagar, Belagavi-10. Nehru Nagar, BELAGAVI-590010.	As ben monne
Y O	
LA-	keshwari
Lect Por Negel for 11	Thanking you, (6000)
reimburse me the amount which is [2022	applicable for National level conference.
me to attend and present at this conference	Belagavi to Goa is less, but the cost incurred by me to attend and present at this conference has exceeded Rs 18,000/. Hence the cost incurred by me to attend and present at this conference
will be considered as State level conference nd from 260kms). I request you to reconsider	Goa National Conference on the state level conference of the state
tel accommodation and taxi charges. week of Sept 2022 and haven't received	I had submitted these documents in last week of Sept 2022 and haven't received
ⁱⁿ Sept 2022. Had enclosed all the documents ng the session, Photograph of the presentation	as - Attendance certificate, Certificate for chairing the session, Photograph of the presentation
ember 2022. I had my paper presentation	at Panaji Goa from 23rd September to 25 th September 2022. I had my paper presentation titled "Review of Transmission of the sector of the se
Dr Roopali Sankeshwari working as reader in the dept of public health dentistry Institute of dental sciences, Belagavi had attended 26 th IAPHD National Conferences	I, Dr Roopali Sankeshwari working as reader in the dept of public health dentistry KLEVK Institute of dental sciences, Belagavi had attended 26 th IAPHD National Conference.
	Respected Sir,
Reconsideration of Financial assistance for attending 26 th National IAPHD Conference as NATIONAL conference and not as STATE conference.	Sub – Reconsideration of Financial assistance for attending 26 th National Assistance for attending 26 th National Assistance and not as STATE conference.
Inward No	Nehru Nagar, Belgaum.
24 DEC 2022 SUND and	The Registrar
OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI	KLEVK Institute of dental sciences Belgaum
24/12/2022	Dr Roopali Sankeshwari Reader
	HTOM
Red 101-1392	24)

(*,

{

consister / 26.12m

0400-0	
100	f) Amount claimed
grow & 3rd November 2022	e) Date
2 days	d) Duration
Dehaadum, U Harakhan d	c) Place
2022	b) Title of the program
Institute of Medical Sciences Delayer	a) Name of the Organizer
	12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium
16000K	Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.
46/)/"	f) Copy of the sanction letter to be enclosed
	e) Financial support extended by the University
Himalayan Institute of Medical Sciences	d) Venue
National	c) Level of Conference (State / Zonal / National)
and god November 2022	b) Date of conduct
Mill National confisience on matty	a) Title of the Conference / Seminar / Symposium
XM-Nicotris mal-Confiduration	 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)
 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify. 	10. Assignment in the aforesaid Conference / Seminar / Symposium
Please enclose a separate sheet.	9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium
NCHPE confidence	8. Objectives of the Conference / Seminar / Symposium
JNMC(2000) & JUMMMC(2020)	7. Date of joining the Institution
dar news kle eg mail.com	6. Email ID
I GARIMEN cal College, Hubbally	5. Institution
	4. Department
Profess or	3. Designation
MBBS MD PGDHPE POCK FAIMER fellow	2. Qualification
br. Neha Kulkaru.	1. Name
	A. To be filled by the faculty member:
D STATE / ZONAL / NATIONAL CONFERENCES gh the concerned HoD & Principal)	APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)
OUCATION AND RESEARCH KLE University) red u/s 3 of the UGC Act, 1956]	KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

29 S

BILL/CASH MEMO

Mob: 9986608867

Raza Tours & Travels Address: Main Road Ghataprabha Pincode:591306

NO: 02990

Date: 06-09-2022

M/s. DR. Chaitanya Karnat

No. ___ 03/11/2022 Date of Journey Deharadun To Mumbai Particulars G. Total Total Tax 10,973 10,973 10,973 Rs. Amount 00 00 8 υ

.....

E & O.E. 1. Payment to be released within 15 days of submission of bill.

For Raza Tours & Travels

Customer Signature



Edit with WPS Office

- 20 1:08

1

4 4 5 9% 国家 722

D •

...

Thank you for using IRCTC's online rail reservation facility. Your Uear deepti monan kadeangadi(User id: Deeptimk79), booking details are indicated below.

,

PNR No. :	4855516101	Train No. / Name :	20654 / BGM SBC EXP	Cuota :	GENERAL	
Transaction ID :	100003620861400	Date & Time of Booking :	23-Aug- 2022 12:41:13 PM HRS	Class	THIRD AC	
From	BELAGAVI (BGM)	Date of Journey :	28-0ct- 2022	0	KSR BENGALURU (SBC)	*
Boarding At	BGM	Date Of Boarding :	28-0ct- 2022	Scheduled Departure*	N.A.	
Reservation Up to :	KSR BENGALURU (SBC)	Scheduled Arrival :	N.A.	Adult: 6	Child; 0	
Passenger Mobile No :	7483470110	Distance :	611KM			
assenge	assenger Details					
V.		Birin .			print	

Ω.

SI. No.	Name	Age	Gender	Status	Coach	Seat / Berth
	SHIVASWAMY MS	40	Male	CNF	81	
0	DEEPTI MK	43	Female	CNF	ā	0
m	ITOMORN ITOYL	52	Female	ONF	0	6
4	SUNITA PATIL	64	Female	ONF	<u>60</u>	<u>က</u>
цŷ	SHOBHA KARIKATTI	49	Female	CNF	,	LD
Ó	NEHA KULKARNI	40	Female	ONF		¢1
Fare	Fare Details (Inclusive of GST)	/e of (GST)			l fan
Ticke	Ticket Fare Con	Convenience Fee	e Fee		Total Fare	Ťe
Rs. 5	Rs. 5970.00 Rs. 3	Rs. 35.40			Rs. 6005.40 *	* 07

Rs. 6005.40 *

Tax Invoice (Original For Recipient)

IndiGr

InterGlobe Aviation Limited

1

Bengaluru International Airport Room No. 32 & 38 A25-

Airside Building Devanahall Bengaluru Karnataka - 560300 GSTIN : 29AABCI2726B1ZY

Number : KA1222308AZ36226

Date : 24-Aug-2022

A TBA Passenger Name :

From : BLR Flight No: 6E - 852 PNR: OJQM8V

Place of Supply : Karnataka

To: DED

GSTIN of Customer

GSTIN Customer Name :

Currency : INR

		T-4-1/2	I otal(incl				0.00 69.780 00	00.00.000	Ľ	0.00 6,490.00	0.00 76,270.00
	COLC	200	-	% Amount		0	2			n	0
				% XEI							
	SGST/IICST		Amount			1.660 0.0	0000006		000		1,660.00
	SGST	Ł	Tax %	01 vm.		2.501			00.00		<i>z</i> -
	10		Amount		00000	1,000,00			0.00	Ī	,660.00
	CGST	-	lax %		2 20	00.9			00.0		£
F		America	Amount	Ī	000	~~~~		000	0.00		0.00
1001	2	Tav 0/	Amount lax % Amount		0.00		T	0000	00.0		
	Totol			GG ACO O	0.00+.00	0		6.490.00			/2,950.
NonTaxab	le/Exempt	The second	en value		00"0		0 100 00	0,440,0016,490,001	T		490.00
Tavahlo	Value 18/	ANIPA		66,460.0		2	0000	200		Re Jen	000
SAC	Code			201200	074000						
Decrintion	Hondinsea		Air Travel and		related charges	Alm	Airport Charges				Grand Total

Air Travel And Related Charges :- Includes all charges related to air transportation of passengers
 Airport Charges :- Includes ADF, UDF, PSF and other airport charges collected on behalf of Airport operator, as applicable
 Misc. Services :- Includes charges of lounge, medical assistance and travel certificate
 Meal :- Includes all prepaid meals purchased before travel
 Good Karma :- Includes contributions made towards IndiGo's good karma initiative and clear the air initiative
 Amounts have been rounded off.
 Cess includes Kerala flood cess.
 The itinerary issued against this PNR forms a part of this invoice.
 I.We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Rul chase

InterGlobe Aviation Limited Registered Office: Upper Ground Floor, Thapar House, Gate No. 2, Western Wing, 124 Janpath, New Delhi – 10001, Indía. F 011-43513200. Email: corporate@goindigo.in Corporate Office: Level 1, Tower C, Global Business park, MG Road, Gurgaon-122002, Haryana,India. T +91 124 435 2500. F +91 124 406 8536 goindigo.in T +91 124 435 2500. F +91 124 406 8536 goindigo.in CIN no. L62100DL2004PLC129768, PAN no. AABCI2726B, FSSAI License number- 10013011001534

OF PHYSIOTHERAPY Constituent Unit of IGHER EDUCATION AND RESEARCH to-be-University u/s 3 of the UGC Act, 1956 Placed in Category 'A' by MHRD (Gol)	email: <u>principalkipt@gmail.com</u> , Web: klekipt.edu.in Date: 12/11/2022	5	ference by staff members. , dated 20th February 2020.	用以	prwarding herewith the application of the below assistance for attending conference by faculty		Designation	Professor	Assistant Professor		North North New York	UTE OF P	HISIOT		meanen	ANN A	13.11	
** INSTITUTE OF PHYSIOTHERAPY KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Declared as Deemed -to-be-University u/s 3 of the UGC Act, 1956) (Declared by NAAC (3 rd Cycle) Placed in Category 'A' by MHRD (0	Ref. No/KAHER/ KIPT/22-23 / 835	To, The Registrar, KAHER , Belagavi.	Sub: - Regarding financial assistance for attending conference by staff members. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020	Sir,	With reference to the subject cited above, I am forwarding herewith the application mentioned Teaching Staff for grant of financial assistance for attending conference	members.	SI Department Name of the Staff	1 Geriatric Dr. Anil Muragod	2 OMT Dr. Pamela D'silva	Kindly acknowledge receipt of the same.	Thanking you,	Yours truly,	MA CHARLEN	\L, TTUTE OF PHYSIOTHERAPY, Л.		Cofference OF Tree Receivery of Station Education Station Station Education Station Statio	1 2 NOV 2022	The State of the second se

.

D RESEARCH	val level / patent) & Principal)		potos	2		HOD of		hysiotherary	Institute of Physiotherepy	skie kigt. eduin	ot	peaker	Trais GOSTCON 201		International Level	Rs.7,500/-	Rs.4,500/-	Rs3,000/-	Certificate of Award issued by the Organizing Committee. Brochure showing the name of the claimant and paper/poster Photograph at the time of receiving the Certificate. Abstract/Copy of the presentation with names of all the authors.	Please enclose copies of the relevant documents		
UCATION ANI (LE University) ed u/s 3 of the UGC Act	OF CASH INCENTIVE ONAL / INTERNATION the concerned HOD		Du Anti Mur		Faculty	Professor 4 Gereature P		Gericture P	トレビ エッシャ・チッチ	anitmuraged @ kJe k dranit physic @ red: 77	91646949	CA	10 thursday of (conference of (sociels of In		National Level	Rs.4,500/-*	Rs.3,000/-	Rs.1,500/-	 4. Certificate of Award Organizing Committee. 2. Brochure showing the claimant and paper/poster 3. Photograph at the time Certificate. 4. Abstract/Copy of the pres names of all the authors. 	Please enclose copies	Rs.15,000/-	Rs.25,000/-
KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]	APPLICATION FOR GRANT OF CASH INCENTIVE FOR PRIZE WINNING PRESENTATIONS AT NATIONAL / INTERNATIONAL LEVEL / PATENT (To be submitted to the University through the concerned HOD & Principal)	To be filled by the Applicant / Presenter :	Name of the Presenter	Name (s) and details of other Authors	Whether the Presenter is Faculty / PG Student/Research Scholar	Designation / Course & Specialty of the Applicant	Registration No. (Student)	Department	Institution	Email ID	Mobile No.	Nature / Type of presentation (Please specify whichever is applicable) Paper / Posters / Quiz competition	Name of the organization conducting the Conference (should be recognized by International/National Professional Bodies)	Type of the award applied for (Tick whichever applicable)	1 here 1	1st Prize / COOY	2 nd Prize	3 rd Prize	Enclosures (attested copies)	Innovations which receive Patent	a) Indian Patent	b) International Patent
X	μ.	T ₀	Ž	Z	×					1-				12.	-		1	-	13.	14.		

FOR PRIZE WINNIN (To be subm (To be subm Name of the Presenter Name (s) and details o whether the Presenter is Faor Whether the Presenter is Faor (Stud Applicant Court Institution Email ID Email ID Mobile No. (Stud International/Nation International/Nation	AppLICATION FOR ING PRESENTATIONS binitted to the Universi Applicant / Presenter ter acuty / PG Student/Research acuty / PG Student/Research tudent) tudent) tudent) tudent)	CRANT OF CASH INCENTIVE AT NATIONAL / INTERNATIONAL LEVEL / PATENT AT NATIONAL / INTERNATIONAL LEVEL / PATENT (1) through the concerned HOD & Principal) (1) through the concerned HOD & Principal) (2) AMELA VIRGIL DISILYA AMELA VIRGIL DISILIA AMELA VIRGIL DISILIA AMELA VIRGILA VIRGIL AMELA VIRGILA VIRGIL AMELA VIRGILA VIRGIL AMELA VIRGILA VIRGILA AMELA VIRGILA VIRGILA AMELA VIRGILA VIRGILA AMELA VIRGILA VIRGILA AMELA VIRGILA VIRGILA AMELA VIRGILA AMELA VIRGILA VIRGILA AMELA VIRGIL
ro be filled b Name of the I Name (s) and Whether the Press Whether the Press Whether the Press Designation Registration Registration Registration Institution Institution Mobile No. Nature / Tyj (Please spec Paper / Pos Name of Conference Internation	Applicant / Presenter : ter s of other Authors soft other Authors aculty / PG Student/Research Schola aculty / PG Student/Research Schola fundent) fundent) fundent) fundent) fundent / PG Student/Research Schola fundent / PG Student / PG Student/Research Schola fundent / PG Student / PG Studen	VIRGIL DISILYA Prysel, Adite Shau, A ANY ROPERSOR, Mal, A PAEDIC PHYSIOTHERA PREDIC PHYSIOTHERA PREDIC PHYSIOTHERA
Name of the I Name (s) and Whether the Prest Designation Applicant Registration Institution Email ID Mobile No. Nature / Ty (Please spec Paper / Pos Name of Conference Internation	ter s of other Authors soulty / PG StudentResearch Scholar acuty / PG StudentResearch Scholar acute & Specialty of the tudent) of the tudent) of the tudent of the special of the station of the second secon	PLYER A ROLE DISILYA MAN ROLESOR, MANNIA PACDIC PHYSIOTHERA ROLESOR, MANUM. ROLESIC PHYSIOTHERA
Name (s) and Whether the Press Designation Applicant Registration Department Institution Mobile No. Nature / Tyj (Please spec Paper / Pos Paper / Pos Conference Internation	f other Authors ity / PG Sudent/Research Scholar se & Specialty of the ient) ient) ientation intever is applicable) iz competition	HULG - ASENZHOW MAN MAN ROPENSION MAN ROPENSION MAN ROPENSION MAN ROPENSION MANUME MANUME " M
Whether the Press Designation Registration Department Institution Email ID Mobile No. Nature / Tyn (Please spec Paper / Pos Paper / Pos Conference Internation	earch Scholar Ity of ti Die)	PACOL C PACING
Designation Applicant Registration Department Institution Email ID Mobile No. Nature / Tyj (Please spec Paper / Pos Paper / Pos Name of Conference Internation	/ Course & Specialty of t No. (Student) pe of presentation cify whichever is applicable) sters / Quiz competition	PREDIC P
Registration Department Institution Email ID Mobile No. Nature / Tyj (Please spec Paper / Pos Paper / Pos Name of Conference Internation	No. (Student) pe of presentation cify whichever is applicable) sters / Quiz competition	JF ORTHOPH
Department Institution Email ID Mobile No. Nature / Tyj (Please spec Paper / Pos Name of Conference Internation	pe of presentation cify whichever is applicable) sters / Quiz competition	TAIGHT TUTE
Institution Email ID Mobile No. Nature / Tyr (Please spec Paper / Pos Name of Conference Internation	pe of presentation sify whichever is applicable) sters / Quiz competition	The the TURE
Email ID Mobile No. Nature / Tyr (Please spec Paper / Pos Name of Conference Internation		KANEK. JUNION IN TO THE
		parrieladeilva @ klekipt. edu. in
		Cottossast
	- minerel	NO STATE
	Name of the organization conducting we Conference (should be recognized by International/National Professional Bodies)	COLLEGE Swadhayu.
Type of the	the award applied for (Tick whichever applicable)	
		National Level International Level
1 St Drive	1000/	Rs.4,500/- Rs.7,500/-
Antra I		Rs.3,000/- Rs.4,500/-
		Rs.1,500/- Rs3,000/-
13. Enclosures	Enclosures (attested copies)	1. Certificate of Award issued by the Organizing Committee.
	pegtus 3000)	2. Brochure claimant s
		3. Photograp Certificate
		4. Abstract/Cury r
1 A Trunval	Impovations which receive Patent	Please enclose copies of the relevant documents
-	ration Datent	Rs.15,000/-
	Litural 1 arvat	Rs.25,000/-

)

*

14.

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23 J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39

NEFT cleaned an 13/03/2023

Date: 10.03.2023

Subject: Payment Through RTGS / NEFT - Financial Assistance

Dear Sir,

ł

Ref:KAHER/Accts/2022-23/D- 2-9-03

The Chief Manager

To,

6-00

Please Debit A/c No. 217-39 for Rs. 4,43,641.00 (Rupees Four Lakh Forty Three Thousand Six Hundred Forty One Only). We request you to do the following payments to our Faculties towards - - - - defining and the second Financial Assistance through ${
m RTGS/NEET}$ All the required information is also provided in c

·	Date	Name of the Employee	Bank Name	Branch	Ac Type	Place	Ac No	IFSC Code	Ammount Sanctioned
	10.03.2023	Dr.Snehal Dharmayat	Canara Bank	Nehru Nagar	SB	Belagavi	05042010025835	CNRB0010504	16,000.00
2	10.03.2023	Dr.Prashant Naik	Canara Bank	Nehru Nagar	SB	Belagavi	05042010107894	CNRB0010504	16,000.00
m	10.03.2023	Dr.Preeti Salve	Canara Bank	Nehru Nagar	SB	Belagavi	05042010119698	CNRB0010504	8,000.00
4	10.03.2023	Dr.Shankar Alegaon	Canara Bank	Nehru Nagar	SB	Belagavi	05042190003372	CNRB0010504	
5	10.03.2023	Dr.Madhumati Patil	Canara Bank	Nehru Nagar	SB	Belagavi	05042010062420	CNRB0010504	16,000.00
9	10.03.2023	Dr.Pramodha Hurakadle	Canara Bank	Nehru Nagar	SB	Belagavi	05042200000393	CNRB0010504	8,000.00
7	10.03.2023	Dr.Deepti Kadeangadi	Canara Bank	Nehru Nagar	SB	Belagavi	05042010023359	CNRB0010504	16,000.00
8	10.03.2023	Dr.B.P.Belafdavar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010004968	CNRB0010504	8,000.00
6	10.03.2023	Dr.Laxmi Deshpande	Canara Bank	Nehru Nagar	SB	Belagavi	110031110613	CNRB0010504	8,000.00
10	10.03.2023	Dr.Rajesh Mane	Canara Bank	Nehru Nagar	SB	Belagavi	05042010028160	CNRB0010504	8,000.00
11	10.03.2023	Dr.Deepa Mane	State bank of INDIA	Sadashiv Nagar	SB	Belagavi	64167198039	SBIN040965	16,000.00
12	10.03.2023	Dr Vinita Metgudmath	Canara Bank	Nehru Nagar	SB	Belagavi	05042190002820	CNRB0010504	8,000.00
13	10.03.2023	Dr.Rajesh Havaldar	Canara Bank	Nehru Nagar	SB	Belagavi	05042610005688	CNRB0010504	6,717.00
14	10.03.2023	Dr.Sagar Jalihal	Axis bank	Neharu Nagar	SB A/c	Belagavi	919010058953752	UTIB0001690	8,000.00
15	10.03.2023	Dr.Preeti Hajare	Canara Bank	Nehru Nagar	SB	Belagavi	05042180001132	CNRB0010504	8,000.00
16 1	10.03.2023	Dr.Vishwanth S Wasedar	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	004002300000078	IBKL0101BZR	8,000.00
17 1	10.03.2023	Dr.Supriya Kulkarni	Canara Bank	Nehru Nagar	SB	Belagavi	05042180028540	CNRB0010504	5,000.00
18 1	10.03.2023	Dr.Vinay Bannur					110057235943		8,000.00
19 1	10.03.2023	Dr.P.G.Jadar	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	004002300000039	IBKL0101BZR	8,000.00
20	10.03.2023	Mr.Sanjay Ugare	Canara Bank	Nehru Nagar	SB	Belagavi	05042180017956	CNRB0010504	8,000.00
	10.03.2023	Dr Rinku Porwal	Canara Bank	Bhagya Nagar	SB	Belagavi	110000298230	CNRB0010549	16,000.00
	10.03.2023	Dr.Anilkumar Harugoppa	Canara Bank	Nehru Nagar	SB	Belagavi	05042010004075	CNRB0010504	8,000.00
	10.03.2023	Dr.Jang Bahudur	Canara Bank	NEHRU NAGAR	SB	Belagavi	0504260000047	CNRB0010504	16,000.00
10	CCCC CO 01		-						

	Date	Name of the Employee	Bank Name	Branch	Ac Type	Place	Ac No	IFSC Code	Ammount Sanctioned
	10.03.2023	Mrs.Sujay Hulylakar	Canara Bank	Nehru Nagar	SB	Belagavi	05042610006081	CNRB0010504	16,000.00
-	10.03.2023	Dr.Bhaskar Kurangi	Canara Bank	Nehru Nagar	SB	Belagavi	05042180024616	CNRB0010504	16.000.00
-	10.03.2023	Dr.Deepti Bagewadi	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	004002300000639	IBKL0101BZR	00.000.8
-	10.03.2023	Dr Abhilasha Sampagar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010046625	CNRB0010504	16.000.00
-	10.03.2023	Mr Jagadeesh Hubballi	CANARA BANK	KLE HOSPITAL	SB	BELGAVI	85151108006078	CNRB0008515	5,900.00
	10.03.2023	Dr.V.A.Kothiwale	CANARA BANK	Nehru Nagar	SB	Belagavi	05042010003821	CNRB0010504	16,000.00
	10.03.2023	Mr.Umesh Nandagaon	STATE BANK OF INDIA	M M EXTN.	SB	BELGAVI	30259680408	SBIN0008789	5,900.00
믜	10.03.2023	Mrs Nirmala Dsouza	CANARA BANK	NEHRU NAGAR	SB	BELGAVI	05042010091109	CNRB0010504	5,900.00
=	10.03.2023	Dr Sanjiv Kumar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010039164	CNRB0010504	16,000.00
-	10.03.2023	Dr.Pramod Hurkadale	Canara Bank	Nehru Nagar	SB	Belagavi	05042200000393	CNRB0010504	16,000.00
ㅋ	10.03.2023	Dr.Subhas Karki	CANARA BANK	Bengaluru	Savings	Bengaluru	8418101080439	CNRB0008418	16.000.00
-	10.03.2023	Dr Ranjana Ranade	CANARA BANK	SDM Dharwad	SB	Dharwad	12412200021930	CNRB0011247	18,000.00
-	10.03.2023	Dr Prajna KS							
-	10.03.2023	Ms Rohini Kavalapur	Canara Bank	Nehru Nagar	SB	Belagavi	05042180024880	CNRB0010504	8.000.00
	10.03.2023	Dr.Manisha Chougale	CANARA BANK	SDM Dharwad	SB	Dharwad	12472180016187	CNRB0011247	4.056.00
	10.03.2023	Dr.Chitra BR	CANARA BANK	Bangalore	SB	Bangalore	0474101040137	CNRB0000474	5.056.00
	10.03.2023	Dr.Drakshayini Kakati	CANARA BANK	Vidyanagar HBL	SB	Hubballi	12412010002461	CNRB0011241	4,056.00
-	10.03.2023	Dr.Supriya Novel Tony	CANARA BANK	HUBLI	SB	HUBLI	05092200106344	CNRB0011267	4.056.00
-	10.03.2023	Dr Basavaraj Motimath	Canara Bank	Nehru Nagar	SB	Belagavi	05042180004350	CNRB0010504	16.000.00
	10.03.2023	Dr Dhaval Chivate	Canara Bank	Nehru Nagar	SB	Belagavi	05042010126830	CNRB0010504	16,000.00
-									
-				Total Rs					4 43 541 00
									00"T+0"0+"+

W. A. P. H. K. Finance Officer Se LAANA



10 Amapento

女

0

-

Registrar

Verified By

Admin. Assistant

APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

L			INNE / JUNICI	ALTICOAL SANCING OF FINANCIAL ASSISTANCE TO FACULIES			
	Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
	1	Dr.Snehal Dharmayat	KLE IPT	8th International Symposium on CIF held at Mohali Punjab from 30th Nov 22 to 2nd Dec 2022	Natioanl Level	16,000.00	16,000.00
	2	Dr.Prashant Naik	KLE IPT	8th International Symposium on CIF held at Mohali Punjab from 30th Nov 22 to 2nd Dec 2022	Natioanl Level	16,000.00	16,000.00
	m	Dr.Preeti Salve	KLE CoP Belagavi	International Conference on Drug Discovery held on 10 & 11th Nov 2022 at Goa	Natioanl Level	8,000.00	8,000.00
	4	Dr.Shankar Alegaon	KLE CoP Belagavi	International Conference on Drug Discovery	Hard Copy Not rec	Hard Copy Not received from Registrar Office	r Office
	S	Dr.Madhumati Patil	JNMC	13th National conference of Health professional Education to 2nd ,3rd Nov 2022 from Dehradun	Natioanl Level	23,000.00	16,000.00
	Q	Dr.Pramodha Hurakadle	KLE CoP Belagavi	9th Convention society for Ethnopharmacology Translational research on Indian Medicinal Plants from 23-24-2022to Kolkata	State Level	8,000.00	8,000.00
	7	Dr.Deepti Kadeangadi	JNMC	XIII National conference on health professions education to 2nd & 3rd Nov 2022 from Dehradun	Natioanl Level	16,000.00	16,000.00
	ø	Dr.B.P.Belaldavar	JNMC	South-Zone and Karnakata State AOICO-2022 17th annual conference of south-zone & 39th annual conference of Karnataka state chapter of AOL 14th- 16th october 2022 at Manipal	State Level	9,957.00	8,000.00
1	6	Dr.Laxmi Deshpande	JNMC	26th Chapter Microown Conference of IAMM 16th - 18th Sep 2022 at Pune	State Level	8,000.00	8,000.00
	10	Dr.Rajesh Mane	JNMC	KISACON-2022 36th Annual state conference of ISA Karnataka on 16th to 18th Sept 2022 At Kalaburgi	State Level	8,000.00	8,000.00
	11	Dr.Deepa Mane	KLE VKIDS	29TH National IAOMP Conference to 11th,12th & 13th Nov 2023 from Dehradun	Natioanl Level	30,709.00	16,000.00
	12	Dr Vinita Metgudmath	JNMC	south-zone and Karnataka state AOICON-2022 on 14th,15th & 16th oct 2022 at Manipal	State Level	8,000.00	8,000.00
	13	Dr.Rajesh Havaldar	JNMC	south-zone and Karnataka state AOICON-2022 on 14th,15th & 16th oct 2022 at Manipal	State Level	6,717.00	6,717.00
	14	Dr.Sagar Jalihal	KLE VIKDS	26TH National IAPHD CONFERENCE from 23rd to 25th Spt 2022 at Goa	State Level	14,000.00	8,000.00

15 Dretett Hajne JNMC Statu Eace 11,250,00 16 Dr.Vidatwanths Wasedar JAMC Statu Eace 12,300,00 17 Dr.Supria Mond Advanced Congress and Advapa Expo to Dr.Supria Kulkarni Statu Eace 12,000,00 18 Dr.Vidatwanths Wasedar Mond Advanced Congress and Advapa Expo to Dr.Supria Kulkarni Statu Eace 12,000,00 18 Dr.Vinay Bannur MMC Statu Eace 13,047,00 13,047,00 18 Dr.Vinay Bannur MMC Statu Eace 13,047,00 13,047,00 18 Dr.Vinay Bannur MMC Statu Eace 13,047,00 13,047,00 18 Dr.Vinay Bannur Statu Eace Statu Eace 13,047,00 18 Dr.Vinay Bannur Statu Eace 13,047,00 13,047,00 13 Dr.Vinay Bannur Statu Eace 13,047,00 13,047,00 13 Dr.Vinay Bannur Statu Eace 13,047,00 14,041 14,041 14,041 14,041 14,041 14,041 14,041 14,041 14,041 <	SrNo	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
16 Dr. Vishwanth S Waedar SHR BMK Bith World Myurveds Congerss and Arogya Exporto State Level 2 17 Dr. Supriya Kularni KLE Homeopathic NCHEP.2021 to JR 34 Nov. 2023 at Horidabad Natioan/Level 11 18 Dr. Supriya Kularni KLE Homeopathic NCHEP.2021 to JR 34 Nov. 2023 at Horidabad Natioan/Level 11 19 Dr. F.G. Jadar JMMC JBTH Minual International Conference of south India Metico. State Level 11 20 Mr. Sanja Ugare KE CoP Belaguvi ZhMunal International Conference on Harith Natioan/Level 12 21 Dr. F.G. Jadar KE Homeopathic Ricen-2023 at Goa State Level 14 22 Dr. Finleu Perveal KE Homeopathic Nicen-2023 at Goa State Level 12 23 Dr. Finleu Perveal NMC JAth.J. State State ACION-2022 on State Level 14 24 Dr. Peevpootha KLE For Kethin Nov<2022 at Manipal	15	Dr.Preeti Hajare	JNMC	South Zone and Karnataka State AOICON-2022 from 14th-16th Octo 2022 to Manipal	State Level	12,500.00	8,000.00
17 Dr.Supriya Kulkarni KE Homeopathic NCHEP-J022 to 2nd & 3rd Nov 2022 at Whida Medico- Natioan Level 11 18 Dr.Vinay Bamur INMC 18TH Amual Conference of south India Medico- State Level 11 19 Dr.F.G.Jadar SHR BMK 9th World Ayuweda Conference of south India Medico- State Level 11 20 Mr.Sanjay Ugare KE Homeopathic 7th Amual Ionterational Conference on Fit to 15- State Level 12 21 Dr.F.Riku Porvual KLE Homeopathic 7th Amual Ionterational Conference on Fit to 15- State Level 12 22 Dr.F.Anilkumar Harugoppa MMC NCHEP-2022 at Manipal National Level 12 23 Dr.Jang Bahudur KE Fith National Resel 14 24 Dr.Perycopha MMC State Level 12 23 Dr.Jang Bahudur KE Fith National Level 12 24 Dr.Personha Gurdutur KLE Momoulal Pharaceutical Conference on National Revel 12 24 Dr.Personha Gurdutur KLE Momoulal Pharaceutical Congress Nagebur 14 2	16	Dr.Vishwanth S Wasedar	SHRI BMK	9th World Ayurveda Congress and Arogya Expo to 8th 2022 to 11th 2022 at Goa	State Level	21,900.00	8,000.00
18 Dr.Vinay Bannur IMMC 181H Annual Conference of south India Medico- State Level 11 19 Dr.Vinay Bannur Dr.Vinay Bannur State Level 11 11 20 Mr.Saniay Ugare State Level Tub State Level 11 20 Mr.Saniay Ugare KLE CoP Belagavi Tub Annual International Conference on PR to 15- State Level 12 21 Pr Rinku Porwal KLE Homeopathic Tub Annual International Conference on PR to 15- State Level 12 22 Dr.Anilkumar Harugopa NMC Mucrana State ADICOV-2022 at Caa State Level 12 23 Dr.Anilkumar Harugopa NMC Mucrana State ADICOV-2022 on State Level 12 24 Dr.Pang Bahudur KLE FUT Swathayu 252, from 2722 at Gaa State Level 12 25 Dr.Pang Bahudur KLE FUT Swathayu 252, from 2722 at Gaa State Level 12 26 Dr.Pang Bahudur KLE FUT Swathayu 252, from 27022 at Gaa State Level 12 27 Dr.Lang Bahudur KLE FUT	17	Dr.Supriya Kulkarni	KLE Homeopathic	NCHEP-2022 to 2nd & 3rd Nov 2022 at Hydrabad	Natioanl Level	16,000.00	5,000.00
13 Dr.P.G.Jadar SHRI BMK Bth World Ayurveda Congress and Arogya Expo to Bth JOSZ at Goa State Level XI 20 Mr.Sanjay Ugare KE CoP Belagavi Th Amual International Conference on IPR to 15- State Level State Level A 21 Dr Rinku Porwal KE Homeopathic NCHEP.2022 at Goa State Level A 22 Dr Rinku Porwal KLE Homeopathic NCHEP.2022 at Goa State Level Z 23 Dr Amikumar Harugoppa JNMC JAHFIR Mational Conference on Health Natioani Level Z 23 Dr Jang Bahudur KAHER KANER Kashmir, Srinagarto Sept 29: 30 2022 at Nov 2022 at Novel Jata Janal Level Z 24 Dr.Preeyoosha Gurudut KE Elop Belagavi Kashmir, Srinagarto Sept 29: 30 2022 State Level Jata 25 Mrs.Sujay Hulylakar KE Elop Belagavi Zond India Pharmaceutical Congress/Nagaru Matioani Level Z 26 Dr.Presota Gurudut Ke Elop Belagavi Zond India Pharmaceutical Congress/Nagaru Matioani Level Z 27 Dr.Breakar Kurangi KE CoP, Belagavi <	18	Dr.Vinay Bannur	JNMC	18TH Annual Conference of south India Medico- Legal Association to 7th-10th Octo 2022 at Manipal	State Level	13,047.00	8,000.00
20 Mr.Sanijay Ugare KIE CoP Belagavi 7th Annual International Conference on IPR to 15 State Level A 21 Dr Rhnku Porwal KIE Homeopathic Nov.2022 at 3rd No	19	Dr.P.G.Jadar	SHRI BMK	9th World Ayurveda Congress and Arogya Expo to 8th 2022 to 11th 2022 at Goa	State Level	11,722.00	8,000.00
21NCHEP-2022NCHEP-2022National Conference on HealthNatioan Level2222Dr.Amikumar HarugoppaJNMCProfessions Education to 2nd & 3rd Nov 2022 atNatioan Level1123Dr.Amikumar HarugoppaJNMCSuth-zone and Kamataka state AOICON-2022 onState Level1123Dr.Jang BahudurKAHERKahith, Sifnagar to Sept 29-30 2022State Level1224Dr.Peeyoosha GuruduttKE IPTSwahth, Srinagar to Sept 29-30 2022State Level1225Mrs.Sujay HulylakarKE CoF, BelagaviAccess to Quality & Affardable Medical Products toNatioan Level1226Dr.Bhaskar KurangiKLE CoF, BelagaviZoth Indial Pharmaceutical Congress/NagapurNatioan Level1226Dr.Bhaskar KurangiKLE CoF, BelagaviZoth-22th Jan - 2033State Level1127Dr.Deepti B BagewadiSHR BMKJohn Academy of Fitness Training to 14th Jan toState Level1127Dr.Deepti B BagewadiJNMCDr.Natoan ManagoreState Level1128Dr.Abhilasha SampagarJNMCDr.Natoan ManagoreState Level1129Mr Jagadeesh HubballiKLE NoJOHALADAState Manigal1429Dr.V.A.KothiwaleMr Jagadeesh HubballiKLE NSProCON 2023 at NewNatioan Level1130Dr.V.A.KothiwaleJNMCDr.Man Conference 2023 from MangaloreState Level1130Dr.V.A.KothiwaleKLE NSJOHALENZoH Indial Phar	20	Mr.Sanjay Ugare	KLE CoP Belagavi	7th Annual International Conferece on IPR to 15- 16th Nov 2022 at Goa	State Level	8,000.00	8,000.00
Dr.Anilkumar Harugoppa JNMC south-zone and Karnataka state AOICON-2022 on 14th,15th & 16th oct 2022 at Manipal State Level 11 Dr.Jang Bahudur KAHER kashmir, Srinagar to Sept 29:30.2022 State Level 2 Dr.Peeyoosha Gurudutt KLE IPT Swasthayu SZZ from 17th-19th Nov 2022 State Level 2 Mrs.Sujay Hulylakar KLE CoP,Belagavi Rcess to Quality & Affardable Medical Products to 20th-22th Jan -2023 Natioan Level 1 Dr.Besyoosha Gurudutt KLE CoP,Belagavi Access to Quality & Affardable Medical Products to 20th-22th Jan -2023 Natioan Level 1 Dr.Beskar Kurangi KLE CoP,Belagavi Access to Quality & Affardable Medical Products to 20th-22th Jan -2023 Natioan Level 1 Dr.Deepti B Bagewadi JrNMC Access to Quality & Affardable Medical Products to 20th-22th Jan -2023 Natioan Level 1 Dr.Deepti B Bagewadi JrNMC Access to Quality & Affardable Medical Products to 20th-22th Jan -2023 Natioan Level 1 Dr.Deepti B Bagewadi JrNMC Access to Quality & Affardable Medical Products to 20th-22th Jan -2023 Natioan Level 1 Dr.Deepti B Bagewadi JrNMC Access to Quality & Affardable M		Dr Rinku Porwal	KLE Homeopathic	NCHEP-2022 13th National Conference on Health Professions Education to 2nd & 3rd Nov 2022 at Hydrabad	Natioanl Level	27,992.00	16,000.00
Dr.Jang Bahudur KAHER IASP with Collaboration with PRC Univercity of Kashmir, Srinagar to Sept 29-30 2022 Natioanl Level 2 Dr.Peeyoosha Gurudutt KLE IPT Swasthayu 2K22, from 17th-19th Nov 2022 State Level 1 Mr.Sujay Hulylakar KLE CoP, Belagavi Scccss to Quality & Affardable Medical Products to Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Z2nd Indial Pharmaceutical Congress, Nagapur Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Z2nd Indial Pharmaceutical Congress, Nagapur Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Zcccss to Quality & Affardable Medical Products to Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Access to Quality & Affardable Medical Products to Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Access to Quality & Affardable Medical Products to Natioanl Level 1 Dr.Beepti B Bagewadi SHR IBMK Jr.Ana 2023 from Mangalore Natioanl Level 1 Dr.Deepti B Bagewadi NMC PhOCON 2022 to 18th, J9th, 20th Nov 2022 at New State Level 1 <	22	Dr.Anilkumar Harugoppa	JNMC	south-zone and Karnataka state AOICON-2022 on 14th,15th & 16th oct 2022 at Manipal	State Level	18,375.00	8,000.00
Dr. Peeyoosha Gurudutt KLE IPT Swasthayu 2K22, from 17th-19th Nov 2022 State Level a Mrs. Sujay Hulylakar KLE CoP, Belagavi 72nd Indial Pharmaceutical Congress, Nagapur Natioanl Level 1 Mrs. Sujay Hulylakar KLE CoP, Belagavi 20th-22th Jan -2023 Natioanl Level 1 Dr. Bhaskar Kurangi KLE CoP, Belagavi 20th-22th Jan -2023 Natioanl Level 1 Dr. Bhaskar Kurangi KLE CoP, Belagavi Access to Quality & Affardable Medical Products to Natioanl Level 1 Dr. Bhaskar Kurangi SHRI BMK Joth-22th Jan -2023 Doth-2023 State Level 1 Dr. Deepti B Bagewadi SHRI BMK Joth-22th Jan -2023 National Level 1 1 Mr Jagadeesh Hubballi Indian Academy of Fitness Training to 14th Jan to State Level 4 4 Mr Jagadeesh Hubballi KLE INS Indian Academy of Fitness Training to 14th Jan to State Level 4 Mr Jagadeesh Hubballi KLE INS International Conference-2023 Emerging State Level 4 Dr. W. Jagadeesh Hubballi KLE INS International Conference-2023	23	Dr.Jang Bahudur	KAHER	IASP with Collaboration with PRC Univercity of Kashmir , Srinagar to Sept 29-30 2022	Natioanl Level	22,442.00	16,000.00
Mrs.Sujay Hulylakar Z2nd Indial Pharmaceutical Congress, Nagapur Natioanl Level 1 Mrs.Sujay Hulylakar KLE CoP, Belagavi Access to Quality & Affardable Medical Products to Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Z0th-22th Jan -2023 Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Zotal Indial Pharmaceutical Congress, Nagapur Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Zotal Indial Pharmaceutical Congress, Nagapur Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Zotal Indial Pharmaceutical Congress, Nagapur Natioanl Level 1 Dr.Bhaskar Kurangi KLE CoP, Belagavi Zotal Indial Pharmaceutical Congress, Nagapur Natioanl Level 1 Dr.Bepeti B Bagewadi SHR I BMK Joth-22th Jan -2023 Natioanl Level 1 4 Mr Jagadeesh Hubballi Indian Academy of Fitness Training to 14th Jan to State Level 4 Mr Jagadeesh Hubballi KLE INS PHOCON 2022 to 18th, 19th, 20th Nov 2022 at New Natioanl Level 4 Mr Jagadeesh Hubballi KLE INS International Conferenc	24	Dr.Peeyoosha Gurudutt	KLE IPT	Swasthayu 2K22, from 17th-19th Nov 2022	State Level	3,000.00	3,000.00
Dr.Bhaskar KurangiKLE CoP,Belagavi72nd Indial Pharmaceutical Congress,Nagapur Access to Quality & Affardable Medical Products to 20th-22th Jan -2023Natioanl Level1Dr.Deepti B BagewadiSHRI BMK20th-22th Jan -2023Indian Academy of Fitness Training to 14th jan to 3tate LevelState Level1Dr.Deepti B BagewadiSHRI BMK17th Jan 2023 from MangaloreState Level1Dr.Deepti B BagewadiJNMCPHOCON 2022 to 18th, 19th, 20th Nov 2022 at NewNatioanl Level4Mr Jagadeesh HubballiKLE INSInternational Conference-2023 EmergingState Level4Mr Jagadeesh HubballiKLE INSInternational Conference-2023 EmergingState Level4Dr.V.A.KothiwaleNatioanl0f India on 26th, 27th , 28th & 29th Jan 2023 from81Dr.V.A.KothiwaleMerkenof India on 26th, 27th , 28th & 29th Jan 2023 from81	25	Mrs.Sujay Hulylakar	KLE CoP, Belagavi	72nd Indial Pharmaceutical Congress, Nagapur Access to Quality & Affardable Medical Products to 20th-22th Jan -2023	Natioanl Level	16,590.00	16,000.00
Dr.Deepti B BagewadiSHRI BMKIndian Academy of Fitness Training to 14th jan to 17th Jan 2023 from MangaloreState Level1Dr Abhilasha SampagarJNMCPHOCON 2022 to 18th, 19th,20th Nov 2022 at New DelhiNatioanl Level4Mr Jagadeesh HubballiKLE INSInternational Conference-2023 Emerging Competencies in Midwifery & Neonatal Practices to 3 at SangliState Level4Dr.V.A.KothiwaleRAHER(78TH Annual conference of Association of Physicians GujaratNatioanl Level1	26	Dr.Bhaskar Kurangi	KLE CoP, Belagavi	72nd Indial Pharmaceutical Congress, Nagapur Access to Quality & Affardable Medical Products to 20th-22th Jan -2023	Natioanl Level	18,226.00	16,000.00
Dr Abhilasha Sampagar JNMC PHOCON 2022 to 18th, 19th,20th Nov 2022 at New Natioanl Level 4 Mr Jagadeesh Hubballi KLE INS International Conference-2023 Emerging State Level 4 Mr Jagadeesh Hubballi KLE INS International Conference-2023 Emerging State Level 4 Dr.V.A.Kothiwale Brownale 78TH Annual conference of Association of Physicians Natioanl Level 1 Dr.V.A.Kothiwale KAHER of India on 26th,27th ,28th & 29th Jan 2023 from Natioanl Level 1	27	Dr.Deepti B Bagewadi	SHRI BMK	Indian Academy of Fitness Training to 14th jan to 17th Jan 2023 from Mangalore	State Level	10,834.00	8,000.00
Mr Jagadeesh Hubballi KLE INS International Conference-2023 Emerging State Level Mr Jagadeesh Hubballi KLE INS Competencies in Midwifery & Neonatal Practices to State Level Mr Just 11th & 12th Jan 2023 at Sangli State Level Dr.v.A.kothiwale Dr.V.A.Kothiwale Natioanl Level 1 Dr.V.A.Kothiwale KAHER of India on 26th, 27th, 28th & 29th Jan 2023 from Natioanl Level 1	28	Dr Abhilasha Sampagar	JNMC	PHOCON 2022 to 18th, 19th,20th Nov 2022 at New Delhi	Natioani Level	45,500.00	16,000.00
Dr.V.A.Kothiwale 78TH Annual conference of Association of Physicians Of India on 26th,27th ,28th & 29th Jan 2023 from Natioanl Level Gujarat Gujarat	29	Mr Jagadeesh Hubballi	KLE INS	International Conference-2023 Emerging Competencies in Midwifery & Neonatal Practices to 11th &12th Jan 2023 at Sangli	State Level	5,900.00	5,900.00
	30	Dr.V.A.Kothiwale	KAHER	78TH Annual conference of Association of Physicians of India on 26th,27th ,28th & 29th Jan 2023 from Gujarat	Natioanl Level	16,000.00	16,000.00

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Placed in Category 'A' by MoE (GoI) Accredited A^+ Grade by NAAC (3rd Cycle) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India EDING DROFFSSIONALS 🖀: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

05122211 Ref. No. KAHER-/2022-23/D-

03rd December, 2022

ORDER

Sub

Permission to participate in the International Conference.

Request letter of the applicant forwarded through the concerned HoD, Ref KLE Institute of Physiotherapy, Belagavi.

With reference to the above, the request of Dr.Snehal Dharmayat, Associate Professor, Department of Community Physiotherapy, KLE Institute of Physiotherapy, Belagavi.. For attending '8th International Symposium on ICF and also Invited as resource person for (Panel Discussion and deliver a lecture) to be held at Mohali, Punjabi from 30th November to 2nd December, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate. Photograph and original bills/ vouchers as per university rules.



Thill

Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, KLE Institute of Physiotherapy, Belagavi
- 4. The Finance Officer, KAHER, Belagavi

KLE UNIVERSIT (Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)] VIVERSITY APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: 1. Name 2. Qualification đ. 3. Designation 4. Department 5. Institution 6. Date of joining the Institution 0 7. Objectives of the Conference / Seminar / Symposium 0 X lesea J. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 9. Assignment in the aforesaid Conference / Seminar / a) Chairing a scientific session. Symposium b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, If any, specify. Laa AHAA 10. Particulars of the financial support extended by the University for the 1st time to attend the similar Conference (s) during the current financial year (1st April to 31st March) a) Title of the Conference / Seminar / Symposium b) Date of conduct cos c) Venue d) Financial support extended by the University Q e) Copy of the sanction letter to be enclosed 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program poe C) Place d) Duration 1

TOWA.

20

e) Date

i

2. Expenses involved towards attending the Confer	
a) Place	
b) Mode of journey	- Poor Mohan
c) Fare	High
To and Fro expenses	Phys wool = 14 + 1 A
Registration / Delegation Fee	RS 14, 1001-+6,0001- Actornal
Total Expenses	Rs 22,5001-
B. Documents to be submitted:	
 a) Copy of the letter of invitation from the orga b) Copy of the full text of documents / abstract prepared by the applicant for presentation. 	
 I am not getting any financial assistance / sup agency for attending the aforesaid Conference, 	with Attendance / Pertinination Continues of
 I shall conduct a seminal for the benefit of the knowledge and experience gained from attending 	the faculty members of the Department / Institution to share the high the aforesaid Conference.
• I shall conduct a seminal for the benefit of the knowledge and experience gained from attendir • I shall reimburse the amount to the University in e:	the faculty members of the Department / Institution to share the high the aforesaid Conference.
 I shall conduct a seminal for the benefit of the knowledge and experience gained from attending I shall reimburse the amount to the University in 	the faculty members of the Department / Institution to share the high the aforesaid Conference.
 I shall conduct a seminal for the benefit of the knowledge and experience gained from attending. I shall reimburse the amount to the University in 22/0/2022 No	Ad conference, the faculty members of the Department / Institution to share the ing the aforesaid Conference. Inexcess of the eligibility. Signature of the faculty member Date: 22/11/2000 R
 I shall conduct a seminal for the benefit of the knowledge and experience gained from attendir	the above Teacher in the prescribed format for grant of
 I shall conduct a seminal for the benefit of the knowledge and experience gained from attending. I shall reimburse the amount to the University in 22/0/2022 No	the above Teacher in the prescribed format for grant of insideration.

*

KLE (Formerly known as KLE Established under Section 3 of the UGC	E UNIVERSITY E Academy of Higher Education & Research) Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]
(To be submitted to the U	RT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES
A. To be filled by the faculty member:	tiversity through the concerned HoD & Principal)
1. Name	
2. Qualification	Dr. Frashant Naik
3. Designation	Marter R
4. Department	Manters in Physiotherapp MPT Assistant Proventor
5. Institution	ADISTUIT Dada
6. Date of joining the Institution	Community Physiotherapy & Rehabilit
7. Objectives of the Owner	KIE Institute of Physiotherapy
7. Objectives of the Conference / Seminar / Sympos	
Benefits to be derived from participation in the afor Conference / Seminar / Symposium	resaid Please enclose
Assignment in the aforesaid Conference / Sen	separate sheet.
- Juposium	
	Contributing a scientific manual
	and lecture - range is a
Particulars of the financial support extended by University for the 1 st time to attend the sli Conference (s) during the current financial (1 st April to 31 st March)	- Nervarie ICISO
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
) Venue	3
) Financial support extended by the University	
Copy of the sanction letter to be enclosed	
	16000K
Name of the Organizer	10001
Title of the program	Ray at 4 Bahra university and each
Place	a mana proposition and a
Duration	Juliana University of the
Date /	4 2nd Decard
	Both Nov, 1st 4 2rd December 2022
	ALCUMBER LOOT
	그는 그는 것 같은 것 같



.

KLE UNIVERSITY

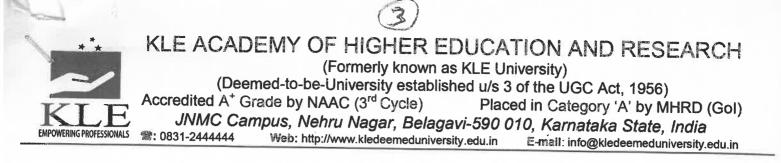
Ŷ

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1955 vide Government of India Notification No.F.9-19/2000-U.3(A)]

12. Expenses involved towards attending the C	Conference:
a) Place	Chandigarh
b) Mode of journey	Flight
c) Fare	
To and Fro expenses	£ 24,000
Registration / Delegation Fee	45 2400 A
Total Expenses	1.26400-
3. Documents to be submitted:	
 a) Copy of the letter of invitation from the b) Copy of the full text of documents / at prepared by the applicant for presenta 	ostract / paper
 I have furnished the information in this ap I am not getting any financial assistance agency for attending the aforesaid Confe 	pplication which is true to the best of my knowledge and belief. a / support from the sponsorers of the Conference or any other fundin prence,
 I shall produce necessary bills / receipts University from the date of attending the 	atoresaid Conference, fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference.
 I shall produce necessary pills / receipts in University from the date of attending the involved of the seminal for the benefic knowledge and experience gained from a lishall reimburse the amount to the Universite in the University in the involved of the involved of the seminal for the University is a seminal for the University for the University is a seminal for the Uni	atoresaid Conference, fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference. Insity in excess of the eligibility.
 I shall produce necessary pills / receipts University from the date of attending the solution of the benefic terms of terms of the benefic terms of terms o	fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference. Insity in excess of the eligibility. Signature of the faculty member
 I shall produce necessary pills / receipts University from the date of attending the solution of the benefic knowledge and experience, gained from a lishall reimburse the amount to the Universite state: <u>28/11/22</u> A. No	atoresaid Conference, fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference. Insity in excess of the eligibility. Signature of the faculty member Date: Date: Date:
 I shall produce necessary pills / receipts University from the date of attending the source of the benefic terms of terms of the benefic terms of t	atoresaid Conference, fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference. Insity in excess of the eligibility. Signature of the faculty member Date: Date: Date:
I shall produce necessary pills / receipts University from the date of attending the shall conduct a seminal for the benef knowledge and experience gained from a o I shall reimburse the amount to the Univer- ate : <u>28</u> <u>11</u> <u>22</u> of No e Registrar, E University, Igaum. ar Sir, We are enclosing herewith the applicat ancial support to attend the Conference for kin Thanking you,	tion of the above Teacher in the prescribed format for grant of ind consideration.
I shall produce necessary pills / receipts University from the date of attending the solution of the benefic knowledge and experience gained from a listall reimburse the amount to the Universite stress of the second stress of the benefic form a listall reimburse the amount to the Universite stress of the second stress of the benefic form a listall reimburse the amount to the Universite stress of the second stress of the second stress of the benefic form a listall reimburse the amount to the Universite stress of the second s	tion of the above Teacher in the prescribed format for grant of ind consideration.

 \mathbf{T}

4



Ref. No. KAHER-/2022-23/D- 08112214

03rd November, 2022

ORDER

Sub : Permission to participate in the International Conference.

Ref : Request letter of the applicant forwarded through the concerned principal and HOD.KLE College of Pharmacy, Belagavi.

With reference to the above, the request of Dr. <u>Preeti Salve</u>, Assistant Professor of Pharmaceutical Chemistry, KLE College of Pharmacy, Belagavi for contributing a Scientific Session at the "International conference on Drug Discovery to be held, Goa from 10th and 11th November, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Talk

Prof. Dr. V.A. Kothiwale Registrar

To,

The above staff member.

CC to:

1. The PA to Hon. Chancellor, KAHER, Belagavi.

2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.

3. The Principal, KLE College of Pharmacy, Belagavi.

4. The Finance Officer, KAHER, Belagavi.



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: Da. Preeti Salve 1. Name M.Pharm, PhD 2. Qualification Asst. Professor 3. Designation Pharmaceutical Chemistry preetisalve @klepharm.edu 4. Department 5. Email ID KLECOP, Belagavi 6. Institution 7. Date of joining the Institution (the faculty should 16/11/2017 complete minimum one year of service to avail this facility) International Conference on Drug Discovere 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium a) Delivering Key-note address / orations / 10, Assignment in the aforesaid Conference / Seminar / plenary lectures Symposium b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify. 11. Particulars of the Conference being attended International Conference on Drug Discours a) Title of the Conference / Seminar / Symposium 10 & 11th NOV. 2022 b) Date of conduct State / National International c) Level of Conference State Level . Rs. 8,000/d) Quantum of financial grant eligible (or actuals expenses, whichever is less) National Level : Rs. 16.000/-BITS-Pilani, GOG e) Venue Copy of the sanction letter along-with Brochure to f) Attached be enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program OFFICE OF THE REGISTRAR c) Place KLE Academy of Higher Education, & Research, BELAGAVI d) Duration e) Date of Conference 2 9 OCT 2022 f) Financial grant availed As per nome Inward No.......



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

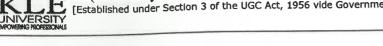
-2-		
13. Travelling (by shortest route) and other expenses involved		
	Parti	culars
a) Place	Goa, BITS-Pilani	
b) Mode of journey	By road	
c) Fare		Rs. 1500-0ne wa
d) To and Fro	1	RS. 3000/- Two M
e) Accommodation charges	2 days stay.	RS. 10, 266/-
f) Registration / Delegation Fee		Rs. 3500/-
g) Air-port Tax		10 3344
14. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Attached	
 I hereby declare that : I have furnished the information in this application which i I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Attenu University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Confere Date : <u>28 10 2022</u> Ref. No. <u>KLE[COP]74</u>]20 2223 To The Registrar, KAHER, Belagavi. 	the sponsorers / organizer ence. i am aware that I am later stage that the infor ion for financial grant. dance / Participation Certific rence. members of the Departme	s of the Conference or any liable for any disciplinary mation furnished in this ate within fifteen days to the nt / Institution to share the
Dear Sir,		
We are enclosing herewith the application of the abov financial support to attend the International Conference outsic Thanking you,	le India for kind considera Yours	ed format for grant of tion. faithfully, MMML
	PI KLE Col	RINCIPAL lege of Pharmacy LAGAVI - 10,

MICRO

COLLE

SI. No. 102 Date: 19/10

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]



APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr Madhumati. Pabl.
2. Qualification	MBBS.MD
3. Designation	Association Dropusor.
4. Department	naicrobiology.
5. Institution	JAINIC.
6. Date of joining the Institution	07/07/2007
7. Objectives of the Conference / Seminar / Symposium	
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	lo log en die ali
a) Title of the Conference / Seminar / Symposium	AIZZ 160007
b) Date of conduct	N172 (1- /4
c) Venue	
d) Financial support extended by the University	OFFICE OF THE REGISTRAR KLE Academy of Higher Education
e) Copy of the sanction letter to be enclosed	KLE Academy of rights GAVI & Research, BELAGAVI
f) Level of Conference State / Zonal / National	- 1 OCT 2022
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference in a calendar year.</u>	12 IRWARD NO.
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Part to a Mid
a) Name of the Organizer	Ecripe petraduo 1
b) Title of the program	13th lational configure of His
c) Place	projusional education. XICHA
d) Duration	2nd 3rd May 2022 2 de
e) Date	2 2 C 3rd xloy 2022.
f) Amount claimed	
27.10	



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

12. Expenses involved towards attending the Conference:	
a) Place	Detrop of the
b) Mode of journey	Dibradun.
c) Fare	+ light .
To and Fro expenses	20 220/-
Registration / Delegation Fee	20,000/- 7,000/-
Accommodation charges	
Total Expenses	15,000/-
13. Documents to be submitted:	42,000/-
 a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	
 I have furnished the information in this application which is I am not getting any financial assistance / support from tagency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference 	he sponsorers of the Conference or any other funding
 I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of 	nembers of the Department / Institution to share the
 I shall conduct a seminar for the benefit of the faculty response to the seminar for the benefit of the faculty response to the seminar for the benefit of the faculty response to the seminar for the university in excess of ate :	nembers of the Department / Institution to share the
 I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of ate : <u>19/10/22</u>. Signate ISON 1522 	nembers of the Department / Institution to share the said Conference. the eligibility.
 I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of ate : <u>19/10/22</u>. Signatef. No. <u>1522</u> De Registrar, E University, 	nembers of the Department / Institution to share the said Conference. the eligibility.
 I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of ate : <u>19/10/22</u>. Signatef. No. <u>1522</u> De Registrar, .E University, elgaum. 	nembers of the Department / Institution to share the said Conference. the eligibility.
 I shall conduct a seminar for the benefit of the faculty response to the seminar for the benefit of the benefit of the faculty response to the benefit of the benefit o	Teacher in the prescribed format for grant of

ŧ

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) KLE [Deemed-to-be-University established u/s 3 of the UGC Act, 1956] APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: PRAMOD J. HURKADALE 1. Name M. Pharm. Ph.D 2. Qualification Professor Pharmacognosy 3. Designation 4. Department planodhuratadle@yahoo.com 5. Email ID 6. Institution KLE college Apharmaci 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 00t-2004 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Semipar / Symposium Enclosed - Annexing (I) 10. Assignment in the aforesaid Conference / Seminar / a) Delivering Key-note address / orations / ease submit open for certificate of the certificate of the Symposium < convertion plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on e) Others, if any, specify. Speaker Resource Revision 11 Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium Translation elearch on b) Date of conduct 23-24 September c) Level of Conference State / National d) Quantum of financial grant eligible (or actuals State Level (: Rs. 8,000/expenses, whichever is less) National Level : Rs. 16,000/e) Venue JADANPUR VAUDVERSITY, KOLKATA Copy of the sanction letter along-with Brochure to f) Enclosed - Annexurebe enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously rastall. extended by the University Stati a) Name of the Organizer b) Title of the program c) Place OFFICE OF THE REGISTRAR d) Duration **KLE Academy of Higher Education** e) Date of Conference & Research, BELAGAVI pernoon f) Financial grant availed 1 2 SEP 2022 45 Inward No.Sian.. informed candidate for certificate

CROTHERIY KIN CROWN ROOMSANAS Deemed-to-be-University	own as KLE University) established u/s 3 of the UGC Act; 1956]
	- 2 -
13. Travelling (by shortest route) and other expenses involv	red
1	Particulars
a) Place	Kolkata Jadarpur
b) Mode of journey	By Air ->
c) Fare	23,450 =00
d) To and Fro	Belagan to Kolkata
e) Accommodation charges	- Conglinentary -
f) Registration / Delegation Fee	- Comphrisentery -
g) Air-port Tax	-As Applicable
14. Documents to be submitted:	
 a) Copy of the letter of invitation from the organ b) Copy of the full text of documents / abstract prepared by the applicant for presentation. 	Saller - SDAA OF ILL - DI
 I hereby déclare that I have furnished the information in this application I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my 	
 I hereby déclare that I have furnished the information in this application I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my 	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. The faculty members of the Department Anstitution to share the
 I hereby déclare that I have furnished the information in this application I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid of the knowledge and experience gained from attending 	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. The faculty members of the Department ig the aforesaid Conference. Signature of the faculty members
 I hereby déclare that I have furnished the information in this application I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid I shall conduct a seminar for the benefit of the knowledge and experience gained from attending 	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. The faculty members of the Department institution to share the ing the aforesaid Conference.
 I hereby déclare that : I have furnished the information in this application I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid of the knowledge and experience gained from attending 	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. The faculty members of the Department ig the aforesaid Conference. Signature of the faculty members
 I hereby déclare that I have furnished the information in this application I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid I shall conduct a seminar for the benefit of the knowledge and experience gained from attending 	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this application for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. The faculty members of the Department ig the aforesaid Conference. Signature of the faculty members
 I hereby déclare that . I have furnished the information in this application. I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid. I shall conduct a seminar for the benefit of the knowledge and experience gained from attending. 	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this rapplication for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. It faculty members of the Department g the aforesaid Conference. Signature of the faculty members Date: OB-OG-OG the above Teacher in the prescribed format for grant of
 I hereby déclare that : I have furnished the information in this application I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid I shall conduct a seminar for the benefit of the knowledge and experience gained from attending Date : <u>0809</u> Def. No. <u>KUE/Cop/650/2022/23</u> To the Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of the seminar of the seminary of the s	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this rapplication for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. Institution to share the g the aforesaid Conference. Signature of the faculty member Date: OB-OG-OG the above Teacher in the prescribed format for grant of ce outside India for kind consideration.
 I hereby déclare that . I have furnished the information in this application. I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid. I shall conduct a seminar for the benefit of the knowledge and experience gained from attending. 	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this rapplication for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. It faculty members of the Department g the aforesaid Conference. Signature of the faculty members Date: OB-OG-OG the above Teacher in the prescribed format for grant of
I hereby déclare that • I have furnished the information in this application • I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my • I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid • I shall conduct a seminar for the benefit of the knowledge and experience gained from attending Date : 08-09-0022/2.9 To the Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application of the hancial support to attend the International Conference Thanking you,	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this rapplication for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. Is faculty members of the Department Institution to share the g the aforesaid Conference. Signature of the faculty member Date: OB-OG-OG the above Teacher in the prescribed format for grant of ce outside India for kind consideration.
 I hereby déclare that . I have furnished the information in this application. I am not getting any financial assistance / sup other funding agency for attending the aforesaid action by the University in case it is four application is wrong / false, in support of my I shall produce necessary bills / receipts along-w University from the date of attending the aforesaid. I shall conduct a seminar for the benefit of the knowledge and experience gained from attending. 	on which is true to the best of my knowledge and belief. port from the sponsorers / organizers of the Conference or any d Conference. I am aware that I am liable for any disciplinary nd at a later stage that the information furnished in this rapplication for financial grant. with Attendance / Participation Certificate within fifteen days to the aid Conference. Is faculty members of the Department Institution to share the g the aforesaid Conference. Signature of the faculty member Date: OB-OG-OG the above Teacher in the prescribed format for grant of ce outside India for kind consideration.



(Formerly known as KLE Academy of Higher Education & Research College, Belagar [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

geot. of Community A

10/10/2

Dala

1

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DE DEEPTI M. KADEANGADI
2. Qualification	MBBS, MD Community Medicine
3. Designation	ASSOCIATE PROFESSIOR
4. Department	Community Medicine
5. Institution	Jon Medical college Belagan
6. Date of joining the Institution	12.07.2007
7. Objectives of the Conference / Seminar / Symposium	
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	I Nil Getippicate
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	2
c) Venue	OFFICE OF THE REGISTRAR KLE Academy of Higher Education
d) Financial support extended by the University	& Research, BELAGAVI
e) Copy of the sanction letter to be enclosed	11 OCT 2022
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	inward No.253 Sign.
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	1600 PP
a) Name of the Organizer	Swami Rama tumalyan university
b) Title of the program	13 Rich PE-2022 13 National conficence
c) Place	Kinakyan Institute of Medical signes
d) Duration	Penaedhun uttachend
e) Date	~ 2nd 3rd wovember 2022
f) Amount claimed	
	1.102
	1.1.

KLE UNIVERSITY IMPONEMANCE PROFESSIONALS

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

-2	-
12. Expenses involved towards attending the Conference:	
a) Place	
b) Mode of journey	Road Road Road
c) Fare	Teain and Air
To and Fro expenses	
Registration / Delegation Fee	20,000 -
Accommodation charges	8000 -
Total Expenses	18300
13. Documents to be submitted:	46,300 1-
 a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	Abstree et details and email attached
DECLARAT	email attached
I hereby declare that :	
I have furnished the information in this application which i	s true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference. 	the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer 	ance / Participation Certificate within fifteen days to the
I shall conduct a seminar for the benefit of the faculty	members of the Departure (11) where the
a second and a second a	esalu Conterence.
 I shall reimburse the amount to the University in excess of 	
Date : 10 10 2022 Sign	ature of the faculty member Aupto Maderney
Ref. No. 14924	All the Original and th
То	Date: <u>10-2021</u>
The Registrar,	z
KLE University,	8
Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the above	ve Teacher in the prescribed format for grant of
inancial support to attend the Conference for kind consideratio	n.
Thanking you,	
C XAHE	P Yours faithfully,
Allalure. (FIBELAG)	A CI
Signature of the HoD	
10/10/21	Principal
	J.N. Medical College,
	BELAGAVI- 590 010

ł



÷.

KLE ACADEMY OF HIGHER EDUCATION AND RE

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

Medical Col

Mc

Date :...

*

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. B. P. Belaldaval
2. Qualification	Poopedsor and ton
3. Designation	populsion "
4. Department	EAT
5. Institution	JNMC, Lelogus
6. Email ID	puttad va @ realf mail-land
7. Date of joining the Institution	Aug 1994
8. Objectives of the Conference / Seminar / Symposium	State and Sandurzane Coof
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify. Paperst.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	ADIACON 2022
b) Date of conduct	14.10.22 -16-10.22
c) Level of Conference (State / Zonal / National)	state and zonal
d) Venue	Manipat
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	and at
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u>	80001
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	KARNATONCO) AOT
b) Title of the program	State my Jengh 20ne any
c) Place	manippa
d) Duration	REGISTRAD days
e) Date KLE Academy of Masses	
f) Amount claimed	
2 2 0C 29	Aspr. /a
"ward No	Sign. 27-10

PAN SPROFISS ANAL	(Formerly known as I Deemed-to-be-University establish	ed u/s 3 of the UGC Act, 1956]
	- 2 -	
13. Exp	enses involved towards attending the Conference:	
a)	Place	MANIPAL
b)	Mode of journey	BUS
c)	Fare	
	To and Fro expenses	Rs. 1025+ 4.732=17
	Registration / Delegation Fee	Rs. 5200
	Accommodation charges	1.3000.
1	Total Expenses	9957/
14. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
1	 hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Conference. 	n the sponsorers of the Conference or any other fund ndance / Participation Certificate within fifteen days to erence,
	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid. 	n the sponsorers of the Conference or any other fund ndance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility.
Date :	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid University in excess I shall reimburse the amount to the University in excess 	n the sponsorers of the Conference or any other fund ndance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility. gnature of the faculty member
Date :	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid. 	n the sponsorers of the Conference or any other fund ndance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility.
Date : Ref. N To	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesait in excess 1 shall reimburse the amount to the University in excess 19.10.202 Since 1539 	n the sponsorers of the Conference or any other fund ndance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility. gnature of the faculty member
Date : Ref. N To The R KAHE	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid Conference, I shall reimburse the amount to the University in excess 	n the sponsorers of the Conference or any other fund ndance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility. gnature of the faculty member
Date : Ref. N To The R KAHE Belga	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid Conference, I shall reimburse the amount to the University in excess 	n the sponsorers of the Conference or any other fund ndance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility. gnature of the faculty member Date: 21101
Date : Ref. N To The R KAHE Belga Dear S	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid Conference, I shall reimburse the amount to the University in excess 19.10.2020 Signon 	the sponsorers of the Conference or any other fund Indance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility. gnature of the faculty member Date: <u>2MOM</u>
Date : Ref. N To The R KAHE Belga Dear S	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid Conference, I shall reimburse the amount to the University in excess 19.10.202 Sintegistrar, Sintegistrar, Sin	the sponsorers of the Conference or any other fund Indance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility. gnature of the faculty member Date: <u>2MOM</u>
Date : Ref. N To The R KAHE Belga Dear S	 I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid Conference, I shall reimburse the amount to the University in excess 19.10.202 Sintegistrar, R, Umage: Sintegistrar, We are enclosing herewith the application of the activity for presentation scientific paper (poster) 	the sponsorers of the Conference or any other fund Indance / Participation Certificate within fifteen days to erence, y members of the Department / Institution to share oresaid Conference. of the eligibility. gnature of the faculty member Date: <u>2MOM</u>

From.

Dr Laxmi Deshpande Asst. Prof. Dept. of Microbiology Deputed to KLE's Dr. Prabhakar Kore BSRC KAHER, Belgaum – 10

To.

The Principal J N Medical college Belgaum-10

Respected Madam,



Dr. Ramesh S. Paranjape Distinguished Professor & I/C Director,

Subject: Requesting for full financial support for attending the 26th Maharashtra Chapter conference 2022 of IAMM at Pune.

I attended the 26th Annual Maharashtra chapter state conference of Indian Association of Medical Microbiologists organized at Pune from 16th to 18th September 2022 organized by Department of Microbiology, B J Medical college and Sassoon General hospital, Pune, I presented my paper under oral paper presentation and it was one of the 3 selected for "Best oral paper for Late Dr. P M Khare" award. Attending this conference helped me in sharing my work with the experts in the field and also gave me an opportunity to learn from the experts attending the conference. I have enclosed the required documents for your reference. I kindly request you to grant me full financial support that includes the registration fees of Rs. 5500, travel allowance of Rs. 1460/- and other local expenditure and food charges of Rs. 1000 total of 7,960/-. By separation

Documents enclosed,

- 1. abstract submitted for the conference,
- 2. registration receipt,
- 3. conference delegate certificate,
- 4. certificate of participation for oral presentation and

Acceptance mail Received on 16th Sept 2022 @ 433pm

5. travel documents

Yours sincerely,

Dr Laxmi Deshpande

Dr. Prabhakar Kore Basic Science Research Center, (Forwarded through the Director, Dr. Prabhakar Kore BSRCE KAHER)gher Education and Research, Belagavi-10. Karnataka, India

Date: 07-10-2022

-01.11

-				
		14	44	
	commented	and the second	Runner	*
				8 :
	S 111 - 2			5
	22.23	1000		8 - I
	Tor at	100	10 3	8
	N.	State of St	di la	
		1.0	1. 1810	2
	-SOUTH THE	2.11	a see a	£
				n.,
	1	T.	- T	
- 1	£			-
			7 H	· ' 4
	-	-		-t-fF
849	POWERI	GP80	FESSIO:	MS

C

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:		
1. Name	DR LAXMI DESHPANDE	
2. Qualification	MBBS MD DNB	
3. Designation	ASSISTANT PROFESSOR	
4. Department	MICROBIOLOGY - BSRC	
5. Email ID	despande laxini 18@gmail	
6. Institution	JNMC, deputed to BSRC	
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	15-12-2021	
8. Objectives of the Conference / Seminar / Symposium	Paper Prescritation	
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.	
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations / plenary lectures	
-4	b) Contributing a scientific paper	
	c) International collaboration exchange program (only on invitation)	
	d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)	
	e) Others, if any, specify.	
1. Particulars of the Conference being attended		
a) Title of the Conference / Seminar / Symposium	26th chapter Mahamusocor	
b) Date of conduct	16th - 18th Sept 2/02.	
c) Level of Conference	State / National	
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/ National Level : Rs.16,000/-	
e) Venue	BJMC, Pune, Marhavashtro	
 f) Copy of the sanction letter along-with Brochure to be enclosed 		
lote : The faculty member is eligible for financial support to attend one Sta	ate / Zonal and one National Conference in a calendar year	
2. Particulars of the financial support <u>previously</u> extended by the University	NA.	
a) Name of the Organizer		
b) Title of the program	an a	
c) Place		
d) Duration	in the second	
e) Date of Conference		
	and the second sec	

		- 2P -	*	
	110000145	No. com	CO. In store	ine -
	2 . 2		12.2.2	32. ·
	13 11 11/2		******	38
	- 20112 - 22			22
	1000	and the second second	100	19 C
	4	No.	- A	6
			1000	19 · ·
	-	-		ж.
	1000			
-			-	
			- 1	
	K		- B-	
- e				_
- 81	POWERD	00.055	COUNT COUNT	1420
	A AHER	101.00	(C)(H)(H	19L.)

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

······································	
13. Travelling (by shortest route) and other expenses involved	
	Particulars
a) Place	Pune
b) Mode of journey	Bus
c) Fare	72000 (Bernander Pilloe K
d) To and Fro (Local transport)	1000 - 10 Belagain 1,46
e) Accommodation charges	
f) Registration / Delegation Fee	The second se
g) Air-port Tax	5500/-
4. Documents to be submitted:	NA -
a) Copy of the letter of invitation from the organizers.	Total - 7960/-
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	i all.
DECLARAT	ION
 I have furnished the information in this application which is 	a true to the heart of a standard sta
other funding agency for attending the aforesaid Conferen- action by the University in case it is found at a l application is wrong / faise, in support of my application	the sponsorers / organizers of the Conference or any nce. I am aware that I am liable for any disciplinary later stage that the information furnished in this on for financial grant
 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference 	ance / Participation Certificate within fifteen days to the
 I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore 	
10, DID: 2022	ature of the faculty member Deboude .
ef. No. <u>)388</u>	Date: 07/10/2022
	Date: 07/10/2022
e Registrar, KAHER, Belagavi.	
ar Sir,	
We are enclosing herewith the application of the above ancial support to attend the International Conference outside Thanking you,	Teacher in the prescribed format for grant of India for kind consideration.
VAH.	ER Yours faithfully,
nature of the HoD	ALL ALL
Dr. Ramesh & Parania	PRIMicipal College,
Distinguished Professor & I/C Director, Prabhakar Kore Basic Science Research Center, E Academy of Higher Education and Research, Belagavi 10 Kommunication and Research,	BELAGAVI- 590 010

ł

Office of the J. N. MEDICAL COLLEGE **KLE UNIVERSI** (Formerly known as KLE Academy of Higher Education & Research [Established under Section 3 of the UGC Act. 1956 vide Government of India Notification N.F. S. 9720(2022(A)) APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Rgine pal) A. To be filled by the faculty member: Dr. Rajesh S. Mane 1. Name 2 Qualification MDDINBCAnautosolas 3. Designation Petenor. Anay thesielse 4. Department 5. Institution J.N. Medica Le 6. Date of joining the Institution 04-12-199 7. Objectives of the Conference / Seminar / Symposium notheir 8. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet Conference / Seminar / Symposium 9 Assignment in the aforesaid armerence / Seminar / a) Chairing a scientific session. Symposium b) Contributing a scientific paper (poster or oral) norticide 1/10 Let Delivering a guest lecture d) Others, if any specify 10. Particulars of the financial support extended by the University to attend the similar Conference (s) -NIIduring the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct OFFICE OF THE REGISTRAL c) Venue KLE Academy of Higher Education d) Financial support extended by the University & Research, BELAGAYI or e) Copy of the sanction letter to be enclosed SEP 2022 Level of Conference State / Zonal / National f) Note : The faculty member is eligible for financial Inward No......Slon.mu support to attend one State / Zonal and one National Conference in a calendar year. 11 Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place d) Duration Date e) Anacath Spernor f) Amount claimed called on 17/09/22 dical College.



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vice Government of India Notification No.F.9-19/2000-U.3(A)]

ան արդիս տուսուն ան է Հատություն է։ Դի հետեն առանց տես է հատություն է։	Ханбарун таландар на талануу кануу кану Канбарун талануу кануу кану
-2	-
12. Expenses involved towards attending the Conference:	
a) Place	Kalsnep (Gylsnega)
b) Mode of journey	Kend
c) Fare	
To and Fro expenses	2000/_
Registration / Delegation Fee	5500/-
Accommodation charges	2500/-
Total Expenses	10,000
13. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	
DECLARAT	ION
I hereby declare that	
 I have furnished the information in this application which 	s true to the pest of my knowledge and belief
 I am not getting any financial assistance is support from agency for attending the aforesaid Conference. 	
 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe- 	dance / Participation Certificate within fifteen days to the rence,
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	members of the Department / Institution to share the
I shall reimburse the amount to the University in excess of	
Date 8th Sept 2022 Sig	Am -
Date 8 Jepg 2022 Sign	nature of the faculty member
Ref. No. 1154	Date: 10.9.202
То	
The Registrar, KLE University, Belgaum,	
Dear Sir,	
We are enclosing herewith the application of the abo	ove Teacher in the prescribed format for grant of
financial support to attend the Conference for kind considerat	
Thanking you,	
	Yours faithfully,
XATTE	
Seal	Val HLB
Signature of the HoD Professor & Head	Principal
DEPARTMENT OF ANAESTHESIOLOGY	PRINCIPAL
J.N. MEDICAL COLLEGE, BELAGAVI-590010.	J.N. Medicel College, BELAGAVI- 590 010

Ref. No - 1289

To,

The Register

KLE Academy of Higher Education and Research From.

Dr Deepa R Mane, MDS, PhD

Professor

Department of Oral Pathology & Microbiology

KLE VK Institute of Dental Sciences

KLE Academy of Higher Education and Research

Through Proper Channel

Respected Sir.

I undersign Dr Deepa Mane Professor in the department of Oral Pathology, KLE VK Institute of Dental Sciences has been awarded for Best Article Award at 29th National IAOMP conference held at Dehradun on 11th, 12th & 13th Nov 2022.

As per the letter ref no KAHER/2022-23/D-28112218 herewith attached my certificate of Best Article Award, Photos and other required documents as per the university rules. Kindly do the needful and oblige. Get permission

Thanking You

2022

Yours Sincerely.

Dr Deepa R Mane.

Forwarder to Repistraa KAHPER CARGOL CARE SHE KLE Acadesev of Mightar Edg & Rossarch, Set 0 3 DEC 2022 Invard No. 37

Smorded coverideation

monor

30001-

Professor and Head Department of Oral Pathology, KLE V. K. Institute of Dental Sciences, Belagavi

Date: 2.12.2022

3/12/2022

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India 0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 28112218

22nd November, 2022

ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, KLE VK Institute of Dental Sciences, Belagavi.

With reference to the above, the request of **Dr.Deepa R Mane** Professor, Department of Oral Pathology, KLE VK Institute of Dental Sciences, Belagavi. For attending 29th National Conference of IAOMP to be held **Dehradum**, Uttarakhand from 11th to 13th November, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



rof. Dr. V.A. Kothiwale Registrar

То,

The above staff member.

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, KLE VK Institute of Dental Science, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi.

Ref. 160. 326 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

KI

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

o be filled by the faculty member:	DV. DEEPA. R. MANE
Name	
Qualification	M.D.S, PhD
Designation	PROFESSOR
Department	ORAL PATHOLOGY
Institution	KLE VK IDS
Email ID	deeparajeshmane@gmail.com
Date of joining the Institution	3rd JAN 2007
Objectives of the Conference / Seminar / Symposium	Maxillojacial Injulions-Evolving Pa
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. BEST ARTICLE AWARD
0. Assignment in the aforesaid Conference / Seminar /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecture
	c) Others, if any, specify. Chairperson for Scientific Series
1 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Level of Conference (State / Zonal / National)	
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa</u> Conference in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	TANK
a) Name of the Organizer	NATIONAL LAOMP
b) Title of the program	29th National conjunce of IAOr
c) Place Int # Academy of Higher Educatio	a Dourdenne
d) Duration & Research, BELAGAW	11 4,12 4 15 100 201
e) Date 2 2 NOV 2022	3 DAYS
f) Amount claimed	and a
i) Anount claimer	Ependont 2
Inward woments	- ASP. A/2
	22-112

KLE ACADEMY OF HIGHER I (Formerly known a [Deemed-to-be-University estable]	as KLE University)
	as KLE University) Dished u/s 3 of the UGC Act, 1956]
13. Expenses involved towards attending the Conference:a) Place	
	Delagadu
b) Mode of journey	Flight
c) Fare	To: Conomy class
To and Fro expenses	Densadun Flight - Economy class To: 9,465 + FRO: 6,744
Registration / Delegation Fee	10,204/-
Accommodation charges	- 14,500/-
Total Expenses	
14. Documents to be submitted:	30,709/-
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	Enclosed
DECLARAT	
I hereby declare that :	
• I have furnished the information	
 I have furnished the information in this application which is I am not getting any financial assistance / support from the agency for attending the second sec	true to the best of the
and hot yetting any financial applications of	
agency for attending the afara assistance / support from th	Person sources of the contract
- Sono Ioi alleriurio the storecold Cart	'S Sponsorers of the Conference
- Sono Ioi alleriurio the storecold Cart	19 SPUISORERS of the Conference
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the store 	ance / Participation Certificate with a se
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference I shall conduct a coming of attending the aforesaid Conference 	ance / Participation Certificate within fifteen days to the need
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the afore 	ance / Participation Certificate within fifteen days to the need
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the afore 	ance / Participation Certificate within fifteen days to the new permission of the Department / Institution to above it
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference I shall conduct a coming of attending the aforesaid Conference 	ance / Participation Certificate within fifteen days to the need
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of the Date :	ance / Participation Certificate within fifteen days to the nee, nee, neembers of the Department / Institution to share the Said Conference.
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of the Date :	ance / Participation Certificate within fifteen days to the noce, new best of the Department / Institution to share the Said Conference.
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the afores I shall reimburse the amount to the University in excess of the Date : 	ance / Participation Certificate within fifteen days to the nee, nee, neembers of the Department / Institution to share the said Conference. ne eligibility.
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess at I shall reimburse the amount to the University in excess of the Date :	ance / Participation Certificate within fifteen days to the nce, members of the Department / Institution to share the said Conference. The eligibility.
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of the Date	ance / Participation Certificate within fifteen days to the nce, members of the Department / Institution to share the said Conference. The eligibility.
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of the Date :	ance / Participation Certificate within fifteen days to the nce, members of the Department / Institution to share the said Conference. The eligibility.
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of the Date	ance / Participation Certificate within fifteen days to the noce, members of the Department / Institution to share the Baid Conference. The eligibility.
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess so I shall reimburse the amount to the University in excess of the Date :	ance / Participation Certificate within fifteen days to the nce, nembers of the Department / Institution to share the said Conference. The eligibility. Ture of the faculty member
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of the Date	ance / Participation Certificate within fifteen days to the nce, members of the Department / Institution to share the Said Conference. The eligibility. Ture of the faculty member
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of the Date	ance / Participation Certificate within fifteen days to the nce, members of the Department / Institution to share the Said Conference. The eligibility. Ture of the faculty member
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference • I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess • I shall reimburse the amount to the University in excess of the Date :	ance / Participation Certificate within fifteen days to the nce, members of the Department / Institution to share the Said Conference. The eligibility. Ture of the faculty member
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference • I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess • I shall reimburse the amount to the University in excess of the Date :	ance / Participation Certificate within fifteen days to the nce, members of the Department / Institution to share the Said Conference. The eligibility. Ture of the faculty member
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference • I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess • I shall reimburse the amount to the University in excess of the Date :	Teacher in the prescribed format for grant of al) / delivering a guest lecture to attend the
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess. I shall reimburse the amount to the University in excess of the Date:	ance / Participation Certificate within fifteen days to the nce, members of the Department / Institution to share the Said Conference. The eligibility. Ture of the faculty member
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the afores I shall reimburse the amount to the University in excess of th Date :	Teacher in the prescribed format for grant of al) / delivering a guest lecture to attend the
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of th Date :	Teacher in the prescribed format for grant of all) / delivering a guest lecture to attend the Yours faithfully,
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of th Date :	Teacher in the prescribed format for grant of al) / delivering a guest lecture to attend the Yours faithfully, Principal PRINCIPAI
 I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferer I shall conduct a seminar for the benefit of the faculty m knowledge and experience gained from attending the aforess I shall reimburse the amount to the University in excess of th Date :	Teacher in the prescribed format for grant of all) / delivering a guest lecture to attend the Yours faithfully,

	N. Medical Colleg
KLE ACADEMY OF HIGHER ED (Formerly known as K [Deemed-to-be-University establish	
APPRICATION FOR FINANCIAL SUPPORT TO ATTENI (To be submitted to the University throug	D STATE / ZONAL / NATIONAL CONFERENCES
A. To be filled by the faculty member:	Dr VINITA METGUDMATE
1. Name	Dr VINITA METGUDMATE M.S (ENTS HNS)
2. Qualification	ASSOCIATE PROFESSOR
3. Designation	ENTS HNS
4. Department	JUN NEDTCAL MOLLEGE
5. Institution	docvinita vijay@gmail·u
6. Email ID	docvintur vijugeo groot
7. Date of joining the Institution	08-07-2008 Southzone AOIKCON ENTConferen
8. Objectives of the Conference / Seminar / Symposium	a sete choot
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	b) Delivering a guest lecture
tion and automatic support already extende	c) Others, if any, specify
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January 1 31st December) 	Renter Tours ACTION 2022.
 11. Particulars of the financial support already extende by the University to attend the similar Conference (s) during the current calendar year 1st January 1 31st December) a) Title of the Conference / Seminar / Symposium 	SouthZone AOTHON 2022. October 14th r15th 2022
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct 	SouthZone Althon 2022. October 14th r15th 2022
 11. Particulars of the financial support already extende by the University to attend the similar Conference (s) during the current calendar year 1st January for 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) 	South Zone AOTIKON 2022. October 14th rist & 16th 202 Dered ZONAL MANIPAL
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January 1 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue 	SouthZone AOTICON 2022. October 14th, 15th 2022 Delade ZONAL MANIPAL
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January 1 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University 	South Zone AOTHON 2022. October 14th rist & 16th 2022 Delate ZONAL MANIPAL
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January 1 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for finance 	And NIK good Am South Zone AOTICON 2022. October 14th risting 16th 2022 Delade ZONAL MANIPAL. MANIPAL. MANIPAL. MANIPAL. Stall 22 OCT 2022.
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for finance support to attend <u>one State / Zonal</u> and <u>one Natio Conference</u> in a calendar year. 	se NIK good/h SouthZone AOTHON 2022. October 14th rist & 16th 2022 Delate ZONAL MANIPAL MANIPAL MANIPAL MANIPAL Sectorch SELAGARA & Research, SELAGARA 32 Sign
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January 1 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one Natio Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	se NIK good/h SouthZone AOTHON 2022. October 14th rist & 16th 2022 Delate ZONAL MANIPAL MANIPAL MANIPAL MANIPAL Sectorch SELAGARA & Research, SELAGARA 32 Sign
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January for 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one Natio Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	KARNATAKA ADI & MANJPA-UD SouthZone & Karnataka State ADI
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January for 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	KARNATAKA ADI & MANJPA-UD SouthZone & Karnataka State ADI
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for finance support to attend <u>one State / Zonal</u> and <u>one National</u> 12. Particulars of the organizers of the aforesaid Conference in a calendar year. 13. Particulars of the Organizer b) Title of the program c) Place d) Duration 	KARNATAKA ADI & MANJPA-UD SouthZone & Karnataka State ADI
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January 131st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for finance support to attend <u>one State / Zonal and one Nation Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place d) Duration 	KARNATAKA ADI & MANJPA-UD SouthZone & Karnataka State ADI
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for finance support to attend <u>one State / Zonal</u> and <u>one National</u> 12. Particulars of the organizers of the aforesaid Conference in a calendar year. 13. Particulars of the Organizer b) Title of the program c) Place d) Duration 	se NIK good/h SouthZone AOTHON 2022. October 14th rist & 16th 2022 Delate ZONAL MANIPAL MANIPAL MANIPAL MANIPAL Sectorch SELAGARA & Research, SELAGARA 32 Sign

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

KLE EMPOWERING PROFESSIONALS

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

IPAL
+B1155 = 2271
D-D
001-
.0001-
,
of my knowledge and belief.
f the Conference or any other fund
ion Certificate within fifteen days to t
Department / Institution to share t e.
culty member
Date: 22/10
v
the prescribed format for grant
ring a guest lecture to attend t
Yours faithfully,

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956] KLE

Medical Co

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

	be filled by the faculty member:				
1. Nam	ie		RAJESH. R. HAVALDAR		
2. Qual	lification	MB	BS, MS, DNB, MNAMS, Follows L Head Neigh		
3. Desi	gnation	Ass	Assistant Projescor.		
1. Department		En	ENT & HAN S."		
5. Instit	tution	J.	J.N. Medical College. Rajeshhavaldar@yahoo.com		
6. Ema	il ID	Ra			
7. Date	of joining the Institution	25	22/07/2019.		
8. Obje	ectives of the Conference / Seminar / Symposiun	Son	22/07/2019. South 20100 Kannataka State Proicon,		
	efits to be derived from participation in the afores ference / Seminar / Symposium	aid Pleas	se enclose a separate sheet.		
	signment in the aforesaid Conference / Seminar	L	ontributing a scientific paper (poster or oral)		
Sym	nposium	b) De	elivering a guest lecture		
		Let Of	thers, if any, specify, video presentat		
by (s)	rticulars of the financial support already exter the University to attend the similar Confere during the current calendar year 1 st Januar st December)	nce	will carhiheat		
a)	Title of the Conference / Seminar / Symposium				
b)	Date of conduct	Contraction of the second	THE REGISTRAR		
c)	Level of Conference (State / Zonal / National)		erch, BELAGAVI		
d)	Venue	11	11 OCT 2022		
e)	Financial support extended by the University		LULL		
f)	Copy of the sanction letter to be enclosed	Inward No	24 Signan Signan Signa S		
suppo	: The faculty member is eligible for fina rt to attend <u>one State / Zonal</u> and <u>one Nati</u> rence in a calendar year.				
	articulars of the organizers of the aforesaid nference / Seminar / Symposium				
a)	Name of the Organizer	Mar	nipal Academy of Higher Educa		
b)	Title of the program	Son	the zone & Kannataka State ADI		
D)	c) Place		nipal Academy of Higher Educa ith 20ne & Karnataka State Aoly anipal, Karnataka.		
	Duration	3.	dauge.		
c)	Date 8 ^{N°} 22	3.	dauge.		
c) d)	Duration Date Amount claimed Ashvorran	3.	douge. -10-22 to 16-10-22. 717/71 A		



KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

011

2

- 2 -	
13. Expenses involved towards attending the Conference:	
a) Place	Manipal.
b) Mode of journey	Manipal. Bus.
c) Fare	1,517/-
To and Fro expenses	5,200 - "
Registration / Delegation Fee	
Accommodation charges	RS 6717/-
Total Expenses	
14. Documents to be submitted:	enclosed.
a) Copy of the letter of invitation from the organizers.b) Copy of the full text of documents / abstract / paper	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
DECLARA	TION
I hereby declare that :	
 I have furnished the information in this application which 	is true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	n the sponsorers of the Conference or any other funding
a Leball produce necessary bills / receipts along-with Atte	ndance / Participation Certificate within fifteen days to the
Liniversity from the date of attending the atoresaid Con	erence, ty members of the Department / Institution to share the formagid Conference
knowledge and experience gained from attending the a	loresalu Comerence.
to be the important to the University in excess	of the eligibility.
Date: 7/10/22 S	ignature of the faculty member Oprovedom
	Date: 11 10 20 22
Ref. No. 1423	
То	
The Registrar, KAHER,	
Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the	above Teacher in the prescribed format for grant o
financial support for presentation scientific paper (poster	r or oral) / delivering a guest lecture to attend the
Conference for kind consideration.	
Thanking you	Yours faithfully,
D (NY	HER *
A A A A A A A A A A A A A A A A A A A	Calary H
Signature of the HoD	Principal
	J.N. Medical College.
Professor & Head	J.N. Medical- BELAGAVI- 590 010
Department of E.N.T. J. N. Medical College	
Belagavi	

J

KLE ACADEMY OF HIGHER E (Formerly known as					
Deemed-to-be-University established u/s 3 of the UGC Act, 1956]					
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro					
A. To be filled by the faculty member:					
1. Name	Dr Sagar Salin				
2. Qualification	Mr.D.S				
3. Designation	Lectrony				
4. Department	The set was a set of the set of t				
5. Email ID	Public near Dentito- dresagare jalinde growail.				
6. Institution	KILE, VICIOS Belgani				
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	19/10/20812				
8. Objectives of the Conference / Seminar / Symposium					
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	 Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Interpotional collaboration contractions 				
10. Assignment in the aforesaid Conference / Seminar / Symposium					
*					
· · · · · · · · · · · · · · · · · · ·	 c) International collaboration exchange program (only on invitation) 				
	d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)				
	e) Others, if any, specify. Chart				
11. Particulars of the Conference being attended	Sers Von				
a) Title of the Conference / Seminar / Symposium	201 TAPHO Notiondo				
b) Date of conduct	1300 - THEID MOGIANIOG				
c) Level of Conference	State / National				
 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/-				
	National Level : Rs.16,000/				
 e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed 	Maquines, Palare Panajil				
Note : The faculty member is eligible for financial support to attend one St	ate / Zonal and one National Conference in a calendar year				
12. Particulars of the financial support <u>previously</u> extended by the University	critodat				
a) Name of the Organizer	Du = Ka /				
b) Title of the program	M				
c) Place					
d) Duration					
e) Date of Conference	···· · · · · · · · · · · · · · · · · ·				
f) Financial grant availed					

1

1

5

and the second second

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956] 13. Travelling (by shortest route) and other expenses involved Particulars a) Place 100 b) Mode of journey c) Fare d) To and Fro 3000 /m Accommodation charges e) An **Registration / Delegation Fee** 1) 5000 Air-port Tax g14. Documents to be submitted: a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that I have furnished the information in this application which is true to the best of my knowledge and belief. . I am not getting any financial assistance / support from the sponsorers / organizers of the Conference or any other funding agency for attending the aforesaid Conference. I am aware that I am liable for any disciplinary action by the University in case it is found at a later stage that the information furnished in this application is wrong / false, in support of my application for financial grant. . I shall produce necessary bills / receipts along with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. . I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. Date Signature of the faculty member Ref. No. 867 Date: 14/2/202 To The Registrar, KAHER, Belagavi. Dear Sir. We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support to attend the International Conference outside India for kind consideration. Thanking you, Yours faithfully. Situ: Signature of the HoD 2 Magar **KLE V.K. Institute of Dental Sciences** Nehru Nagar, BELAGAVI-590010. 27

No. : KLE ACADEMY OF HIGHER EDUCATION AND RESEA (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

KLE

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DR. PRITIS. HAJARE
2. Qualification	MBBS, DLO, DNB, PhD, DORL
3. Designation	Professor
4. Department	
5. Institution	Dept. of ENT & HNS J.N. Medical college
6. Email ID	depritibajare Ogmail.com
7. Date of joining the Institution	3017105 0
8. Objectives of the Conference / Seminar / Symposium	souterrone ENT conference
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar /	a) Contributing a scientific paper (poster or oral)
Symposium	b) Delivering a guest lecturec) Others, if any, specify.
 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	NIL 8000/1
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	OFFICE OF THE RECENTRAR
c) Level of Conference (State / Zonal / National)	KLE Academy of Higher Education
d) Venue	C HCasarer
e) Financial support extended by the University	2 0 OCT 2022
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	Inward Nounnensite Stone
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposiuma) Name of the Organizer	Karntaka & Manipal AOE
Conference / Seminar / Symposium	South Zone & Karnataka state
a) Name of the Organizer	South Zone & Karnataka state
Conference / Seminar / Symposium a) a) Name of the Organizer b) Title of the program c) Place d) Duration	South Zone E Karnataka state Kasturba Medical college, Mar 3 days
Conference / Seminar / Symposiuma) Name of the Organizerb) Title of the programc) Place	South Zone E Karnataka state Kasturba Medical College, Mar

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

KLE

Ì	Deemed-to-be-University	established u/s	s 3 of the	UGC Act. 1956	1
					4

13. Expenses involved towards attending the Conference:	
a) Place	Manipal
b) Mode of journey	BUS & AIRE
c) Fare	
To and Fro expenses	1339 +2109 + 1600 000
Registration / Delegation Fee	5200 - =
Accommodation charges	4000-
Total Expenses	12500 -
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	
DECLARAT	ION
I hereby declare that :	
I have furnished the information in this application which	is true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe 	
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	
 I shall reimburse the amount to the University in excess of 	of the eligibility
	hajore
Date : 18 10 20 22 - Sig	nature of the faculty member
Ref. No	Date: 19-10-2028
То	
The Registrar,	
<aher, 3elgaum.</aher, 	
Dear Sir,	
We are enclosing herewith the application of the ab	ove Teacher in the prescribed format for grant of
inancial support for presentation scientific paper (poster c	
Conference for kind consideration.	
Thanking you,	
	Yours faithfully,
Signature of the HoD	

 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)
 (Deemed-to-be-University established u/s 3 of the UGC Act, 1956)
 Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India
 * 10831-2444444
 * AX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 05-122215

03rd December, 2022

ORDER

Sub : Permission to participate in the International Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, Shri B .M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.

With reference to the above, the request of **Dr.Vishawanath S Wasedar**, Reader, Department of Panchakarma, Shri B .M Kankanwadi Ayurveda Mahavidyalaya, Belagavi. For attending '9th World Ayurveda Congress and Arogya Expo International Conference and also Contributing Scientific Paper to be held at Gao (Panaji) from 8th to 11th December, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, Shri B .M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi.

SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

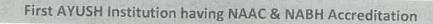
Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gold



A Constituent Unit of KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY) (Re-Accredited 'A+' Grade by NAAC (and Cycle) || Blood under Code

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD Gol)



Ref.No: 13mb/2022-23 1637

Date:.30.11.2022

KLE AYUR

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

Sub: "Grant of Financial support for attending Inter National Conference reg...

Sir,

With reference to the above subject, I am herewith forwarding the applications of following faculty member of our college in the prescribed format for grant of financial support to attend the Inter National Conference at Gao (Paniji) from 8th to 11th Dec 2022 as per below mentioned details.

SI. No	Name of Teacher	Designation	Department	Conference details	Date of Confere nce
1	Dr. Vishwanath S Wasedar	Reader	Panchakarama	9 th World Ayurveda Congress & Arogya Expo	8 th – 11 th Dec 2022

This is for your information and do the needful.

Thanking you,

ours truly, RINCIPAL OFFICE OF THE RECEIPTRAN Shri B. M. Kankanwadi KLE Academy of Higher Education Ayurved Mahavidyalaya & Research, BELAGAVI A Constituent Unit of KAHER Shahapur, BELAGAVI-03 **Q 1 DEC 2022** Sunos Transet 22 122

Shahapur, Belagavi – 590 003, Karnataka, India Phone: +91 831 2486286; 7204969289 Fax: +91 831 2424157 Website: www. kleayurworld.edu.in, Email: bmkprincipal.kaher@kleayurworld.edu.in

T₁ 6 EDA EDUCAT



(Formerly known as KLE Academy of Higher Education & Research) UNIVERSITY [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. VISHWANATH. S. WASEDA
2. Qualification	MD [Panchakarma]
3. Designation	Reader.
4. Department	Panchakama.
5. Institution	Stris. B. M. K. Ayurveda Mahavidy
6. Date of joining the Institution	28-01-2014
7. Objectives of the Conference / Seminar / Symposium	Confirmence.
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	(8000fl
a) Title of the Conference / Seminar / Symposium	WAC 2022.
b) Date of conduct	8-12-2022 to 11-12-2022
c) Venue	Pangim GOA
d) Financial support extended by the University	J
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	Intumational.
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	n na sea sea sea sea sea sea sea sea sea se
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	WAC-2022 Auchdept
b) Title of the program	NAC-2022 Aythdept Ayunudo Congress
c) Place	
c) Place	GOA
d) Duration	4 days
	4 days 8-12-2022 to 11-12-2022

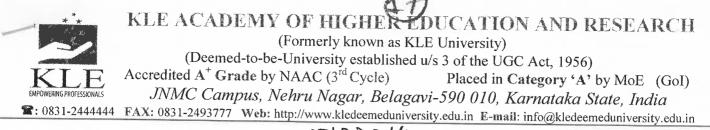
2.0

	1
KLI	17)23

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

12. Exp	penses involved towards attending the Conference:	d
a)	Place	GOA-
b)	Mode of journey	CAR.
c)	Fare	-
	To and Fro expenses	250×14 = 3500
	Registration / Delegation Fee	2400
	Accommodation charges	4 dy1 × 4000 - 16,000
	Total Expenses	21,900/
13. Do	cuments to be submitted:	ł
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARAT	10 N
Ł	hereby declare that :	
	• I have furnished the information in this application which	s true to the best of my knowledge and belief.
	• I am not getting any financial assistance / support from	the sponsorers of the Conference or any other funding
	agency for attending the aforesaid Conference,	
	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten	dance / Participation Certificate within fifteen days to the
	 agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Conference 	dance / Participation Certificate within fifteen days to the rence,
	 agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the fact !ty 	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the
	 agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the fact ty knowledge and experience gained from attending the aforesaid 	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference.
	 agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the fact !ty 	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference.
Date :	 agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the fact ty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of a standard sectors. 	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference.
Date :	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer • I shall conduct a seminar for the benefit of the fact ty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess of 30[11] 2022. Sig	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility.
Ref. No	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer • I shall conduct a seminar for the benefit of the fact ty knowledge and experience gained from attending the afor • I shall reimburse the amount to the University in excess of 30[11] 2022. Sig	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility. nature of the faculty member
Ref. No To	agency for attending the aforesaid Conference,	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility. nature of the faculty member
Ref. No To The Re KLE Ur	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer • I shall conduct a seminar for the benefit of the facility knowledge and experience gained from attending the aforesaid • I shall reimburse the amount to the University in excess of 30[11] 2022. Sig	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility. nature of the faculty member
Ref. No To The Re KLE Ur Belgau	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer • I shall conduct a seminar for the benefit of the facility knowledge and experience gained from attending the aforesaid • I shall reimburse the amount to the University in excess of 30[11] 2022. Sig	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility. nature of the faculty member
Ref. No To The Re KLE Ur Belgau Dear S	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer • I shall conduct a seminar for the benefit of the fact ty knowledge and experience gained from attending the aforesaid • I shall reimburse the amount to the University in excess of 30(11) 2022. Sig	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference: of the eligibility. nature of the faculty member
Ref. No To The Re KLE Ur Belgau Dear S	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer • I shall conduct a seminar for the benefit of the facility knowledge and experience gained from attending the aforesaid • I shall reimburse the amount to the University in excess of 30[11] 2022. Sig b	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference: of the eligibility. nature of the faculty member Date: ove Teacher in the prescribed format for grant o
Ref. No To The Re KLE Ur Belgau Dear S	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer • I shall conduct a seminar for the benefit of the fact ty knowledge and experience gained from attending the aforesaid • I shall reimburse the amount to the University in excess of 30(11) 2022. Sig	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference: of the eligibility. nature of the faculty member Date: ove Teacher in the prescribed format for grant o
Ref. No To The Re KLE Ur Belgau Dear S	agency for attending the aforesaid Conference,	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference: of the eligibility. nature of the faculty member Date: ove Teacher in the prescribed format for grant o ion.
Ref. No To The Re KLE Ur Belgau Dear S	agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer • I shall conduct a seminar for the benefit of the facility knowledge and experience gained from attending the aforesaid • I shall reimburse the amount to the University in excess of 30[11] 2022. Sig b	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. If the eligibility. nature of the faculty member Date: ove Teacher in the prescribed format for grant o
Ref. No To The Re KLE Ur Belgau Dear S	agency for attending the aforesaid Conference,	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. If the eligibility. nature of the faculty member
Ref. No To The Re KLE Ur Belgau Dear S financia	agency for attending the aforesaid Conference,	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. If the eligibility. nature of the faculty member
Ref. No To The Re KLE Ur Belgau Dear S	agency for attending the aforesaid Conference,	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference. of the eligibility. nature of the faculty member Date: Date: ove Teacher in the prescribed format for grant or ion. Yours faithfully, PRINCIPAL PAL Shri B. M. Kankanwadi
Ref. No To The Re KLE Ur Belgau Dear S	agency for attending the aforesaid Conference,	dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference: of the eligibility. nature of the faculty member Date: Date: ove Teacher in the prescribed format for grant o ion. Yours faithfully, PRINCIPAL

-2.0



Ref. No. KAHER-/2022-23/D- 05-122214

03rd December, 2022

ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, KLE Homeopathic Medical College and Hospital, Belagavi.

With reference to the above, the request of **Dr.Supriya Kulkarni**, Associate Professor, Department of Homeopathic Materia Medica, KLE Homeopathic Medical College, Belagavi. For attending **'NCHPE-2022 13th National Conference on Health Professions Education** and also Contributing Scientific Paper presentation to be held at Swami Himalayan University at Dehradun from 2nd to 3rd November, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Tello

Prof. Dr. V.A. Kothiwale Registrar

^{To,} The above staff member.

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, KLE Homeopathic Medical College, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi.

KLE UNIVERSITY'S HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

(Recognised by Central Council of Homoeopathy, New Delhi, M/O AYUSH. Gol)

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A+ Grade by NAAC (3RD Cycle) Placed in Category 'A' by MoE (Gol)



edited A+ Grade by NAAC (3rd Cycle) Praced in Calegory A by r Yellur Road, Belagavi-590005, Karnataka, India.

Ph: 0831-2413863, (Extn: 1262/1263) E-mail- <u>kleuhmc@gmail.com</u> E-mail: <u>prinhomeo@kledeemeduniversity.edu.in</u> Web: http//www.klehomoeo.edu.in

Ref. No: KAHER/HMC/22-23/D- 265

Dt.01/12/2022

To, The Registrar KAHER. BELAGAVI.

> Sub: Reimbursement of expenses spent for attending and online Poster Presentation at Swami Rama Himalayan University for National Conference of Health Profession Education (NCHPE 2022) at Dehradun Reg.

Respected Sir,

With reference to the subject cited above, I Dr Supriya Kulkarni, Associate Professor, Dept. of Homoeopathic Materia Medica presented a scientific paper online at National Conference of Health Profession Education (NCHPE 2022) held on 2nd and 3rd November 2022 at Swami Rama Himalayan University, Deharadun.. I request you for reimbursement of expenses for the same. . I have enclosed the details of the conference and Copy of my poster presentation for your ready reference.

ICIC	rence.		
	Sl. No.	Particulars	s Amount
	1	Registration Charg	ges 5,000/-
		Total Amount	5,000/-
Tha Forware ir, - She E- Poste She cou thore wo	hers veg er dueref 1d nor ma 10 a sad in	Iful. Registration isterie and a national ike it off to nertance for a changer b	LE Academy of Higher Education & Research, BELAGAVI 0 1 DEC 2022 ward No. 24 Sign. A Yours Sincerely, Preserved 9 Suprise S. Kulkarni Conference. Dr. Suprise S. Kulkarni Conference. Dr. Suprise Kulkarni Associate Professor, Dept. of Homoeopathic Materia Medica KLE HMC, Belagavi the family. & - 5000/- on b all relevant dovernents entbesed proval and saneton With 22

(Formerly known as [Deemed-to-be-University establi	shed u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro	ATTEND STATE / NATIONAL CONFERENCES bugh the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name	De Superiya. J. Kulkarni M.D (Homoeoperthy)
2. Qualification	M.D (Homoeopertry)
3. Designation	Associate Projessa
4. Department	Homeopathic noteria Mealing
5. Email ID	Kulkalonijsupija30 @ goneil. com
6. Institution	KLE Hornolegultre Medical Collegy
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	1/5/2022
8. Objectives of the Conference / Seminar / Symposium	To compare human connect by 100
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper Postul Present c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	NCHPE-2022, National Conference
b) Date of conduct	and 4 3rd Nov. 2022
c) Level of Conference	State / National
 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8.000/ National Level Rs.16,000/-
e) Venue `	Himalayan mature 2 ms
 f) Copy of the sanction letter along-with Brochure to be enclosed 	16000/1
Note : The faculty member is eligible for financial support to attend one s	State / Zonal and one National Conference in a calendar year
12. Particulars of the financial support previously extended by the University	485
a) Name of the Organizer	mine Homoeopathic medical Colley
b) Title of the program	
c) Place	Hydrabael
d) Duration	Shipt 25th June.
-/	

Deemed-to-be-Univers	- 2 -	
Travelling (by shortest route) and other expenses invo	olved	
, Travening (by short	Pa	rticulars
a) Place	Debrachier	Uttarakhand
b) Mode of journey	-	·
c) Fare		
d) To and Fro		0
e) Accommodation charges		
f) Registration / Delegation Fee	5000 -	
g) Air-port Tax	n (annual a chu anna ann an ann ann ann ann ann ann an	
4. Documents to be submitted:		
 a) Copy of the letter of invitation from the or b) Copy of the full text of documents / abstr 		resportabier.
prepared by the applicant for presentation D E I hereby declare that : • I have furnished the information in this appli • I am not getting any financial assistance /	CLARATION ication which is true to the best of my k support from the sponsorers / organi	am liable for any disciplinary
DE I hereby declare that : I have furnished the information in this applie I am not getting any financial assistance / other funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts alo University from the date of attending the afor	CLARATION ication which is true to the best of my k support from the sponsorers / organi resaid Conference. I am aware that I found at a later stage that the in of my application for financial grant. ong-with Attendance / Participation Cer oresaid Conference. of the faculty members of the Depar	izers of the Conference or any am liable for any disciplinary information furnished in this tificate within fifteen days to the
DE Prepared by the applicant for presentation DE I hereby declare that : I have furnished the information in this appli I am not getting any financial assistance / other funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts alo University from the date of attending the afor university from the date of attending the afor I shall conduct a seminar for the benefit knowledge and experience gained from attending	CLARATION ication which is true to the best of my k support from the sponsorers / organi resaid Conference. I am aware that t found at a later stage that the in of my application for financial grant. ong-with Attendance / Participation Cer oresaid Conference. of the faculty members of the Depar ending the aforesaid Conference.	izers of the Conference or any am liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the
DE I hereby declare that : I have furnished the information in this applie I am not getting any financial assistance / other funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts alo University from the date of attending the afor	CLARATION ication which is true to the best of my k support from the sponsorers / organi resaid Conference. I am aware that t found at a later stage that the in of my application for financial grant. ong-with Attendance / Participation Cer oresaid Conference. of the faculty members of the Depar ending the aforesaid Conference.	izers of the Conference or any am liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the nember Supurya.5 ked
DE Prepared by the applicant for presentation DE I hereby declare that : I have furnished the information in this appli I am not getting any financial assistance / other funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts alo University from the date of attending the afor university from the date of attending the afor I shall conduct a seminar for the benefit knowledge and experience gained from attending	CLARATION ication which is true to the best of my k support from the sponsorers / organi resaid Conference. I am aware that t found at a later stage that the in of my application for financial grant. ong-with Attendance / Participation Cer oresaid Conference. of the faculty members of the Depar ending the aforesaid Conference.	izers of the Conference or any am liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the
DE I hereby declare that : I have furnished the information in this applie I have furnished the information in this applie I am not getting any financial assistance / other funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts alo University from the date of attending the afor I shall conduct a seminar for the benefit knowledge and experience gained from attended attending the statending the attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge and experience gained from attended I shall conduct a seminar for the benefit knowledge attended I shall conduct a seminar for the benefit knowledge attended I shall conduct a seminar for the benefit knowledge	CLARATION ication which is true to the best of my k support from the sponsorers / organi resaid Conference. I am aware that t found at a later stage that the in of my application for financial grant. ong-with Attendance / Participation Cer oresaid Conference. of the faculty members of the Depar ending the aforesaid Conference.	izers of the Conference or any am liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the nember Supurya.5 ked
Depared by the applicant for presentation DE I hereby declare that : I have furnished the information in this applit I am not getting any financial assistance / other funding agency for attending the afor action by the University in case it is application is wrong / false, in support of I shall produce necessary bills / receipts ald University from the date of attending the afor knowledge and experience gained from attended attended to be a the benefit knowledge and experience gained from attended attended to be a the benefit knowledge and experience gained from attended attended to be a the benefit knowledge and experience gained from attended attended to be a the benefit knowledge and experience gained from attended attended to be a the benefit knowledge and experience gained from attended attended to be a the benefit knowledge and experience gained from attended attended to be a the benefit knowledge and experience gained from attended attended to be a the benefit knowledge and experience gained from attended to be a the benefit knowledge and experience gained from attended to be a the benefit knowledge and experience gained from attended to be a the benefit knowledge and experience gained from attended to be a the benefit knowledge and experience gained from attended to be a the benefit be a the benefit be a t	CLARATION ication which is true to the best of my k resaid Conference. I am aware that I found at a later stage that the li for my application for financial grant. ong-with Attendance / Participation Cer oresaid Conference. of the faculty members of the Depar ending the aforesaid Conference. Signature of the faculty m	izers of the Conference or any am liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the nember Supurys. Skull Date: 30 10 22
Depared by the applicant for presentation DE I hereby declare that : I have furnished the information in this applified of the funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts ald University from the date of attending the afor I shall conduct a seminar for the benefit knowledge and experience gained from attended ate 3110122 tef. No O the Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application inancial support to attend the International Content The University	CLARATION ication which is true to the best of my k support from the sponsorers / organi- resaid Conference. I am aware that I found at a later stage that the h of my application for financial grant. ong-with Attendance / Participation Cer- oresaid Conference. of the faculty members of the Depar- ending the aforesaid Conference. Signature of the faculty m bon of the above Teacher in the pres- ference outside India for kind consi	izers of the Conference or any am liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the nember Supurya.5 kell Date: 30 10 22
Depared by the applicant for presentation DE I hereby declare that : I have furnished the information in this applified of the funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts ald University from the date of attending the afor I shall conduct a seminar for the benefit knowledge and experience gained from attended ate 3110122 tef. No O the Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application inancial support to attend the International Content The University	CLARATION ication which is true to the best of my k support from the sponsorers / organi- resaid Conference. I am aware that I found at a later stage that the h of my application for financial grant. ong-with Attendance / Participation Cer- oresaid Conference. of the faculty members of the Depar- ending the aforesaid Conference. Signature of the faculty m bon of the above Teacher in the pres- ference outside India for kind consi	izers of the Conference or any am liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the nember Supurya.5 kell Date: 30 10 22
Depared by the applicant for presentation DE I hereby declare that : I have furnished the information in this applified of the funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts ald University from the date of attending the afor I shall conduct a seminar for the benefit knowledge and experience gained from attended ate 3110122 tef. No O the Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application inancial support to attend the International Content The University	CLARATION ication which is true to the best of my k support from the sponsorers / organi- resaid Conference. I am aware that I found at a later stage that the h of my application for financial grant. ong-with Attendance / Participation Cer- oresaid Conference. of the faculty members of the Depar- ending the aforesaid Conference. Signature of the faculty m bon of the above Teacher in the pres- ference outside India for kind consi	are liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the nember Supury. Skut Date: 30 10 22
Depared by the applicant for presentation DE I hereby declare that : I have furnished the information in this applified of the funding agency for attending the afor action by the University in case it is application is wrong / false, in support o I shall produce necessary bills / receipts ald University from the date of attending the afor I shall conduct a seminar for the benefit knowledge and experience gained from attended ate 3110122 tef. No O the Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the application inancial support to attend the International Content The University	n. CLARATION ication which is true to the best of my k support from the sponsorers / organi resaid Conference. I am aware that I found at a later stage that the li formy application for financial grant. ong-with Attendance / Participation Cer- oresaid Conference. of the faculty members of the Depar ending the aforesaid Conference. Signature of the faculty m bon of the above Teacher in the press ference outside India for kind consi	are liable for any disciplinary information furnished in this tificate within fifteen days to the tment / Institution to share the nember Supury. Skut Date: 30 10 22

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India **PROFESSIONALS** See: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 21122204

15th December, 2022

「「「「「「「」」」」」」

ORDER

Sub

Ref

Permission to participate in the Conference.

Request letter of the applicant forwarded through the concerned principal ٠ and HoD J N Medical College, Belagavi.

With reference to the above, the request of Dr.Vinay Bannur, Assistant Professor, Department of Forensic Medicine, J N Medical College Belagavi. For attending 18th Annual conference of South India Medico-Legal Association and presenting an oral Paper presentation to be held KMC, Manipal from 7th and 9th October, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

To. The above staff member.

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, J N Medical College, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi.

Date - 21/09/2022

時間にない

うち ないない いいない いたない たい

To, The Registrar, KAHER, Nehru Nagar, Belagavi.

From, Dr. Vinay Bannur Assistant Professor, Department of Forensic Medicine & Toxicology, JNMC, Belagavi.

(Through Proper Channel)

Respected Sir,

Subject – Permission to attend and present Original paper (Oral presentation) at 18th Annual conference of South India Medico-Legal Association to be held at KMC, Manipal from 7th to 9th October, 2022.

With respect to the above subject – I, Dr. Vinay Bannur, Assistant Professor, Department of Forensic Medicine & Toxicology, JNMC, Belagavi – would like to ask permission for attending the 18th Annual conference of South India Medico-Legal Association to be held at KMC, Manipal from 7th to 9th October, 2022 – and presenting an oral paper (original article) entitled **"Awareness regarding documentation and preservation of medical records among medical practitioners"** in the conference.

Hence, I request your kind self to allow me to attend the conference and present the oral paper. I also request you to provide financial grants for the same.

Kindly accept the request and do the needful.

Thanking you,

WXK.

Dr. Vinay Bannur Assistant Professor, Department of Forensic Medicine & Toxicology, JNMC, Belagavi.

Enclosures -

- 1) Conference Brochure
- 2) Abstract for oral presentation
- 3) Registration transaction details and receipt.

Forwood

Dr. Ravindra S. Honnungar M.B.B.S.,M.D. Prof & Head Forensic Medicine Toxicology J. N. Medical College, Belagavi.

EXAMPLE A CONTRACTOR OF ACTION FOR FINANCIAL SUPPORT TO ATTER (To be submitted to the University throw (To be submitted to the University throw) A To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department 5. Institution 6. Date of joining the Institution 7. Objectives of the Conference / Seminar / Symposium 8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	of Higher Education & Research) Government of India Notification No.F.9-19/2000-U.3(A)]
A. To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department 5. Institution 6. Date of joining the Institution 7. Objectives of the Conference / Seminar / Symposium 8. Benefits to be derived from participation in the aforesaid	Dr. Vinay. Banua. Augistant Brofesson (MBBG, MC Assistant Professon Foranic Medicine of Toxicology Jaurohardal Networ Medical College. 01/07/2022 Current Evolution and Catenporary Foran Please enclose a separate sheet.
 Name Qualification Designation Department Institution Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid 	Augistant Professor (MBBS, MC Assistant Professor Forensic Medicine of Toxicology Jawahardal Nahren Medical College. 01/07/2022 Current Evolution and Contemporary Foren Please enclose a separate sheet.
 Qualification Designation Department Institution Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid 	Augistant Professor (MBBS, MC Assistant Professor Forensic Medicine of Toxicology Jawahardal Nahren Medical College. 01/07/2022 Current Evolution and Contemporary Foren Please enclose a separate sheet.
 3. Designation 4. Department 5. Institution 6. Date of joining the Institution 7. Objectives of the Conference / Seminar / Symposium 8. Benefits to be derived from participation in the aforesaid 	Assistant Professon Forensic Medicine of Toxicology Jawohardal Nehru Medical College. 01/07/2022 Current Evolution and Contemporary Foren Please enclose a separate sheet.
 4. Department 5. Institution 6. Date of joining the Institution 7. Objectives of the Conference / Seminar / Symposium 8. Benefits to be derived from participation in the aforesaid 	Forensic Medicine of Toxicology. Jawohardal Nehren Medical College. 01/07/2022 Current Evolution and Contemporary foren Please enclose a separate sheet.
 5. Institution 6. Date of joining the Institution 7. Objectives of the Conference / Seminar / Symposium 8. Benefits to be derived from participation in the aforesaid 	Jawohardal Nehren Medical College. 01/07/2022 Current Evolution and Contemporary foren Please enclose a separate sheet.
 6. Date of joining the Institution 7. Objectives of the Conference / Seminar / Symposium 8. Benefits to be derived from participation in the aforesaid 	01/07/2022 Current Evolution and Contemporary Foren Please enclose a separate sheet.
 Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid 	Current Evolution and Contemporary foren Please enclose a separate sheet.
8. Benefits to be derived from participation in the aforesaid	Current Evolution and Contemporary foren Please enclose a separate sheet.
	Please enclose a separate sheet.
	a) Chairing a scientific session.
9. Assignment in the aforesaid Conference / Seminar / Symposium	 b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
c) Venue	ad T
d) Financial support extended by the University	COON!
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	OFFICE OF THE REGR
c) Place	KLE Academy of Higher Education
d) Duration	& Research, BELAGAVI
e) Date	2 2 SEP 2022
f) Amount claimed	
f) Amount claimed	Inward No. 21 Sign



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

- 2	-
12. Expenses involved towards attending the Conference:	
a) Place	Kasturba Medical College, Maripol
b) Mode of journey	Bus
c) Fare	· · · · · · · · · · · · · · · · · · ·
To and Fro expenses	2000/- (TO 4 Fro)
Registration / Delegation Fee	50471- (5000+47 Lonvinia
Accommodation charges	6000 (- (2 nights)
Total Expenses	130471- only.
3. Documents to be submitted:	0
a) Copy of the letter of invitation from the organizers.	Attached
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	Attached CABStract)
DECLARAT	TION
I hereby declare that :	
 I have furnished the information in this application which 	is true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confe 	
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	
I shall reimburse the amount to the University in excess of	
Date : 21/09/2022 Sig	nature of the faculty member
Ref. No. 200 1244	Date: 2109/2022
То	22-19 2012
The Registrar, KLE University, Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the ab	oove Teacher in the prescribed format for grant of
nancial support to attend the Conference for kind considera	tion.
Thanking you,	
	Yours faithfully,
Atting	M II
Signature of the HoD	Principal
r. Ravindra S. Honnungar	Jawaharlat Nehru Medical College
M.B.B.S.,M.D. Prof & Head	BELAGAVJ
Forensic Medicine Toxicology N. Medical College, Belagavi.	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India FAX: 0831-2443777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 31122205

26th December, 2022

ORDER

Sub : Permission to participate in the International Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, Shri B .M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.

With reference to the above, the request of **Dr.P.G.Jadar**, Dean and Vice-Principal, Department of Rasashastra And Bhaishajya Kalpana, Shri B .M Kankanwadi Ayurveda Mahavidyalaya, Belagavi. For attending '9th **World Ayurveda Congress and Arogya Expo International Conference** and also Contributing Scientific Paper and Chairing a Scientific session to be held at Gao (Panaji) from 8th to 11th December, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, Shri B .M. Kankanwadi Ayurveda Mahavidyalaya, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi.

SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre (Approved by NCISM, New Delhi & M/o AYUSH, GoI) A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY) (Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD Gol)



First AYUSH Institution having NAAC & NABH Accreditation

BMK/2022-23) 1770 Ref No. To. The Registrar, KAHER. Nehru Nagar, Belagavi.

Date : 22-12-2022

Sub: Grant of Financial support for International Conference - reg.

Sir,

With reference to the above subject, we are herewith submitting the application of following faculty member of our college in the prescribed format for grant of financial support who have already attended the International conference i.e. World Ayurveda Congress-2022 (WAC-2022) at Goa which was held from 08-12-2022 to 11-12-2022. Due to severe health problem Dr. P.G. Jadar has submitted the application after attending the International conference. Hence, this is request you to consider the same.

S. No.	Name of the Faculty member	Assignment in the aforesaid conference
01	Dr. P.G. Jadar,	1) Contribution a Scientific Paper
	Professor & Dean	2) Chairing a Scientific session

This is for your information and do the needful.

Thanking you. OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 2 4 DEC 2022 Shri B. N. Kahkanawadi 28 Ayurved Mahavidyalaya Inward No. Constituent Unit of KAHER 26122 Shahapur, BELAGAVI-06

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

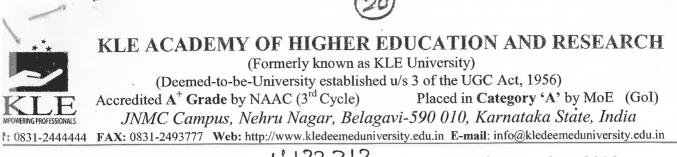
A. To be filled by the faculty member:	
1. Name	Dr. PRASHANT. G. JADAD
2. Qualification	MD4pbD
3. Designation	Dean & Vice- Principal
4. Department	Rasashastra & Bhaishajya kalpa
5. Institution	Shri-BMK Ayurveda Mahavidyalag
6. Date of joining the Institution	20-09-2000
7. Objectives of the Conference / Seminar / Symposium	International Conference - Agunva
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar , Symposium 	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s	
during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
31 st December)	Horld Ayurveda Congreso-22
 31st December) a) Title of the Conference / Seminar / Symposium 	Horld Ayurveda Congreso-22
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct 	World Ayurveda Congreso-22 08-12-2022 fo 11-12-2022
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue 	World Ayurveda Congreso-22 08-12-2022 fo 11-12-2022
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University 	World Ayurveda Congreso-22 08-12-2022 fo 11-12-2022
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed 	Horld Ayurveda Congreso-22 08-12-2022 to 11-12-2022 Ranjim-GOA Yos International
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one National</u> 	Horld Ayurveda Congreso-22 08-12-2022 to 11-12-2022 Ranjim-GOA Thernational Topernational
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid 	Horld Ayurveda Congreso-22 08-12-2022 to 11-12-2022 Ranjim-GOA Thernational Topernational
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	Horld Ayurveda Congreso-22 08-12-2022 fo 1-12-2022 Ranjim-GOA Thernational Topernational
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa</u> Conference in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	Horld Ayurveda Congreso-22 08-12-2022 to 11-12-2022 Ranjim - GOA Thermational YOU Norld Ayurreda Foundation
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa</u> Conference in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	Horld Ayurveda Congress-22 08-12-2022 to 11-12-2022 Ranjim - GOA Topernational Yes International Horld Ayurreda Foundation 95 World Ayurreda Congress 4 Expr
 31st December) a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Venue d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financia support to attend <u>one State / Zonal</u> and <u>one Nationa</u> Conference in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	Horld Ayurveda Congress-22 08-12-2022 to 1-12-2022 Ranjim-GOA Thernational YOU Horld Ayurreda Foundation 95 porte Ayurveda Congress & Exper Ranjim-GOA



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date : <u>Date : Date : PGM</u> Ref. No Date: To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for gra financial support to attend the Conference for kind consideration. Thanking you, H.O.D. Reseashastra & Bhaishajya Kalpana Signature of the HopPrivede Mehavidyalaya Studies & Research Centr	Mode of journey Train Fare Train To and Fro expenses Reist 5 ord Registration / Delegation Fee Reist 5 ord Accommodation charges Diff. 5 ord Total Expenses Diff. 5 ord Currents to be submitted: Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. AffractAcd Nereby declare that : • • I have furnished the information in this application which is true to the best of my knowledge and belief. • • I are of raitending the aforesaid Conference. • • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduce a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reinburse the amount to the University in excess of the eligibility. 22[12[22] Signature of the faculty member o. Date: egistrar, miversity, mir, Mir, Marchand Signature of the faculty member Pdf. o. Date: egistrar, miver	2. 64	penses involved towards attending the Conference:		
c) Fare Ridentary Ricentary Ricentary To and Fro expenses Rice 5 or 0 Registration / Delegation Fee Rice 5 or 0 Accommodation charges Rice 5 or 0 Total Expenses Rice 5 or 0 13. Documents to be submitted: a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affrached DE C L A R A T IO N I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall reinburse the amount to the University in excess of the eligibility. Date : 221222 <td colspart<<="" th=""><th>Fare Redentation To and Fro expenses Resistration / Delegation Fee Accommodation charges Date: Accommodation charges Date: Total Expenses Date: currents to be submitted: Descent and an and an and an and an and and and</th><th>a)</th><th>Place</th><th>Papitro-Goa</th></td>	<th>Fare Redentation To and Fro expenses Resistration / Delegation Fee Accommodation charges Date: Accommodation charges Date: Total Expenses Date: currents to be submitted: Descent and an and an and an and an and and and</th> <th>a)</th> <th>Place</th> <th>Papitro-Goa</th>	Fare Redentation To and Fro expenses Resistration / Delegation Fee Accommodation charges Date: Accommodation charges Date: Total Expenses Date: currents to be submitted: Descent and an and an and an and an and and and	a)	Place	Papitro-Goa
To and Fro expenses Registration / Delegation Fee Rxt 5 ord Accommodation charges Rxt 1,500 Total Expenses Rxt 1,500 3. Documents to be submitted: a. 1,500 a) Copy of the letter of invitation from the organizers. b. Copy of the lutter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affrached DE C L A R A T I O N I hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am to getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference, • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date :	To and Fro expenses Rei 5 or offer Registration / Delegation Fee Part 4, 700 f Accommodation charges Part 4, 700 f Total Expenses Part 4, 700 f cuments to be submitted: Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affracked DE CLARATION DE CLARATION hereby declare that : • • I have furnished the information in this application which is true to the best of my knowledge and belief. • • I an orgetting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference. • • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • • I shall reinburse the amount to the University in excess of the eligibility. 22(2f)2 Signature of the faculty member	b)	Mode of journey		
To and Fro expenses Ext 5 cod Registration / Delegation Fee Ext 5 cod Accommodation charges Ext 1, 5 cod Total Expenses Ext 1, 5 cod 3. Documents to be submitted: a) Copy of the letter of invitation from the organizers. b) Copy of the submitted: a) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DE C L A R AT ION DE C L A R AT ION I hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I an ot getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date:	To and Fro expenses PASS order Registration / Delegation Fee PASS order Accommodation charges PASS order Accommodation charges PASS order Total Expenses PASS order cuments to be submitted: Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affraction DECLARATION DECLARATION hereby declare that : • • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am orgetting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall roduce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. 22[2]22 Signature of the faculty member o. Date: egistrar, niversity, um. sir, Ve are enclosing herewith the application of the above Teacher in the prescribed format for gra	c)	Fare Rideshaw	pre 2 och	
Registration / Delegation Fee Dis A, Toy F Accommodation charges Dis 1, 500 F Total Expenses Dis 6,500 F 3. Documents to be submitted: a) Copy of the letter of invitation from the organizers. b) Copy of the submitted: Afford Sec a) Copy of the letter of invitation from the organizers. Afford Sec b) Copy of the submitted: Afford Sec a) Copy of the submitted: Afford Sec a) Copy of the submitted: Afford Sec a) Copy of the submitted: Afford Sec b) Copy of the submitted: Afford Sec a) Copy of the submitted: Afford Sec a) Copy of the submitted: Afford Sec b) Copy of the submitted: Afford Sec c) Sec of the submitted: Afford Sec c) Sec of the submitted: Afford Sec c) I have furnished the information in this application which is true to the best of my knowledge and belief. I have furnished the information in this application which is true to the best of my knowledge and belief. c) I have furnished the information in this application which is true to the best of my knowledge and belief. I have furnished the aforesaid Conference. c) I shall conduct a seminar for the benefit of the faculty member of the Department / Institution	Registration / Delegation Fee Disc. 4, 700 f Accommodation charges Disc. 4, 700 f Total Expenses Disc. 6, 5, 5, 6 cuments to be submitted: Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Astracked DECLARATION DECLARATION hereby declare that : • • I have furnished the information in this application which is true to the best of my knowledge and belief. • I and getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. 22[22] Signature of the faculty member o. Date: esignstrar, niversity, um. Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of al support to attend the Conference for kind consideration. Thanking you Yours faithfully, <td></td> <td></td> <td>RASS OD</td>			RASS OD	
Total Expenses Bit 6,500 Approx - Is 3. Documents to be submitted: Image: 6,500 Approx - Is a) Copy of the letter of invitation from the organizers. Affracked b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affracked DECLARATION I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference. I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference. I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date : Date: To Date: To Date: To Date: To Date: To Date: To <td>Total Expenses Image: Space Proposition of the submitted: Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affrached DECLARATION DECLARATION hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. \$22[12[22] Signature of the faculty member</td> <td></td> <td>Registration / Delegation Fee</td> <td>P1 5 4, 700 F</td>	Total Expenses Image: Space Proposition of the submitted: Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affrached DECLARATION DECLARATION hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. \$22[12[22] Signature of the faculty member		Registration / Delegation Fee	P1 5 4, 700 F	
3. Documents to be submitted: Initial State of the submitted: a) Copy of the letter of invitation from the organizers. Affactbed b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affactbed DE CLARATION I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I and getting any financial assistance / support from the sponsorers of the Conference or any other furning the aforesaid Conference. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to University from the date of attending the aforesaid Conference. • I shall conduct a semianar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date:	currents to be submitted: Affrached Copy of the letter of invitation from the organizers. Affrached Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. Affrached DECLARATION DECLARATION hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I have furnished the information in this application which is true to the best of my knowledge and belief. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference, • I shall reimburse the amount to the University in excess of the eligibility. 22[12[22] Signature of the faculty member o. Date: egistrar, niversity, mm. Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of al support to attend the Conference for kind consideration. Thanking you, H.O.D. Hools Methaddyalaya Methadity a Methadidyal		Accommodation charges	B: 1,500	
a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference, • I shall conduct a semiar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date : <u>22[22</u>	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. <u>Def[2f22]</u> Signature of the faculty member <u>PGM</u> o		Total Expenses	R: 6,8,00 AP100 - 10: 700	
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference, • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date :	Afficiency Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION hereby declare that : I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. 22[12[22	3. Do	cuments to be submitted:		
I hereby declare that : I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date :	hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. D2[12[22]		Copy of the full text of documents / abstract / paper	Astached	
 I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference. I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date: <u></u>	• I have furnished the information in this application which is true to the best of my knowledge and belief. • I an not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. <u>12/12/22</u> Signature of the faculty member <u>PGM</u> o		DECLARAT	TION	
 I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference. I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to University from the date of attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date: <u></u>	• I have furnished the information in this application which is true to the best of my knowledge and belief. • I an not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference. • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. <u>12/12/22</u> Signature of the faculty member <u>PGM</u> o	1	hereby declare that :		
 I am not getting any financial assistance / support from the sponsorers of the Conference or any other fur agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days t University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date:	 I am not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. <u>D2[12[22]</u> Signature of the faculty member <u>PGH</u> o		-	is true to the best of my knowledge and belief.	
University from the date of attending the aforesaid Conference, • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date :	University from the date of attending the aforesaid Conference, • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. <u>D21212</u> Signature of the faculty member <u>PGW</u> o		• I am not getting any financial assistance / support from		
knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date:	knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. <u>21222</u> Signature of the faculty member <u>PAL</u> o. Date: egistrar, niversity, um. Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ial support to attend the Conference for kind consideration. Thanking you, H.O.D. H.O.D. sashastra & Bhaishalya Kalpana ure of the Hoopurved Mahavidyalaya s & Research Centr		I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confe	dance / Participation Certificate within fifteen days to the rence,	
• I shall reimburse the amount to the University in excess of the eligibility. Date : Signature of the faculty member PGM Date: Ref. No Date: To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for gra To anancial support to attend the Conference for kind consideration. Thanking you, H.O.D. Resashastra & Bhaishalya Kalpana Signature of the Hopurveda Mehavidyalaya Signature of the Hopurveda Mehavidyalaya Studies & Research Centr	I shall reimburse the amount to the University in excess of the eligibility. <u>12122</u> Signature of the faculty member <u>PGH</u> o				
Date : <u>J2 12 /2</u> Signature of the faculty memberPM	Signature of the faculty member PGH				
Ref. No Date: To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for gra financial support to attend the Conference for kind consideration. Thanking you, H.O.D. Rasashastra & Bhaishalya Kalpana Signature of the Hoburveda Mahavidyalaya Signature of the Hoburveda Mahavidyalaya Studies & Research Centr	o		A	bdA	
To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for gra inancial support to attend the Conference for kind consideration. Thanking you, H.O.D. Rasashastra & Bhaishalya Kalpana Signature of the Hob ^{urveda} Mehavidyalaya Signature of the Hob ^{urveda} Mehavidyalaya Studies & Research Centr	egistrar, niversity, im. Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ial support to attend the Conference for kind consideration. Thanking you, H.O.D. Isashastra & Bhaishalya Kalpana ure of the Hopurveda Mahavidyalaya is & Research Centr	Date :	<u>22 12 22</u> Sig	nature of the faculty member	
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for gra inancial support to attend the Conference for kind consideration. Thanking you, H.O.D. Rasashastra & Bhaishalya Kalpana Signature of the Hopurveda Mehavidyalaya Studies & Research Centr	niversity, um. Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ial support to attend the Conference for kind consideration. Thanking you, H.O.D. Isashastra & Bhaishajya Kalpana ure of the Hopurveda Mahavidyalaya s & Research Centr Seal Units + End Konkenwadi Ayur/201 isahavidyalaya	Ref. N	0	Date:	
KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for gra inancial support to attend the Conference for kind consideration. Thanking you, H.O.D. Rasashastra & Bhaishalya Kalpana Signature of the Hop ^{urveda} Mahavidyalaya Signature of the Hop ^{urveda} Mahavidyalaya Studies & Research Centr	niversity, um. Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ial support to attend the Conference for kind consideration. Thanking you, H.O.D. Isashastra & Bhaishajya Kalpana ure of the Hopurveda Mahavidyalaya s & Research Centr Seal Units + End Konkenwadi Ayur/201 isahavidyalaya	Го			
Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for gra inancial support to attend the Conference for kind consideration. Thanking you, H.O.D. Researbastra & Bhaishajya Kalpana Signature of the Hopurveda Mahavidyalaya Studies & Research Centr	um. Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ial support to attend the Conference for kind consideration. Thanking you, H.O.D. Isashastra & Bhaishajya Kalpana ure of the Hopurveda Mahavidyalaya s & Research Centr Contraction O3 Contraction O3		egistrar,		
We are enclosing herewith the application of the above Teacher in the prescribed format for gra inancial support to attend the Conference for kind consideration. Thanking you, H.O.D. Rasashastra & Bhaishajya Kalpana Signature of the Hopurveda Mahavidyalaya Signature of the Hopurveda Mahavidyalaya Studies & Research Centr	We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ial support to attend the Conference for kind consideration. Thanking you, H.O.D. Isashastra & Bhaishajya Kalpana ure of the Hopurveda Mahavidyalaya s & Research Centr	The R			
We are enclosing herewith the application of the above Teacher in the prescribed format for gra inancial support to attend the Conference for kind consideration. Thanking you, H.O.D. Rasashastra & Bhaishajya Kalpana Signature of the Hopurveda Mahavidyalaya Signature of the Hopurveda Mahavidyalaya Studies & Research Centr	We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ial support to attend the Conference for kind consideration. Thanking you, H.O.D. Isashastra & Bhaishajya Kalpana ure of the Hopurveda Mahavidyalaya s & Research Centr	KLE U			
inancial support to attend the Conference for kind consideration. Thanking you, H.O.D. Rasashastra & Bhaishajya Kalpana Signature of the Hopurveda Mahavidyalaya Signature of the Hopurveda Mahavidyalaya Studies & Research Centr	ial support to attend the Conference for kind consideration. Thanking you, H.O.D. Isashastra & Bhaishajya Kalpana ure of the Hopurveda Mahavidyalaya s & Research Centr Seal Units + End Konkanwadi Ayurva Hisahavidyalaya	KLE U Belgau	um.		
Thanking you, H.O.D. Rasashastra & Bhaishajya Kalpana Signature of the Hopurveda Mahavidyalaya Studies & Research Centr	Thanking you, H.O.D. Isashastra & Bhaishajya Kalpana ure of the Hopurveda Mahavidyalaya s & Research Centr Detraum-03	KLE U Belgau	um. Sir,	pove Teacher in the prescribed format for grant of	
H.O.D. Rasashastra & Bhaishajya Kalpana Sighature of the Hopurveda Mahavidyalaya Studies & Research Centr	H.O.D. Isashastra & Bhaishajya Kalpana Seal S	(LE U Belgau Dear S	um. Sir, We are enclosing herewith the application of the ab		
Rasashastra & Bhaishajya Kalpana Signature of the Hopurveda Mahavidyalaya Studies & Research Centr Detrauro-03	sashastra & Bhaishajya Kalpana ufe of the Hopurveda Mahavidyalaya s & Research Centr Detraum-03	KLE U Belgau Dear S	um. Sir, We are enclosing herewith the application of the ab ial support to attend the Conference for kind considera		
Signature of the Hopurveda Mahavidyalaya Studies & Research Centr Detraum-03	s & Research Centr Detraum-03	KLE U Belgau Dear S	um. Sir, We are enclosing herewith the application of the ab ial support to attend the Conference for kind considera	tion.	
Studies & Research Centr	s & Research Centr Shri B. M. Konkenwadi Ayurve i i sahavidvalava	KLE U Belgau Dear S	um. Sir, We are enclosing herewith the application of the ak ial support to attend the Conference for kind considera Thanking yoy, H.O.D.	tion.	
	Ayurve i sañavidvalava	KLE U Belgau Dear S inanci	um. Sir, We are enclosing herewith the application of the ak ial support to attend the Conference for kind considera Thanking yoy, H.O.D.	tion. Yours faithfully,	
Faller File Company Faller Fi		KLE U Belgau Dear S iinanci Ra Signat	um. Sir, We are enclosing herewith the application of the ab ial support to attend the Conference for kind considera Thanking yoy, H.O.D. H.O.D. Bashastra & Bhaishajya Kalpana ture of the Hopurveda Mahavidyalaya	tion. Yours faithfully,	

r



Ref. No. KAHER-/2022-23/D- 16122-212

10th December, 2022

ORDER

Permission to participate in the International Conference. Sub Ref Request letter of the applicant forwarded through the concerned HoD, ٠ KLE College of Pharmacy, Belagavi.

With reference to the above, the request of Mr.Sanjay R Ugare, Assistant Professor, Department of Pharmacology, KLE College of Pharmacy, Belagavi. For attending '7th Annual International Conference on IRP' to be held College of Pharmacy, Panaji Goa, from 15th and 16th November, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

r Educa Deemed-to-b University

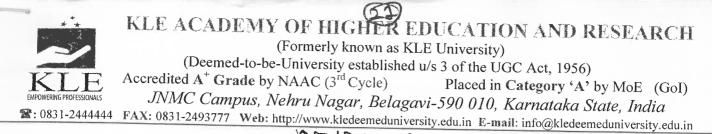
Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KLE College of Pharmacy, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi.

REVERSE Deemed-to-be-University estat	as KLE University) blished u/s 3 of the UGC Act, 1956]
APPLICATION FOR FINANCIAL SUPPORT TO	ATTEND STATE / NATIONAL CONFERENCES rough the concerned HoD & Principal)
A. To be filled by the faculty member:	s and calloarnod riob of minopaly
1. Name	Sanjay Russin
2. Qualification	Sanjay B. Ugare. M- pharm.
3. Designation	Assistant profess & - E
4. Department	Promont Prost - I
5. Email ID	Pharmacology faciantes
6. Institution	Janjay ugare Ogmail. com
7. Date of joining the Institution (the faculty should	KLE colleged pharmocy Byn
complete minimum one year of service to avail this facility)	12-06-2015
8. Objectives of the Conference / Seminar / Symposium	current-global trends in IPR
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	a) Delivering Key-note address / orations / plenary lectures
	b) Contributing a scientific paper
	 c) International collaboration exchange program (only on invitation)
	 d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
	e) Others, if any, specify.
1 Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	cultent Global trends in IPR
b) Date of conduct	DEEP HERETERS HAVE A HERETERS AND
c) Level of Conference	State / National
 Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs 16,000/-
e) Venue	Goa 06 DEC 2022
f) Copy of the sanction letter along-with Brochure to be enclosed	Sood P inward No. 32 Sign. A
ote : The faculty member is eligible for financial support to attend one Sta	
2. Particulars of the financial support <u>previously</u> extended by the University	2012 Sharaho one kalionar Core rendo in a calendar year
a) Name of the Organizer	Centre for Edle llence in I pitellec
b) Title of the program	page page
c) Place	Goa
d) Duration	Goa. 02-days. 15-16th November 2002
e) Date of Conference	IFICT HOUR ONLY AND
f) Financial grant availed	15 10 NOUTIES LATE

	-University established u/s 3 of the UGC Act, 1956]
	-2-
3. Travelling (by shortest route) and other expe	enses involved
	Particulars
a) Place	Bym - Goa
b) Mode of journey	Bim - Goa Car 500 -
c) Fare	500 -
d) To and Fro	
e) Accommodation charges	4200 -
f) Registration / Delegation Fee	2000 -
g) Air-port Tax	6700-
4. Documents to be submitted:	8700
a) Copy of the letter of invitation from	n the organizers.
b) Copy of the full text of documents prepared by the applicant for pres	
	DECLARATION
I hereby declare that	
 I have furnished the information in t 	this application which is true to the best of my knowledge and belief.
other funding agency for attending action by the University in cas application is wrong / false, in su	stance / support from the sponsorers / organizers of the Conference or any the aforesaid Conference. I am aware that I am liable for any disciplinary set it is found at a later stage that the information furnished in this upport of my application for financial grant. exeipts along-with Attendance / Participation Certificate within fifteen days to the
University from the date of attending	g the aforesaid Conference. benefit of the faculty members of the Department / Institution to share the
knowledge and experience gained f	from attending the aforesaid Conference.
Date 06 12 20 2 2	Signature of the faculty member
	Date: 06/12/202
	Date:
= 20 H	
ō	
^r o The Registrar, KAHER, Belagavi.	
o The Registrar, KAHER, Belagavi. Dear Sir,	plication of the above Teacher in the prescribed format for grant of
Fo The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the app inancial support to attend the Internationa	plication of the above Teacher in the prescribed format for grant of al Conference outside India for kind consideration.
To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the ap	plication of the above Teacher in the prescribed format for grant of al Conference outside India for kind consideration. Yours faithfully,
Fo The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the app inancial support to attend the Internationa	al Conference outside India for kind consideration.
To The Registrar, KAHER, Belagavi. Dear Sir, We are enclosing herewith the ap financial support to attend the Internationa	al Conference outside India for kind consideration. Yours faithfully,



Ref. No. KAHER-/2022-23/D- 05122212

03rd December, 2022

ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, KLE Homeopathic Medical College and Hospital, Belagavi.

With reference to the above, the request of **Dr.Rinku Porwal**, Associate Professor, Department of Forensic Medicine and Toxicology, KLE Homeopathic Medical College, Belagavi. For attending **'NCHPE-2022 13th National Conference on Health Professions Education** and also Contributing **Poster Presentation** to be held at Swami Himalayan University at Dehradun from 2nd to 3rd November, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Kille

Prof. Dr. V.A. Kothiwale Registrar

Τо,

The above staff member.

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, KLE Homeopathic Medical College, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi.

KLE UNIVERSITY'S HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL (Recognised by Central Council of Homoeopathy, New Delhi, M/O AYUSH. Gol) A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH

(Formerly known as KLE University)



Dt.01/12/2022

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Placed in Category 'A' by MoE (Gol)

Accredited A+ Grade by NAAC (3RD Cycle) Yellur Road, Belagavi-590005, Karnataka, India.

Ph: 0831-2413863, (Extn: 1262/1263) E-mail- <u>kleuhmc@gmail.com</u> E-mail: <u>prinhomeo@kledeemeduniversity.edu.in</u> Web: http://www.klehomoeo.edu.in

Ref. No: KAHER/HMC/22-23/D- 266

To, The Registrar KAHER. BELAGAVI.

> Sub: Reimbursement of expenses spent for attending and Poster Presentation at Swami Rama Himalayan University for National Conference of Health Profession Education (NCHPE 2022) at Dehradun Reg. 11:

11 14

22.1 313

Respected Sir,

Foi

81-

5-9 be fr

With reference to the subject cited above, I Dr Rinku Porwal, Associate Professor, Dept. of Forensic Medicine & Toxicology presented a scientific paper at National Conference of Health Profession Education (NCHPE 2022) held on 2nd and 3rd November 2022 at Swami Rama Himalayan University, Deharadun.. I request you for reimbursement of expenses for the same. . I have enclosed the details of the conference and Copy of my poster presentation for your ready reference.

|i|

		1.40		
	Sl. No.	Particulars	Amount	
	1	Transportation Expenses	16,376/-	
	2	Registration Charges	7,000/-	
	3	Accommodation Charges	4,616/-	
		Total	27,992/-	
That V was As pe	KAHER	OBFIDE OF THE RE KLE Academy of Higher & Research, BELA 0 1 DEC 20 0 1 DEC 20 0 1 DEC 20 Sign norms for a Poster. Present Dept. o e Same my kindlos (R she has evelosed all re all for your sanction	22 Vours Sincerely, Dr. Rinku Porwal Associate Professor, f Forensic Medicine & Toxicolog KLE HMC Belagavi	BELAGAVI

(Formerly known as	DUCATION AND RESEARCH KLE University)
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro	TTEND STATE / NATIONAL CONFERENCES
A. To be filled by the faculty member:	,
1. Name	Dr. Rinku Demoal.
2. Qualification	BULLOS MID (Homoeopodhy)
3. Designation	Associate Professor
4. Department	Forensic Meelline & toni lolo
5. Email ID	romagporesal @ gmail. com.
6. Institution	KLE Hornocopathic Medical 4
 Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 	4 1 2021
8. Objectives of the Conference / Seminar / Symposium	Preserving funnan connect in an era of Tell Adv. in Medicine
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar /	a) Delivering Key-note address / orations / plenary lectures
Symposium	 b) Contributing a scientific paper (Poster Present) c) International collaboration exchange program (only on invitation)
	 d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
	e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	NCHPE-2022 National Condenen
b) Date of conduct	NCHPE-2022 National Conference
c) Level of Conference	State / National
 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8.000/- National Level : Rs.16,000/-
e) Venue `	Himakayan inchtute of MS
 f) Copy of the sanction letter along-with Brochure to be enclosed 	16000/
Note : The faculty member is eligible for financial support to attend one	State / Zonal and one National Conference in a calendar year
12. Particulars of the financial support previously extended by the University	
a) Name of the Organizer	- F
b) Title of the program	
իստուուցին ինքարաներ՝ որուներությունը որուցին որուցին ու հանությունը անությունը հայ որուներին որուներին որուներությունը հայ որուներին հայ	-
c) Place	 a constant of a first set on the set of a constant set of the se
c) Place d) Duration	

	E [Deemed-to-be-University establish	KLE University ned u/s 3 of the U	GC Act; 1956]
PROFESSION	- 2 -	100	and a state of the
Trav	velling (by shortest route) and other expenses involved		nar analahangan unitari ang
	·	anadorna estreta adare seconda e Consequente que se	Particulars
a)	Place	Address of the second second second second second second	hun atarakton
b)	Mode of journey		albus.
ç)	Fare	8188]=+ 8	100]
d)	To and Fro	46376	
e)	Accommodation charges	46161-	
f)	Registration / Delegation Fee	- 000 -	
g)	Air-port Tax	÷	
. Do	cuments to be submitted:		
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Poster	Presentation
I	 Hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from 	m the sponsorers /	that I am liable for any disciplinary
	 hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confe action by the University in case it is found at a application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid. 	h is true to the best of m the sponsorers / rence. I am aware a later stage that ation for financial g endance / Participati erence. ty members of the foresaid Conference	organizers of the content of any disciplinary that I am liable for any disciplinary the information furnished in this grant. on Certificate within fifteen days to the Department / Institution to share the
	 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confe action by the University in case it is found at a application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid configuration. 	h is true to the best of m the sponsorers / rence. I am aware a later stage that ation for financial g endance / Participati ierence. ty members of the	organizers of the content of any that I am liable for any disciplinary the information furnished in this grant. on Certificate within fifteen days to the Department / Institution to share the sulty member
eate	 hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confe action by the University in case it is found at a application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid. 	h is true to the best of m the sponsorers / rence. I am aware a later stage that ation for financial g endance / Participati erence. ty members of the foresaid Conference	organizers of the content of any disciplinary that I am liable for any disciplinary the information furnished in this grant. on Certificate within fifteen days to the Department / Institution to share the
eate Ref. 1	 hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confe action by the University in case it is found at a application is wrong / false, in support of my applica I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid Section 2.2. 	h is true to the best of m the sponsorers / rence. I am aware a later stage that ation for financial g endance / Participati erence. ty members of the foresaid Conference	organizers of the content of any that I am liable for any disciplinary the information furnished in this grant. on Certificate within fifteen days to the Department / Institution to share the sulty member
Pate Ref. 1 The F Dear	 hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confe action by the University in case it is found at a application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid No. 	n is true to the best of m the sponsorers / rence. I am aware a later stage that ation for financial g endance / Participati erence. ty members of the foresaid Conference ignature of the fac	organizers of the for any disciplinary that I am liable for any disciplinary the information furnished in this grant. on Certificate within fifteen days to the Department / Institution to share the builty member Date: 291022 Date: 291022

	IBKL01 CNRB0 CNRB0 CNRB0		P Q				_		
υ.	IBKL01 CNRB0 CNRB0 CNRB0 CNRB0			1					
	IBKL01 CNRB0 CNRB0 CNRB0 CNRB0				Total Rs.				
	IBKL01 CNRB0 CNRB0 CNRB0 CNRB0							00.00.2020	2
	CNRBO CNRBO CNRBO	TOTACONTO740C0	BELAGAVI	SB	Neharu Nagar	CANARA BANK	Dr Saniiv Kumar	05.05.2023	5 5
	CNRB0 CNRB0 CNRB0	0501202000164	DELAGAVI	N B	Neharu Nagar	CANARA BANK	Dr Santosh Metgud	05.05.2023	10
	IBKL01 CNRB0 CNRB0	05042010059695	DELACAVI	200	Nenaru Nagar	Canara bank	Dr Meenaxi Maste	05.05.2023	47
	IBKL01 CNRB0	05042010028358	Relagavi	e e	Nenaru Nagai	Canara bank	Dr.Shankar Alegaon	05.05.2023	46
	IBKLOJ	05042190003372	Relagavi	CB CB	Jilailapar	BZRCM Bank	Dr. Poornima Tukanatti	05.05.2023	45
t		004002300002364	Belgaum	ŝ		BZKCIVI BATIK	Dr.R.S. Hiremath	05.05.2023	44
	IBKL0101BZR	004002300000057	Belgaum	SB	Chahaniir	Callele Dalik	Mr Namit Kudatarkar	05.05.2023	43
F	CNRBO	05042010126807	Belagavi	SB	Nehru Nagar	DENCIPI Dank	Dr.Keertan MS	05.05.2023	42
X	CNRBO	004002300000998	BELAGAVI	SB	Shahapur	DIDOM Rank	Dr Dnyanesn D K	05.05.2023	-41
	CNRBO	02392200007002	BELAGAVI	SB	NEHRU NAGAR,	CANARA RANK	Dr.Priya snetti	05.05.2023	40
	CINNDU	05042190009952	Belagavi	SB	Neharu Nagar	Canara bank	IVITS.SIIWEIG	05.05.2023	39
1	CNIDEOL		Delagavi	SВ	KLE Hospital	Canara bank	Mrc Churcha		
CNRB0008515 8,000.00	CNRBO	8515108006193	Dologovi	3 6	KLE HUSPILAI	Canara bank	Mrs.Vaishali M	05.05.2023	ж 8
008515 8,000.00	CNRB0008515	8515101048908	Relagavi	6	1 OIIIVIJAJAN IIABAI	State bank ULIIIula Silivuasa ingu	Dr.Shivayogi Hugar	03.03.2023	3/
	SBIN0008789	20013220116	Belagavi	SB	chivbasav nagar				3
				0	NERNO INAGAN,	CANARA BANK	Dr.Raju Gadad		36
010504 4,746.00	CNRB0010504	05042610005654	BELAGAVI	∧ R	NICUDI I NAGAR	Calidia Dalin	Dr.Netravathi KAVI	05.05.2023	38
T	CNRB0010504	05042010093850	Belagavi	SB	Neharii Nagar	Callara Dalik	Mr.Rajashekar Chavan	05.05.2023	34
T	CNRB0010504	05042010132909	Belagavi	SB	Neharu Nagar	CANARA DAINS	Dr.Suma Dnyanesh	05.05.2023	33
	CNRB0010504	05042180016674	BELAGAVI	SB	NEHRII NAGAR.	CANADA DANK	Dr.Preeti Hampannavar	05.05.2023	32
T	CNKBUUTUS85	05852010008751	lssur	SB	Issur	Conoro hank	Dr.Pramod Hurakadie	05.05.2023	31
t		05042200000393	Belagavi	SB	Neharu Nagar	Canara bank			30
+	CAIRBOOM		BELAGAVI	SB	NEHRU NAGAR,	CANARA BANK	D- Mahash Vamata		
10504 75,000.00	CNRB0010504	0501010000805	DELACAN	v	NEHRU NAGAK,	CANARA BANK	Dr Shailiesh Udapudi		
10504 16,000.00	CNRB0010504	05042010005039	BEI AGAVI	0.0		Canara bank	Dr Meghana Patil	05.05.2023	28
t	CNRB0011204	12042200007684	BELAGAVI	SB	Hithali			Date	NO.
San		AC NO	Place	Ас Туре	Branch	Bank Name	Name of the Employee		5

Admin. Assistant

Conterver and

THE Academy of

: 38 pue

* 2

3

ALCONT A

Verified By

Date: 05.05.2023

0 8 MAY 2023

Ref:KAHER/Accts/2023-24/D-1 % Ţ,

The Chief Manager

NEFT Unared の のをしてうえのころ Subject: Payment Through RTGS / NEFT - Financial Assistance

ancial /	Assistance the	Financial Assistance through RTGS/NEFT. All the required information is also province in community of Ammount							Ammount
_			Rank Name	Branch	Ас Туре	Place	Ac No	IFSC Code	Sanctioned
NO.	Date	Name of the Elliptoyee			3	Dolasim	004002300000857	IBKL0101BZR	8,000.00
-	05.05.2023	Dr Basavaraj R Tubaki	BZRCM Bank	Shahapur	6 6	Belgalim	004002300000841	IBKL0101BZR	8,000.00
5	05.05.2023	Dr Savita S Angadi	BZRCM Bank	Snanapui	3	Dolanim	00000300000190	IBKL0101BZR	8,000.00
	05.05.2023	Dr Raieshwari V Kamat	BZRCM Bank	Shahapur	SB	Delgauin	004002000001146	IBKL0101BZR	8,000.00
	05.05.2023	Dr Vinod S Gurav	BZRCM Bank	Shahapur	с, св	Belgaun	004002200001000	IBKL0101BZR	8,000.00
		Dr Vedantam Giridhar	BZRCM Bank	Shahapur	SBC	Deigauit	800000000000000000000000000000000000000	IBKL0101BZR	8,000.00
		Dr Keertan M S	BZRCM Bank	Shahapur	SB	Delgaum	V1100000000100	IRKININIRZR	8,000.00
10		Dr Bohan Mohandas	BZRCM Bank	Shahapur	SB	Belgaum	004002300002417	IBKI 0101R7R	8.000.00
	00.00.2020	Dr Anil Karalli	BZRCM Bank	Shahapur	SB	Belgaum		IRKI 0101RZR	7.000.00
0	00.00.2020	Dr. D. Jadar	BZRCM Bank	Shahapur	SB	Belgaum			8.000.00
e S	05.03.2023	Di F O Javan	Canara bank	Nehru Nagar	SB	Belagaum	05042010117045	CNIRDONTOEOA	00 000 8
10	05.05.2023	FIU: VECIESINATION OF	Canara bank	Nehru Nagar	SB	Belagaum	05042010101/10		00 000 8
	05.05.2023	Dr Bamach Killedar	BZRCM Bank	Shahapur	SB	Belgaum	004002300001177	IBKI 0101B7B	8.000.00
12	05.05.2023	Di Nalliesti Nincon	BZRCM Bank	Shahapur	SB	Belgaum	004002300002303		5 100 00
13	05.05.2023	Dr. Dr. Jramma Hiramath	BZRCM Bank	Shahapur	SB	Belgaum	004002300000633	IDVLOTOTOZIV	5 100 00
14	05.05.2023		BZRCM Bank	Shahapur	SB	Belgaum	004002300001365	IBKL0101DZD	2,100.00
15	05.05.2023	Dr USharani sanu	R7RCM Bank	Shahapur	SB	Belgaum	004002300001008	IBKLUTUTEZA	0,000.00
16	05.05.2023	Dr sandeep sagare	R7RCM Bank	Shahapur	SB	Belgaum	004002300001365	IBKLUTUTEZN	0,00
17	05.05.2023	Dr Usnarani sariu	BZRCM Bank	Shahapur	SB	Belgaum	004002300002052	IBKLUIUIBZR	0,000.00
18	05.05.2023	Dr.Kadambari S	DZBCM Bank	Shahapur	SB	Belgaum	004002300000078	IBKL010182K	5,000.00
19	05.05.2023	Dr.Vishwanath Wasedar	BZRCM Bank	Shahapur	SB	Belgaum	004002300001177	IBKL0101BZR	3,128.00
20	05.05.2023	Dr.Kamesn Killedar	CANADA BANK	NEHRU NAGAR,	SB	BELAGAVI	'05042180004350	CNRBUUTU504	10,000.00
21	05.05.2023	Dr.Basavaraj Motimath	CANADA DANK	NEHRU NAGAR.	SB	BELAGAVI	05042010002033	CNRB0010504	/,000.00
22	05.05.2023	Dr.R B Uppin	CANAKA BANN	NELINO INAGAR	SB	BELAGAVI	'05042180008897	CNRB0010504	6,500.00
23	05.05.2023	Dr Anand Heggannavar	CANARA BANK	METING MADANA	C/R	Belagavi	02531000059345	HDFC0000253	16,000.00
24	05.05.2023	Dr.Vasanti Jirge	HDFC bank			REIAGAVI	05042180017599	CNRB0010504	5,256.00
25	05.05.2023	Mr.Sanjay Kumar Yadav	CANARA BANK	NEHRU NAGAN,		BEINGAVI	05042010093401	CNRB0010504	5,256.00
		Dr Sheetal Pattanshetty	CANARA BANK	NEHRU NAGAN,		BELAGAVI	05042010004075	CNRB0010504	16,000.00

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 2023-24

J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39 A/c No. : 217-39 Date: 31-May-2023

Ref: KAHER/Accts/23-24/D- 377

To,

The Chief Manager

Subject: Payment Through RTGS / NEFT

Dear Sir,

Please Debit A/c No. 217-39 for Rs. 20,000.00 (Rupees Twenty Thousand only). We request you to do the following payments to our supplier/ Contractors through RTGS/NEFT.

All the required information is also provided in connection with each party.

Amount	20,000.00	20,000.00	Registrar	and the second
IFSC Code	IBKL0101BZR		Silon and Rese	2
A/c No.	00400230000998 IBKL0101BZR		A Cade Deemed-to-be University	
A/c Type	SB		Jes	•
Place	Belagavi		Finance Officer	
Branch	Shahapur		By	
Bank Name	BZRCM BANK		Verified By	
Party Name	3 Keertan M S	Total	¥	
Date	31-5-202:		Admin. Assistant	
si. No.	-		Admi	

010060

6

BELAGAN *

13	12	11 ·	10	9	∞	7	6	л	4	ω	2	ы	Sr No	
Dr.Shweta Yaragatti	Dr Ramesh Killedar	Dr Manjunath Sogalad	Prof. Veereshkumar S N	Dr Prashant G Jadar	Dr Anil Karalli	Dr Rohan Mohandas	Dr Keertan M S	Dr Vedantam Giridhar	Dr Vinod S Gurav	Dr Rajeshwari V Kamat	Dr Savita S Angadi	Dr Basavaraj R Tubaki	Faculty Name	APPLICATION
Shri BMK	Shri BMK	KLE INS	KLE INS	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Institution	KLE ACADEMY DETAILS OF FACULT APPROVAL / SANCT
9th world ayurveda congress and arogya expo to Panaji, Goa From 8/12/22 to 11/12/2022	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	National Conference on Role of Nurses in Promoting mental Health -Life Span Approach Organized by Indian Society of Psychiatric nurses will be held at ins Goa from 24th to 26th Feb 2023	National Conference on Role of Nurses in Promoting mental Health -Life Span Approach Organized by Indian Society of Psychiatric nurses will be held at ins Goa from 24th to 26th Feb 2023	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	9th WAC & Arogya Expo 2022 from 8.12.2022 to 11.12.2022 in Goa	Name of Conference	KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES
State Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level / National Level	IES
13,494.00	12,804.00	10,081.00	9,663.00	7,000.00	8,000.00	15,300.00	14,276.00	8,000.00	8,295.00	25,080.00	11,360.00	8,000.00	Bill Amount	ICE
8,000.00	8,000.00	8,000.00	8,000.00	7,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00	Sanctioned	

					1							- 1			4
28	27	26	25	23 24		22	21	20	19	18	17	16	15	14	Sr No
Dr Meghana Patil	Dr.Anil Kumar Harugoppa	Dr.Sheetal Pattanshetty	Mr.Sanjay Kumar Yadav	Dr Anand Heggannavar Dr.Vasanti Jirge		Dr.R B Uppin	Dr.Basavaraj Motimath	Dr.Ramesh Killedar	Dr.Vishwanath Wasedar	Dr.Kadambari S	Dr Usharani sanu	Dr sandeep sagare	Dr Usharani sanu	Dr.Rudramma Hiremath	Faculty Name
JGMMC	JUNIC	JINMC		VKIDS	KI F IPT	JNMC	KLE IPT	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Shri BMK	Institution
41st Annual conference Karnataka Ophthalmic Society Koscon 2022 at Hubbali from 9th to 11th Dec 2022	74TH aoi National Conference of the Associatoion of Otolaryngologists of india at Rajasthan from 2nd to 5th feb 2023	At Gadag From 8th to 11th Dec 2022	69th NATCON OF ASI and GLOBAL AND Anatomiese	33rd National Conferece of the Indian Academy of Oral Medicine and Rediology held on dec 8-10 at Bhubaneshwar Orissa	Handson work shop on neural mobilization	47th Karnataka Orthopaedic Association Conference-	International Conference ino steopathy at New Delhi from 14th to 19th	Nationaal Conference on sports ayurveda at pune 2023 , 18th to 19th feb 2023	9th world ayurveda congress and arogya expo to Panaji, Goa From 8/12/22 to 11/12/2022	9th world ayurveda congress and arogya expo to Panaji, Goa From 8/12/22 to 11/12/2022	9th world ayurveda congress and arogya expo to Panaji, Goa From 8/12/22 to 11/12/2022	9th world ayurveda congress and arogya expo to Panaji, Goa From 8/12/22 to 11/12/2022	National level workshop on Nadi Pareeksila by Yenepoya Ayurveda Medical College to Manglore from 2th & 6th Feb 2023 to Mangaluru From 5, 6th Feb 2023	National level workshop on Nadi Pareeksha by Yenepoya Ayurveda Medical College to Manglore from 2th & 6th Feb 2023	Name of Conference
State Level	National Level	State Level	State Level	National Level	State Level	State Level	National Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level	State Level / National Level
6,500.00	23,571.00	5,256.00	5,256.00	24,000.00	6,500.00	7,000.00	45,000.00	5,128.00	18,360.00	10,460.00	10,460.00	10,460.00	5,100.00	5,100.00	Bill Amount
6,500.00	16,000.00	5,256.00	5,256.00	16,000.00	6,500.00		16,000.00	5,128.00	8,000.00	8,000.00	8,000.00	8,000.00	5,100.00	5,100.00	Sanctioned

71,385.00	National Level	7th International Ayurveda Congress -Holistic health Kathmandu, Nepal from 02-05 March-2023	Shri BMK	Dr.Keertan MS	42
25,401.00	National Level	NATIONAL CONFERENCE-30TH tpa congress and 60th pedicon-2023 at Gujarat from 19th and 23rd feb 2023	JNMC	D <mark>r Dnyanesh D K</mark>	41
10,671.00	State Level	International conference on Innovation and advances in pharmaceutical sciences-Current Scenario and Future Perspectives at B G Nagar Karnataka from 10th and 11th Feb 2023	KAHER (BSRC)	Dr.Priya shetti	40
10,150.00	State Level	Integration of Genomics in Nursing and Health care practice at manipal from 16 & 17, 2023	KLE INS	Mrs.Shweta Angadi	39
10,150.00	State Level	Integration of Genomics in Nursing and Health care practice at manipal from 16 & 17, 2023	KLE INS	Mrs.Vaishali Bagewadi	38
16,000.00	National Level	19TH National ISPPD PG Convention at Chennai from 23rd to 25th Feb 2023	VKIDS	Dr.Shivayogi Hugar	37
4,746.00	State Level	KHSLA-2023 at Madikeri on 10 & 11 Feb 23	CoP Belagvai	Dr Rain Gadad	<u>بر</u>
13,530.00	State Level	52nd Annual Conferece of Indian Pharmacological society at Mysore, from 22nd to 25th feb 2023	JNMC	Or. Netravathi KAVI	35
4,386.00	State Level	International conference on Innovation and Advancs in Pharmaceutical sciences to Feb 10th and 11th ,2023 in karnataka, India.	CoP Belagvai	Mr.Rajashekar Chavan	34
4,000.00	National Level	69th NATCON OF ASI and GLOBAL AND Anatomiese At Gadag From 8th to 11th Dec 2022	JNMC	Dr.Suma Dnyanesh	33
13,952.00	National Level	International Ayush Summit-2023 Vivekanandapuram, Kanyakumari 27-29 Jan 2023	Homeopathic	Dr.Preeti Hampannavar	32
18,891.00	National Level	International Ethnopharmacology congress City Convention Centre, Imphal, Manipal, India Feb 24- 26 , 2023	CoP Belagvai	Dr.Pramod Hurakadle	31
82,918.00	International	International child neurology congress-2014 at Antalaya Turkey	INMC	Dr.Mahesh Kamate	30
30,455.00	National Level	67TH Annual conferecne of Indian Orthopaedic association Nov 29th till 3rd Dec 2022 at Amritsar		Dr.Shailiesh Udapudi	29
Bill Amount	State Level / Bill National Level	Name of Conference	Institution	Faculty Name	Sr No

					-1	
Registrar		Dy Registrar	Finance Officer		Admin Asst	
5,52,132.00	7,70,824.00	11	₩	Total ₹		
15,708.00	15,708.00	National Level	on 25th and 26th Feb 2023	KLE IPT	Dr Sanjiv Kumar	49
11,500.00	11,500.00	National Level	Pravra Phyzion 2023 at Loni Maharashtra from 25-26 Feb 2023	KLE IPT	Dr Santosh Metgud	48
8,000.00	8,070.00	National Level	2nd International conference on current advances in pharmaceutical industry and development at Hyderbad	COP Belagavi	Dr Meenaxi Maste	47
8,000.00	8,485.00	National Level	International conference on drug discovery at Goa from 10th and 11th Nov 2022	COP Belagavi	Dr Shankar Alegaon	46
16,000.00	18,800.00	National Level	Ayurvdicpharmaceutical sciences internationaal Conference at jaipur Rajasthan From 23rd to 25th Feb	Shri BMK	Dr. Poornima Tukanatti	45
16,000.00	18,800.00	National Level	Ayurvdicpharmaceutical sciences internationaal Conference at jaipur Rajasthan From 23rd to 25th Feb	Shri BMK	Dr.R.S. Hiremath	44
30,000.00	33,322.00	International	International Conference at Malaysia from 10th and 12th March 2023	COP Belagavi	Mr Namit Kudatarkar	43
Sanctioned	Bill Amount	State Level / National Level	Name of Conference	Institution	Faculty Name	SrNo

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India ** 0831-244444

Ref.No.KAHER/22-23/D- 16122214

10th December, 2022

ORDER

- Sub: Approval of Grant of financial support for attending the International Conference at Goa (Panaji) from 8th to 11th December 2022.
- Ref: Your office letter Ref. No. BMK / 2022-23/1618 dated 24th November 2022.

With reference to the above, the following faculty members are hereby permitted to attend the International Conference [9th World Ayurveda Congress and Arogya Expo] to be held at Goa (Panaji) from 8th to 11th December 2022:

SL. No	Name	Designation	Department
1 _	Dr. Basavaraj Tubaki	Professor	Kayachikitsa
2 レ	Dr.Savita Angadi	Professor	Shalkya
3 -	Dr.Rajeshwari V Kamat	Professor	RS & BK
4 🥏	Dr.Vinod Gurav	Professor	Sharir Kriya
5 _	Dr.Vedantam Giridhar	Reader	Dravyaguna
6 -	Dr. Keertan MS	Reader	Roga Nidana
7 /	Dr.Rohan Mohandas	Assistant Prof	Kayachikitsa
8	Dr.Anil Korolli	Assistant Prof	Panchakarma

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



rof Dr.V.A.Kothiwale Registrar

^{To,} The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi



SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gol), A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD Gol)



First AYUSH Institution having NAAC & NABH Accreditation



Date: 24.11.2022

Ref.No: Bmk 2022-23) 1613

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

Sub: "Grant of Financial support for attending Inter National Conference reg...

Sir,

With reference to the above subject, I am herewith forwarding the applications of following faculty member of our college in the prescribed format for grant of financial support to attend the Inter National Conference at Gao (Paniji) from 8th to 11th Dec 2022 as per below mentioned details.

Sl. No	Name of Teacher	Designation	Department	Conference details	Date of Confere nce
1	Dr. Basavaraj Tubaki	Professor	Kayachikitsa		
2	Dr. Savita Angadi	Professor	Shalkya	1	
3	Dr. Rajeshwari V Kamat	Professor	RS & Bk	9 th World	
4	Dr. Vinod Gurav	Professor	Sharir Kriya	Ayurveda	$8^{th} - 11^{th}$
5	Dr. Vedantam Giridhar	Reader	Dravyaguna	Congress &	Dec 2022
6	Dr. Keertan M S	Reader	Roga Nidana	Arogya Expo	
7	Dr. Rohan Mohandas	Assi. Prof	Kayachikitsa		
8	Dr Anil Koralli	Assi. Prof	Panchakararma		

This is for your information and do the needful.

Thanking you,

OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI 2022 Sign..... Inward No

Yours tru RINCIPAL

Shri B. M. Kankanwadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-03

Shahapur, Belagavi – 590 003, Karnataka, India Phone: +91 831 2486286; 7204969289 Fax: +91 831 2424157 Website: www. kleayurworld.edu.in, Email: bmkprincipal.kaher@kleayurworld.edu.in



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DR. DASAVARAS R. TUDAM
2. Qualification	mp.e.h.D
3. Designation	Philesson
4. Department	Kayach leton
5. Institution	Kayachietra KAHEris amk am Solopo
6. Date of joining the Institution	26/7/2011
7. Objectives of the Conference / Seminar / Symposium	International Confurence
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	XOUPNE
a) Title of the Conference / Seminar / Symposium	NORLO AJURSED LANFIRDEN
b) Date of conduct	8/11/1022 - 11/12/2022
c) Venue	PANJIM . GOM
d) Financial support extended by the University	
d) Financial support extended by the University	FNTERNATIONM
d) Financial support extended by the Universitye) Copy of the sanction letter to be enclosed	FNTERNATIONM
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend one State / Zonal and one National 	FNTERNATIONM
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year. 11. Particulars of the organizers of the aforesaid 	FNTERNATIONM
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium 	FNTERNATIONM
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	FOTERNATIONM Would Aguarede Foundat
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	FOTERNATIONM Would Aguarede Foundat
 d) Financial support extended by the University e) Copy of the sanction letter to be enclosed f) Level of Conference State / Zonal / National Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	FOTERNATIONM Would Aguarede Foundat

2.,



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

1		- 2 -	
12. Exp	penses involved towards attending the Conference:		
a)	Place	Panaji	
b)	Mode of journey	perind vehicle	
c)	Fare	- 123 km + 125 km	٦
	To and Fro expenses	- 250 Km > 14 = 0	35001
	Registration / Delegation Fee	R 23601-	
	Accommodation charges	- B 6000/-	
	Total Expenses		
3. Doc	cuments to be submitted:		
a)	Copy of the letter of invitation from the organized	s.	
b)	Copy of the full text of documents / abstract / pa prepared by the applicant for presentation.	per attached	404 - 1 ⁴ -
	DECLAI	R. TION	
11	hereby declare that :		- ', B
	• I have furnished the information in this application v	hich is true to the best of my knowledge and	belief.
	• I am not getting any financial assistance / support	from the sponsorers of the Conference or a	ny other funding
	agency for attending the aforesaid Conference,		
	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit c) the fit 	Conference, acuity members of the Department / Institut	
)ate :	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit of the fi- knowledge and experience gained from attending the I shall reimburse the amount to the University in exception 	Conference, aculty members of the Department / Institut le aforesaid Conference. less of the eligibility.	
	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit of the fraction in the seminar for the benefit of the fraction of the seminar for the seminar	Conference, aculty members of the Department / Institut le aforesaid Conference. cess of the eligibility. Signature of the faculty member	
Ref. No	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit of the fi- knowledge and experience gained from attending the I shall reimburse the amount to the University in exception 	Conference, aculty members of the Department / Institut le aforesaid Conference. less of the eligibility.	
Ref. No To	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit is the fix knowledge and experience gained from attending the issue of the university in executive of the university of the university of the university in executive of the university of the university	Conference, aculty members of the Department / Institut le aforesaid Conference. cess of the eligibility. Signature of the faculty member	
Ref. No To The Re	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit is the fix knowledge and experience gained from atteading the I shall reimburse the amount to the University in executive and the university is a segistrar, hiversity, 	Conference, aculty members of the Department / Institut le aforesaid Conference. cess of the eligibility. Signature of the faculty member	
Ref. No To The Re KLE Ur	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit () the fight knowledge and experience gained from attending the I shall reimburse the amount to the University in exactly a segmetric of the term of term of the term of term of the term of term	Conference, aculty members of the Department / Institut the aforesaid Conference. Seess of the eligibility. Signature of the faculty member Date:	
Ref. No To The Re KLE Ur Belgaur Dear Si	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit is the finknowledge and experience gained from attending the I shall reimburse the amount to the University in executive and the university is a segistrar, niversity, m. ir, 	Conference, aculty members of the Department / Institut the aforesaid Conference. cess of the eligibility. Signature of the faculty member Date:	ion to share the
Ref. No Fo Fhe Re KLE Ur Belgaur Dear Si	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid (I shall conduct a seminar for the benefit () the fight knowledge and experience gained from attending the I shall reimburse the amount to the University in exactly a segmetric of the term of term of the term of term of the term of term	Conference, acuity members of the Department / Institut the aforesaid Conference. Sess of the eligibility. Signature of the faculty member Date: A e above Teacher in the prescribed form	ion to share the
Ref. No To The Re KLE Ur Belgau Dear Si inancia	 I shall produce necessary bills / receipts along-with University from the date of attending the aformsaid () I shall conduct a seminar for the benefit () the figure has a seminar for the benefit () the figure has a seminar for the benefit () the figure has a seminar for the benefit () the figure has a seminar for the University in execution of the University, m. We are enclosing herewith the application of the transmission of transmission of the transmission of transmission of transmission of t	Conference, acuity members of the Department / Institut the aforesaid Conference. Seess of the eligibility. Signature of the faculty member Date: A A e above Teacher in the prescribed form deration.	ion to share the
Ref. No To The Re KLE Ur Belgau Dear Si inancia	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid () I shall conduct a seminar for the benefit () the friction of the inversity in exercise gained from attending the shall reimburse the amount to the University in exercise gaistrar, niversity, m. We are enclosing herewith the application of the al support to attend the Conference for kind considered and the conference for kind considered	Conference, acuity members of the Department / Institut the aforesaid Conference. Sess of the eligibility. Signature of the faculty member Date: A e above Teacher in the prescribed form	ion to share the
Ref. No To The Re KLE Ur Belgau Dear Si inancia	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid () I shall conduct a seminar for the benefit () the friction of the inversity in exercise gained from attending the shall reimburse the amount to the University in exercise gaistrar, niversity, m. We are enclosing herewith the application of the al support to attend the Conference for kind considered and the conference for kind considered	Conference, acuity members of the Department / Institut the aforesaid Conference. Seess of the eligibility. Signature of the faculty member Date: A A e above Teacher in the prescribed form deration.	ion to share the
Ref. No To The Re KLE Ur Belgau Dear Si Dear Si	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid () I shall conduct a seminar for the benefit is the fix knowledge and experience gained from attending the shall reimburse the amount to the University in exact and the University, m. ir, We are enclosing herewith the application of the al support to attend the Conference for kind consideration of the university of the Unive	A Conference, Conf	ion to share the
Ref. No To The Re KLE Ur Belgau Dear Si Dear Si	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid () I shall conduct a seminar for the benefit () the friction of the inversity in exercise gained from attending the shall reimburse the amount to the University in exercise gaistrar, niversity, m. We are enclosing herewith the application of the al support to attend the Conference for kind considered and the conference for kind considered	A e above Teacher in the prescribed form deration. Yours faithfully, Principal A	nat for grant o
Ref. No To The Re KLE Ur Belgau Dear Si Dear Si	 I shall produce necessary bills / receipts along-with University from the date of attending the aforesaid () I shall conduct a seminar for the benefit is the fix knowledge and experience gained from attending the shall reimburse the amount to the University in exact and the University, m. ir, We are enclosing herewith the application of the al support to attend the Conference for kind consideration of the university of the Unive	A e above Teacher in the prescribed form deration. Yours faithfully, Principal A	nat for grant o

ų,

....

· KAHERS SWI BMIC AMV LACAT JSE/ 162/ 24. 4-22



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DE Savita. S. Angadi
2. Qualification	BAMS MS in Stalabyatalla
3. Designation	professor and HOD
4. Department	Shalabya tanka
5. Institution	KLES Sher BMC Ayuruda menaurugu
6. Date of joining the Institution	28/01/2016
7. Objectives of the Conference / Seminar / Symposium	World Ayllueida Longhissingipeda
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (pester or oral)
	c) Delivering a guest lecture
	d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NEI attributed Anne and congress ST
a) Title of the Conference / Seminar / Symposium	Asugya Expo-2022
b) Date of conduct	8th to ut December 2022
c) Venue	Panjin, Goa India
d) Financial support extended by the University	Yes
e) Copy of the sanction letter to be enclosed	Yes
f) Level of Conference State / Zonal / National	International 1
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference in a calendar year.</u>	(good A
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	aborta Ayukada foundation
b) Title of the program	9th WAC & Arogya Expo 2022
c) Place	Panjim, yoa, India
d) Duration	stuto 11 m Dec 2022 4 day
e) Date	8th to 11th Dec 2022

2.0



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

	-2	
12. Exp	penses involved towards attending the Conference:	
a)	Place	Panjin Goa. India
b)	Mode of journey	By Cal
C)	Fare	0 1
	To and Fro expenses	2500=00
	Registration / Delegation Fee	2360200
	Accommodation charges	16570-200
	Total Expenses	11360 200
13. Doc	cuments to be submitted:	1.260 200
a)	Copy of the letter of invitation from the organizers.	Yes
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Yes
	DECLARAT	ION
l h	ereby declare that :	
	I have furnished the information in this application which is	true to the best of my knowledge and belief
	I am not getting any financial assistance / support from the support fr	he sponsorers of the Conference or any other funding
	agency for attending the aforesaid Conference,	se speneerere er alle eenherende er any ourer fundnig
	 I shall produce necessary bills / receipts along-with Attence University from the date of attending the aforesaid Conference 	ance / Participation Certificate within fifteen days to the ence,
	 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of 	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility.
	 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of 	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference.
	 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conferent I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of 241112022 Sign 	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility.
Date : Ref. No. o he Reg LE Univ	 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conferent I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore I shall reimburse the amount to the University in excess of 241112022 Sign 	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member
Date : Ref. No. o he Reg LE Univ elgaum ear Sir, W	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor I shall reimburse the amount to the University in excess of 241112022 Sign istrar, versity,	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: 24 11/20
Date : Ref. No. o he Reg LE Univ elgaum ear Sir, W nancial :	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor I shall reimburse the amount to the University in excess of <u>241112022</u> Sign istrar, versity, //e are enclosing herewith the application of the above	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: 24 1020
Date : Ref. No. o he Reg LE Univ elgaum ear Sir, W nancial TI	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor I shall reimburse the amount to the University in excess of <u>241112022</u> Sign istrar, versity, //e are enclosing herewith the application of the above support to attend the Conference for kind consideration	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: 24 1020 // Date: 24 1020 // PrincipaLIPAL
Date : Ref. No. o he Reg LE Univ elgaum ear Sir, W nancial TI	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor I shall reimburse the amount to the University in excess of <u>24112022</u> Sign istrar, versity, //e are enclosing herewith the application of the above support to attend the Conference for kind consideration hanking you, Seal	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: 24 1020 // Pate: 24 1020

>.₀



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

, Maryle, Malaryle and Arayan J	
A. To be filled by the faculty member:	
1. Name	De Rajeshwari v Karrat
2. Qualification	MD(Ayu) Ph.D
3. Designation	Professoe
4. Department	Ralashastra and Bhaishappa xal
5. Institution	Shei BMK Ayueveda Mahavdy day
6. Date of joining the Institution	0108 2001
7. Objectives of the Conference / Seminar / Symposium	
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar /	a) Chairing a scientific session.
Symposium	b) Contributing a scientific paper (poster or oral)
	c) Delivering a guest lecture
· · · · · · · · · · · · · · · · · · ·	d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	Nil. (80004 /4
a) Title of the Conference / Seminar / Symposium	9th Wolld Auturveda Congress &
b) Date of conduct	8-11th Dec2022 Arogua Expo
c) Venue	Gog (Pankim)
d) Financial support extended by the University	Yet to recieve
e) Copy of the sanction letter to be enclosed	yet to regione
f) Level of Conference State / Zonal / National	International (Global)
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference in a calendar year.</u>	any Financial assistance.
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	and Fillandade 13131 and 12
a) Name of the Organizer	world Ayueveda Foundation.
b) Title of the program	9th woold Aqueveda Foundaton.
c) Place	Gog Panzing
c) Place d) Duration	Goa Panzing 8-11th Dec2022 CA days



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

<u>.</u>	- 2	-
12. Exp	penses involved towards attending the Conference:	
a)	Place	Panyim - Goa.
b)	Mode of journey	Own Car (1151×2)280km
c)	Fare	
	To and Fro expenses	230 km x 14 = 3,220 -
	Registration / Delegation Fee	2360/-
	Accommodation charges	19,500/-
	Total Expenses	
13. Do	cuments to be submitted:	25,080
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Altached.
	DECLARA	FION
1	hereby declare that :	
	 I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess 	orence, y members of the Department / Institution to share the presaid Conference. of the eligibility.
Date :	<u>22/11/2022</u> Sig	gnature of the faculty member
	egistrar, niversity,	Date:
Dear S	Sir,	
	We are enclosing herewith the application of the al	pove Teacher in the prescribed format for grant o
inanci	al support to attend the Conference for kind considera	
	Thanking you,	Yours faithfully,
	J'L Sea	
Signat	ure of the HoD	Shri B. M. Kankanwadi
		Ayurved Mahavidyalaya A Constituent Unit of KAHER

2.0



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DR. VINOD S. GURAY
2. Qualification	M.D. Ph.D.
3. Designation	Professor.
4. Department	Sharir Kriya
5. Institution	Shri B.m. K. Ayurrela Mator
6. Date of joining the Institution	16 06 2014
7. Objectives of the Conference / Seminar / Symposium	Health and Environment.
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	- NK
a) Title of the Conference / Seminar / Symposium	- Corrolt /
b) Date of conduct	- 1900 14
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
support to attend one State / Zonal and one National	
Support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid	3th Norlaf Ayuneals Congress - 202
support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Sim Norld Ayumede Congress - 202
 support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	3th Norld Ayuneala Congress - 202
 support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	-do -
 support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year. 11. Particulars of the organizers of the aforesaid <u>Conference / Seminar / Symposium</u> a) Name of the Organizer b) Title of the program c) Place 	-do- GOA



(Formerly known as KLE Academy of Higher Education & Research) UNIVERSITY WORKNE REFERSITY

- 2 -	
	Palla EAN
•	Panyim GOA
	GAR.
o and Fro expenses	350×15 = 5250
egistration / Delegation Fee	2360=00,
ccommodation charges	2200×3= 6600+95T.
otal Expenses	14210 fapponinate.
ments to be submitted:	
copy of the letter of invitation from the organizers.	Yes
Copy of the full text of documents / abstract / paper repared by the applicant for presentation.	18,
DECLARAT	ION
reby declare that :	
I have furnished the information in this application which	is true to the best of my knowledge and belief.
I am not getting any financial assistance / support from agency for attending the aforesaid Conference,	the sponsorers of the Conference or any other funding
University from the date of attending the aforesaid Confe	rence,
I shall conduct a cominar for the bonofit of the faculty	
knowledge and experience gained from attending the accury	members of the Department / Institution to share the resaid Conference.
knowledge and experience gained from attending the access shall reimburse the amount to the University in excess of	resaid Conference.
knowledge and experience gained from attending the afor	of the eligibility.
knowledge and experience gained from attending the afore is a straight of the inversity in excess of the inversity inversity inversity in excess of the inversity in	nature of the faculty member
knowledge and experience gained from attending the afor	of the eligibility.
knowledge and experience gained from attending the afore the amount to the University in excess of the University	nature of the faculty member
knowledge and experience gained from attending the afore is a straight of the inversity in excess of the inversity inversity in excess of the inversity inversity in excess of the inversity in excess of the inversity inversity in excess of the inversity inversity in excess of the inversity inversity inversity in excess of the inversity in	nature of the faculty member
knowledge and experience gained from attending the afore is the amount to the University in excess of the Universi	nature of the faculty member
knowledge and experience gained from attending the afor I shall reimburse the amount to the University in excess of CAR Signature Signature istrar, versity,	nature of the faculty member
knowledge and experience gained from attending the afore in the university in excess of the university in exces of the university in exces of the university in exces of t	nature of the faculty member
knowledge and experience gained from attending the afore in the University in excess of the University in excess o	presaid Conference. of the eligibility. Inature of the faculty member Date: Dove Teacher in the prescribed format for grant of
knowledge and experience gained from attending the afore the amount to the University in excess of the first strar, wersity, the are enclosing herewith the application of the attending the attending the application of the attending the strategies.	presaid Conference. of the eligibility. Inature of the faculty member Date: Date: pove Teacher in the prescribed format for grant of tion.
knowledge and experience gained from attending the afore in the university in excess of events of the university in excess of events of the university in excess of events of the access of events of the access of the events of the event of	of the eligibility.
knowledge and experience gained from attending the afore is the amount to the University in excess of the second s	presaid Conference. of the eligibility. Inature of the faculty member Date: Date: pove Teacher in the prescribed format for grant of tion.
knowledge and experience gained from attending the afore $1 \text{ shall reimburse the amount to the University in excess of 24 \text{ Hz} 22 Significant 24 \text{ Hz} 22 Significant 24 \text{ Hz} 22 Significant 24 \text{ Hz} 24$	presaid Conference. of the eligibility nature of the faculty member Date: Date: Date: Yours faithfully, Yours faithfully,
knowledge and experience gained from attending the afore is the amount to the University in excess of $2411/22$ Significant strar, we resit with the application of the attack support to attend the Conference for kind consideration is the formula of the support of the attack of the Conference for kind consideration of the support of the support of the support of the conference for kind consideration of the support of the support of the conference for kind consideration of the support of the support of the conference for kind consideration of the support of the support of the support of the conference for kind consideration of the support of the support of the support of the conference for kind consideration of the support of the su	Date: Dove Teacher in the prescribed format for grant of tion.
knowledge and experience gained from attending the afore $1 \text{ shall reimburse the amount to the University in excess of 24 \text{ Hz} 22 Significant 24 \text{ Hz} 22 Significant 24 \text{ Hz} 22 Significant 24 \text{ Hz} 24$	presaid Conference. of the eligibility nature of the faculty member Date: Date: Date: Yours faithfully, Yours faithfully,
	Legistration / Delegation Fee Leccommodation charges otal Expenses ments to be submitted: Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper repared by the applicant for presentation. D E C L A R A T reby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Conference

KAHER / BMK / DG / 2022/42

Dt. 24-11-2022



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr VEDANTAM GIRIDHAN
2. Qualification	M·D. (Ayu)
3. Designation	READER
4. Department	DRAVSAGUNA
5. Institution	KLE's Shri B.M.K. Ayusued Mahavidyalaya
6. Date of joining the Institution	10-09-2012
7. Objectives of the Conference / Seminar / Symposium	- Ayunveda Eorone Health
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet. Presenting Paper on out comes KAHER rescutch grant
9. Assignment in the aforesaid Conference / Seminar /	a) Chairing a scientific session.
Symposium	by Contributing a scientific paper (poster or oral)
	c) Delivering a guest lecture
	d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s)	
during the current calendar year 1 st January to 31 st December)	N.A. Gradot
a) Title of the Conference / Seminar / Symposium	- (200)
b) Date of conduct	-
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference in a calendar year.</u>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Woold Ayunveda Congress 202
a) Name of the Organizer	Woold Ayunveda Foundational Ministry of Ayust, Got
b) Title of the program	Woold Ayurveda Congress 2022
c) Place	Panjim, Goa
d) Duration	4 days
e) Date	08-11 December 2022



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

	- 2 -	
2. Exp	penses involved towards attending the Conference:	
a)	Place	Panjim, Goa
b)	Mode of journey	Can
c)	Fare	
	To and Fro expenses	2000/-
	Registration / Delegation Fee	2360/-
	Accommodation charges	6000/- (box 3days)
	Total Expenses	10,360/-
3. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	Enclosed
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclosed
	DECLARAT	ION
a I	hereby declare that :	
	I have furnished the information in this application which	is true to the best of my knowledge and belief
	 I am not getting any financial assistance / support from 	
	agency for attending the aforesaid Conference,	
	agency for allending the diorestild contorence,	
	• I shall produce necessary bills / receipts along-with Atten	dance / Participation Certificate within fifteen days to the
	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe 	rence,
	• I shall produce necessary bills / receipts along-with Atten	rence, members of the Department / Institution to share the
	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty 	rence, members of the Department / Institution to share the presaid Conference.
	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of 	rence, members of the Department / Institution to share the presaid Conference. of the eligibility.
Date :	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of Content of the content of the content of the content of the faculty knowledge and experience gained from attending the aforesaid content of the cont	rence, members of the Department / Institution to share the presaid Conference.
	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of 2U-11-2022 	rence, members of the Department / Institution to share the presaid Conference. of the eligibility.
Ref. No	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of 	rence, members of the Department / Institution to share to presaid Conference. of the eligibility. mature of the faculty member
Ref. No To	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid to the University in excess of 2u-11-2022 Sig 	rence, members of the Department / Institution to share to presaid Conference. of the eligibility. mature of the faculty member
Ref. No Fo Fhe Re KLE U	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confe I shall reimburse the amount to the University in excess of 2u-11-2022 Sig 	rence, members of the Department / Institution to share to presaid Conference. of the eligibility. mature of the faculty member
Ref. No Fo Fhe Re KLE U	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confe I shall reimburse the amount to the University in excess of 2u-11-2022 Sig 	rence, members of the Department / Institution to share to presaid Conference. of the eligibility. mature of the faculty member
Ref. No To The Re KLE U Belgau	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confe I shall reimburse the amount to the University in excess of 2U-11-2022 Sig 	rence, members of the Department / Institution to share to presaid Conference. of the eligibility. mature of the faculty member
Ref. No Fo The Re KLE U Belgau	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confe I shall reimburse the amount to the University in excess of 2U-11-2022 Sig 	rence, members of the Department / Institution to share to presaid Conference. of the eligibility. mature of the faculty member Date:
Ref. No Fo Fhe Ro KLE U Belgau Dear S	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confe I shall reimburse the amount to the University in excess of 2U-11-2022 Sig 	rence, members of the Department / Institution to share the presaid Conference. of the eligibility. mature of the faculty member Date:
Ref. No Fo Fhe Ro KLE U Belgau Dear S	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confe I shall reimburse the amount to the University in excess of 2u-11-2022 Sig 	rence, members of the Department / Institution to share the presaid Conference. of the eligibility. mature of the faculty member Date:
Ref. No Fo Fhe Ro (LE U Belgau Dear S	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confe I shall reimburse the amount to the University in excess of 2u-11-2022 Sig o	rence, members of the Department / Institution to share the presaid Conference. of the eligibility.
Ref. No Fo Fhe Ro KLE U Belgau Dear S	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confe I shall reimburse the amount to the University in excess of 2u-11-2022 Sig 	rence, members of the Department / Institution to share the presaid Conference. of the eligibility. mature of the faculty member Date:
Ref. No To The Ro KLE U Belgau Dear S	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Confe I shall reimburse the amount to the University in excess of 2U-11-2022 Sig O	rence, members of the Department / Institution to share the presaid Conference. of the eligibility. mature of the faculty member Date: Date: Vours faithfully,
Ref. No To The Re KLE U Belgau Dear S	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Confe I shall reimburse the amount to the University in excess of 2U-11-2022 Sig O	rence, members of the Department / Institution to share the presaid Conference. of the eligibility. mature of the faculty member Date: Date: Date: Pove Teacher in the prescribed format for grant tion. Yours faithfully,
Ref. No To The Re KLE U Belgau Dear S	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Confe I shall reimburse the amount to the University in excess of 2U-11-2022 Sig O	rence, members of the Department / Institution to share the presaid Conference. of the eligibility. mature of the faculty member Date: Date: Date: Paricipal PAL
Ref. No To The Re KLE U Belgau Dear S	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Confe I shall reimburse the amount to the University in excess of 2U-11-2022 Sig O	rence, members of the Department / Institution to share the presaid Conference. of the eligibility. Inature of the faculty member Date: Date: Date: Price al IPAL Shri B. M. Kankanwadi
Ref. No To The Ref KLE U Belgau Dear S financi Signat	 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Confe I shall reimburse the amount to the University in excess of 2u-11-2022 Sig . <li< td=""><td>rence, members of the Department / Institution to share the presaid Conference. of the eligibility. mature of the faculty member Date: Date: Date: Preceding format for grant tion.</td></li<>	rence, members of the Department / Institution to share the presaid Conference. of the eligibility. mature of the faculty member Date: Date: Date: Preceding format for grant tion.



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

estar. M.S.
14) (Ph.D. scholar)
14) (Ph.D. scholar) cate Professor
ANIDANA
shai BMKAMC Belayani
2012
K publication / Seminar
close a separate sheet.
g a scientific session. nuting a scientific paper (poster or oral) ing a guest lecture , if any, specify. EB90K
(8000/A
-GOA2022 2022 - 11/12/2022 55M (GOA
2022 - 11/12/2022
sim ant
NTERNATIONAL
Id Ayuereda Gongless
sort & Aynereda congless
ion-hoa
ays.
22 - 11/12/22
860 -

>,



(Formerly known as KLE Academy of Higher Education & Research) Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

12. Expenses involved towards after	- 2	
	nding the Conference:	
a) Place		Panaji.
b) Mode of journey		Personal vehicle.
c) Fare		250kms
To and Fro expenses		26714=3360/-
Registration / Delegation F	ee	25001-
Accommodation charges		12,0001-
Total Expenses		19,860 -
13. Documents to be submitted:		
a) Copy of the letter of invitation	on from the organizers.	$n \theta \dots n$
b) Copy of the full text of docu prepared by the applicant for the second s		Attached.
2010	DECLARAT	ION
I hereby declare that :		
 I have furnished the information 	tion in this application which i	s true to the best of my knowledge and belief.
	al assistance / support fr. n.	the sponsorers of the Conference or any other fundi
 I shall produce necessary bil University from the date of a 	lls / receipts along-with Atten ttending the aforesaid Confer	dance / Participation Certificate within fifteen days to the ence,
 I shall conduct a seminar for knowledge and experience g 	or the benefit of the faculty gained from attending the afore the attention of the store of the second sec	members of the Department / Institution to share the resaid Conference.
 I shall reimburse the amount 	to the University in excess o	f the eligibility.
Date 24 9 22	Sigr	nature of the faculty member
Ref. No		Date:
Го		
ro The Registrar, KLE University, Belgaum.		
The Registrar, KLE University,		
The Registrar, KLE University, Belgaum. Dear Sir,	the application of the abo	ove Teacher in the prescribed format for grant of
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith		ove Teacher in the prescribed format for grant o
The Registrar, KLE University, Belgaum. Dear Sir,		on.
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith inancial support to attend the Confe		
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith inancial support to attend the Confe		on.
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith inancial support to attend the Confe Thanking you,		on. Yours faithfully, PRINCIPAL
The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith inancial support to attend the Confe	erence for kind conside ati	on.

2.0

3,



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

A. To be filled by the faculty member:	
1. Name	Dr Rohan Mohandas
2. Qualification	BAMS MD (AYU)
3. Designation	Assistant Projessol.
4. Department	Dept. 61 Kayachikitsa
5. Institution	KAHER'S BMK Aywords Mahavidu
6. Date of joining the Institution	29/12/2021
7. Objectives of the Conference / Seminar / Symposium	Aguereds les me healt
8. Benefits to be derived from participation in the aforesaid	Please enclose a separate sheet.
Conference / Seminar / Symposium	enclored
 Assignment in the aforesaid Conference / Seminar / Symposium 	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral)
	c) Delivering a guest lecture
	d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL. [0/]
a) Title of the Conference / Seminar / Symposium	9th WORLD AYURVEDA CONFRESS-
b) Date of conduct	8th to 11th DEC - 2022
c) Venue	Kala Academy (Panjim-GOA)
d) Financial support extended by the University	yet to secieve
e) Copy of the sanction letter to be enclosed	yet to service.
f) Level of Conference State / Zonal / National	International (Wobal)
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference in a calendar year.</u>	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Govt Ministen of AYUSH, Was Id America
b) Title of the program	Ayenede To pre blatt fer
c) Place	Paniim-Goa.
d) Duration	4 days 8-11 dect 202
e) Date	8th to 11th. December 2027
f) Amount claimed	20862



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

12. Expenses involved towards attending the Conference:	4
a) Place	Paniim-Gus
b) Mode of journey	Porcural vehicle (122x2=240/c
c) Fare	inter once Cizone Alos
To and Fro expenses	240/0000/4=2360
Registration / Delegation Fee	25001-
Accommodation charges	1:0001-
Total Expenses	208601
13. Documents to be submitted:	20000 [~
a) Copy of the letter of invitation from the organizers.	
b) Copy of the full text of documents / abstract / paper	Attached
prepared by the applicant for presentation.	
DECLARAT	ION
I hereby declare that :	
I have furnished the information in this application which i	s true to the best of my knowledge and belief
 I am not getting any financial assistance / support from. 	
agency for attending the aforesaid Conference,	
 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer 	dance / Participation Certificate within fifteen days to the
knowledge and experience gained from attending the afo	
	nature of the faculty member
Sate: 23402 Sign	nature of the faculty member
	nature of the faculty member
Ref. No.	
Ref. No.	
Ref. No Γο Γhe Registrar, ΚLE University,	
Ref. No Fo The Registrar, KLE University, Belgaum.	
Ref. No Fo The Registrar, KLE University, Belgaum. Dear Sir,	Date:
Ref. No To The Registrar, (LE University, Belgaum Dear Sir, We are enclosing herewith the application of the abo	Date:
Ref. No To The Registrar, KLE University, Belgaum Dear Sir, We are enclosing herewith the application of the abo inancial support to attend the Conference for kind considerat	Date:
Ref. No To The Registrar, KLE University, Belgaum Dear Sir, We are enclosing herewith the application of the abo	Date:
Ref. No To The Registrar, KLE University, Belgaum Dear Sir, We are enclosing herewith the application of the abo inancial support to attend the Conference for kind considerat	Date:
Ref. No To The Registrar, KLE University, Belgaum Dear Sir, We are enclosing herewith the application of the abo financial support to attend the Conference for kind considerat	Date:
Ref. No To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the ab- inancial support to attend the Conference for kind considerat Thanking you, Seal	Date:
Ref. No To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the ab- inancial support to attend the Conference for kind considerat Thanking you,	Date:
Ref. No To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the ab- inancial support to attend the Conference for kind considerat Thanking you, Seal	Date:
Ref. No To The Registrar, KLE University, Belgaum. Dear Sir, We are enclosing herewith the application of the ab- financial support to attend the Conference for kind considerat Thanking you, Seal	Date:



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DR. ANIA KORALLI
2. Qualification	BAMS, M.D. (AUU) [Ph.D]
3. Designation	ASSISTANT PROFESSOR
4. Department	PARCHARARMA
5. Institution	KKE Shei BMK Aqueveda.
6. Date of joining the Institution	28/10/2014
7. Objectives of the Conference / Seminar / Symposium	WORLD AYUKUEDA CONGRESS
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture.
	c) Delivering a guest lecture d) Others, if any, specify. SCIETUS IC CONFITE MEMBER & THEME COOPINATOR
	MEMBER & THEME COORDINATION
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	0001
b) Date of conduct	8-1-
c) Venue	
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
f) Level of Conference State / Zonal / National	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	WORLD AYURVEDA FOUNDATION
b) Title of the program	WORLD HUURVERA FOUNDATION WORLD AYUN VERA CONGRESS WAC-1022, GOA
c) Place	WAC-2022, GOA
d) Duration	8th DEC - 11th DEC 2012
e) Date	4DAYS
f) Amount claimed	



(Formerly known as KLE Academy of Higher Education & Research) Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

-	2 -
12. Expenses involved towards attending the Conference:	
a) Place	GOA -
b) Mode of journey	VECHLIDE BOA DOD
c) Fare	
To and Fro expenses	R. 8000
Registration / Delegation Fee	Rs-2360
Accommodation charges	6 PAYK (12000)
Total Expenses	Le. 22360
3. Documents to be submitted:	Kf 22360
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / pape prepared by the applicant for presentation. 	COPY of Envitation attace Registration pitals.
DECLARA	TION
I hereby declare that	
• I have furnished the information in this application whic	h is true to the best of my knowledge and belief
	m the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Att University from the date of attending the aforesaid Con 	endance / Participation Certificate within fifteen days to the ference,
 I shall conduct a seminar for the benefit of the facu knowledge and experience gained from attending the a 	ty members of the Department / Institution to share the
	foreasid Conference
	foresaid Conference.
I shall reimburse the amount to the University in excess	offoresaid Conference.
• I shall reimburse the amount to the University in excess Date : 24 11/2022	foresaid Conference.
• I shall reimburse the amount to the University in excess Date : 24 11/2022	offoresaid Conference.
• I shall reimburse the amount to the University in excess Date : 24 (11) 20 22 S Ref. No	iforesaid Conference. s of the eligibility. ignature of the faculty member
• I shall reimburse the amount to the University in excess pate : 24 ////2022 Stef. No o he Registrar, LE University,	iforesaid Conference. s of the eligibility. ignature of the faculty member
• I shall reimburse the amount to the University in excess pate : 24 1112022 Stef. NoS tef. No o he Registrar, LE University, elgaum.	foresaid Conference. s of the eligibility. ignature of the faculty member
• I shall reimburse the amount to the University in excess Date : 24 1112022 Stef. No To the Registrar, LE University, selgaum. Dear Sir,	ignature of the faculty member
• I shall reimburse the amount to the University in excess Date :	above Teacher in the prescribed format for grant of
• I shall reimburse the amount to the University in excess Date : 24 []][Data S Ref. NoS Ref. NoS the Registrar, LE University, telgaum. Dear Sir, We are enclosing herewith the application of the annancial support to attend the Conference for kind consider	above Teacher in the prescribed format for grant or
• I shall reimburse the amount to the University in excess Date :	above Teacher in the prescribed format for grant or ation.
• I shall reimburse the amount to the University in excess Date : 24 []][DDDD Stef. No	above Teacher in the prescribed format for grant or
• I shall reimburse the amount to the University in excess Date : 24 () Second	above Teacher in the prescribed format for grant or ation.
• I shall reimburse the amount to the University in excess Date : 24 () S Ref. No	al Principal IPAL
• I shall reimburse the amount to the University in excess Date : <u>24 ()</u> Ref. No	al Yours faithfully, Yours faithfully, Principal IPAL Shri B. M. Konton, IIII
• I shall reimburse the amount to the University in excess Date : 24 () Second	Above Teacher in the prescribed format for grant or ation.



SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gol). A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD GoI)



First AYUSH Institution having NAAC & NABH Accreditation



Date: 27.02.2023

2323

Ref. No: BMK 2022-23 2233

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

Sub: Release of Financial Grant for attended to National conference

Ref No. KAHER/2022-23/D-21122205 Dt: 26.12.2022 KAHER.2022-23/D-16122214 Dt: 10.12.2022.

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "9th World Ayurveda Congress & Arogya Expo held at Goa from 8th – 11th Dec 2022 as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

Sl. No	Name of Teacher	Designation	Department	Conference details	Date
1	Dr. P G Jadar	Dean and Prof	RS & BK		
2	Dr. Basavaraj Tubaki	Professor	Kayachikitsa		
3	Dr. Savita Angadi	Professor	Shalkya	9th World	
4	Dr. Rajeshwari V Kamat	Professor	RS & Bk	Ayurveda	8th
5	Dr. Vinod Gurav	Professor	Sharir Kriya	Congress	11th Dec
6	Dr. Vedantam Giridhar	Reader	Dravyaguna	& Arogya	2022
_ 7	Dr. Keertan M S	Reader	Roga Nidana	Expo at	2022
8	Dr. Rohan Mohandas	Asst. Prof	Kayachikitsa	Goa	
9	Dr Anil Koralli	Assi. Prof	Panchakarma		

This is for your information and release the same, OFFICE OF THE REGISTRAR Thanking you, **KLE Academy of Higher Education** & Research, BELAGAVI **n 2** MAR 2023 33 instand No. Encl: As above

Yours truly, v

Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-03

Shahapur, Belagavi – 590 003, Karnataka, India Phone: +91 831 2486286; 7204969289 Fax: +91 831 2424157 Website: www. kleayurworld.edu.in, Email: bmkprincipal.kaher@kleayurworld.edu.in

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Placed in Category 'A' by MoE (GoI) Accredited A^+ Grade by NAAC (3rd Cycle) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India Text: 0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/22-23/D- 16122214 10th December, 2022

ORDER

- Approval of Grant of financial support for attending the International Sub: Conference at Goa (Panaji) from 8th to 11th December 2022.
- Your office letter Ref. No. BMK / 2022-23/1618 dated 24th November Ref: 2022.

With reference to the above, the following faculty members are hereby permitted to attend the International Conference [9th World Ayurveda Congress and Arogya Expo] to be held at Goa (Panaii) from 8th to 11th December 2022:

SL. No	Name	Designation	Department
1	Dr. Basavaraj Tubaki	Professor	Kayachikitsa
2	Dr.Savita Angadi	Professor	Shalkya
3	Dr.Rajeshwari V Kamat	Professor	RS & BK
4	Dr.Vinod Gurav	Professor 🗸	Sharir Kriya
5	Dr.Vedantam Giridhar	Reader	Dravyaguna
6	Dr.Keertan MS	Reader	Roga Nidana
7	Dr.Rohan Mohandas	Assistant Prof	Kayachikitsa
8	Dr.Anil Korolli	Assistant Prof	Panchakarma
_			

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.





of Dr.V.A othiwale Registrai

To,

WERING PROFESSIONALS

The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi

C . Walkedowe	
DATE 21/12/22	er fræmsk spor
	A.



1

8

C

KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DY PRASHANT & JADAD
2. Qualification	MDJphD
3. Designation	Dean & Vice- Principal
4. Department	Pocol active & phoisbailed kalpan
5. Institution	Shri BMK Ayunreda Mahavidyalaye
6. Date of joining the Institution	20-09-2000
7. Objectives of the Conference / Seminar / Symposium	International conference - Ayunver
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
 Assignment in the aforesaid Conference / Seminar / Symposium 	 a) Chairing a scientific session. b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify.
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	Norld Ayurveda Congreso-22 08-12-2022 to 11-12-2022
b) Date of conduct	08-12-2022 to 11-12-2022
c) Venue	Panjim-GOA
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	Yes
f) Level of Conference State / Zonal / National	Infernational
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference</u> in a calendar year.	Asper Del J
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	, •
a) Name of the Organizer	World Agurreda Foundation
b) Title of the program	9th World Ayersveda Congress 4 Expe
c) Place	Panjim-GOA
d) Duration	04 days
e) Date	08-12-2022 to 11-12-2022
f) Amount claimed	

Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-03.

UNIVERSIT	(Formerly known as KLE Academy [Established under Section 3 of the UGC Act, 1956 vide G	overnment of India Notification No.F.9-19/2000-U.3(A)]
ENFONCERING PROFESSION	- 2 -	-
2 Exponses	involved towards attending the Conference:	
a) Plac		Papitm-Goa
	e of journey	Tratto
	727 - 227 - 16	Die 9 mil
,	nd Fro expenses	Priserol
	stration / Delegation Fee	his d Top
	ommodation charges	P. 4, 1001
		R. 6.800 AC100X - KC: 700
	ents to be submitted:	BLESSED APRIL BITE
	y of the letter of invitation from the organizers.	
h) Con	y of the full text of documents / abstract / paper pared by the applicant for presentation.	Affached
• h • a ag • s	ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atten iversity from the date of attending the aforesaid Confe	n the sponsorers of the Conference or any other funding ndance / Participation Certificate within fifteen days to the erence,
● I h ● I a ag ● I s Ur ● I s kn	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atten inversity from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the aforesaid	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, any members of the Department / Institution to share the foresaid Conference.
● I h ● I a ag ● I s Ur ● I s kn	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atte inversity from the date of attending the aforesaid Confe shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the af hall reimburse the amount to the University in excess	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference. of the eligibility.
● I h ● I a ag ● I s Ur ● I s kn	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atte inversity from the date of attending the aforesaid Confe shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the af hall reimburse the amount to the University in excess	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, by members of the Department / Institution to share the foresaid Conference. of the eligibility.
• I h • I a ag • I s Ur • I s kn • I s Date : <u>92</u>	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atte inversity from the date of attending the aforesaid Confe shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the af hall reimburse the amount to the University in excess	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference. of the eligibility.
● I h ● I a ag ● I s Ur ● I s kn ● I s	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atte inversity from the date of attending the aforesaid Confe shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the af hall reimburse the amount to the University in excess	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, by members of the Department / Institution to share the foresaid Conference. of the eligibility.
• I h • I a ag • I s Ur • I s kn • I s Date : <u>92</u> Ref. No	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atten inversity from the date of attending the aforesaid Confe- shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the af hall reimburse the amount to the University in excess 12/22 Si	is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, by members of the Department / Institution to share the foresaid Conference. of the eligibility.
• I h • I a ag • I s Ur • I s kn • I s Date : <u>22</u> Ref. No To The Registr KLE Univer Belgaum. Dear Sir,	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atte inversity from the date of attending the aforesaid Confe shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the af hall reimburse the amount to the University in excess 12 22 Si	a is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference. of the eligibility. gnature of the faculty memberPGW Date:
• I h • I a ag • I s Ur • I s kn • I s Date : <u>22</u> Ref. No To The Registr KLE Univer Belgaum. Dear Sir,	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atte inversity from the date of attending the aforesaid Confe shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the af hall reimburse the amount to the University in excess 12 22 Si	a is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the oresaid Conference. of the eligibility. gnature of the faculty memberPGW Date:
• I h • I a ag • I s Ur • I s kn • I s Date : <u>22</u> Ref. No To The Registr KLE Univer Belgaum. Dear Sir, We	ave furnished the information in this application which m not getting any financial assistance / support from ency for attending the aforesaid Conference, hall produce necessary bills / receipts along-with Atte inversity from the date of attending the aforesaid Confe shall conduct a seminar for the benefit of the facult owledge and experience gained from attending the af hall reimburse the amount to the University in excess 12 22 Si	a is true to the best of my knowledge and belief. In the sponsorers of the Conference or any other funding Indance / Participation Certificate within fifteen days to the erence, y members of the Department / Institution to share the foresaid Conference. of the eligibility. gnature of the faculty memberPGW Date:

Date 22/2/2023

From,

Dr Savita S Angadi Professor and HOD Department of Shalakyatantra KLEs Shri B M Kankanawadi Ayurveda Mahavidyalaya Belagavi

To, The Registrar KAHER Belagavi

(Through proper channel)

Subject: Regarding Financial aid for attending and presenting oral paper in World Ayurveda Congress and Ayur Expo - 2022

Respected Sir,

Myself Dr Savita S Angadi working as Professor and HOD in Dept of Shalakya tantra, submitted two Abstracts (AB1528 and AB1202) to World Ayurveda Congress and Ayur Expo - 2022, and were selected for oral presentations during WAC conference which was held on and presented on 8th and 9th December 2022. Kindly provide financial assistance for attending and presenting oral papers in above said international conference as per university norms. Thanking you sir

Yours Faithfully

5212/2023

Dr Savita S Angadi

Financial Details: Total Bill - 11,958/-Rs

1. Registration - 2360/- Rs

2. Accomodation charges - 6998/- Rs

3. To and Fro expenses - 1800 +800 = 2600/- Rs

Total: 11,958/-Rs

ICIOA1 ri B. M. Kankanawadi wurved Mahavidyalaya stituent Unit of KAHER Shahapur, BELAGAVI-03

Foom: Dr Rajestwar; V. Karnal. Projects al dept RS&BK. Shei Bonkam. Theough. The Perncipal Shei BMKAM To The Registere. KAHER, Belagan Sub: souction of amount for perenting and paper presentations but would repuereda congless 2022 held at Goa. Kespected Sie, Here with I am attaching all the Expenses and Supportine document fer paper preservations done at would Aquer - Orgeess held at Goa, Parjim. from. Sthe to 11th December 2028 Alleady I have taken permission from Institute and university to preter the paper. Though you Yocie's Enceedy INCIDAL 22/02/2023 Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-03 Dr Rajes bwarivk PITO

Expenses as fallous. - Registeation fees - 2,360 € Travelled by own car. _3200 NO _ KA22, MB2723 (Petrol Bill avached) - Lodging (Stay) Adays - 32,500 (7-11th December 2022) Total, 38,060

From:

Dr Gurav Vinod

HOD & Professor

Department of Kriya Sharir

KLE shri BMK Ayurveda Mahavidyalaya

Belagavi

To.

The Registrar

KAHER

Belagavi

(Through Proper Channel)

Subject: Regarding Financial aid for attending and presenting paper in World Ayurveda congress and Ayur Expo -22.

Respected Sir,

Myself Dr. Vinod Gurav working as Professor and HOD in Department of Kriya Sharir, sent an abstract (AB1100) to world Ayureda Congress and Ayur Expo- 22 Goa was selected for oral presentation during WAC conference which held on and presented on 8th November 2022. Kindly provide financial assistance for attending and presenting oral paper in the said International conference as per university norms. Kindly do the needful.

Tahanking you sir

Yours Faithfully

Dr Gurav Vinod

Date: 20-2-2023.

Financial Details: Total Bill: 8295/ only

- 1. Registration 2360
- 2. Hotel Stay 4400/
- 3. Local allowance 1000 (for 3 Days)
- 4. Train and Bus fair 390 (Train) + 145 (Bus)

RINCPAL Shri B. M. Kankanawadi Avurved Mahavidvalava A Constituent Unit of KAHER

Shahapur, BELAGAVI-03

Date 6 21/02/2022

Belagari 4 02-2023

To The Registrar KAHER Belagavi

(Through Proper Channel)

Sub: Application for Grant of Financial support for presenting paper in International conference -World Ayurveda Congress 2022 at Panaji, Goa on 8-11 Dec 2022, as reimbursement- reg.

Ref: Your Office order – KAHER/22-23/D.1612214 dated 10-12-2022.

Sir,

I (Dr Giridhar Veantam, Reader, Dept. of Dravyaguna, KLE-BMK) have presented an oral paper in 9th World Ayurveda Congress held at Panaji, Goa conducted on 8-11 Dec 2022, an International conference organized by Ministry of AYUSH, Gol. I also had a privilege to be a "Moderator" for a Plenary Session -11 on "AyurInformatics". Earlier I have applied for permission to attend and present my selected oral paper with Financial grant and received your kind permission as per above reference.

Hence here by I am submitting the required documents viz. attendance certificate, paper presentation certificate, registration fee receipt, accommodation bill and travel expenses, for your kind consideration of reimbursement under Financial Grant for presenting papers in conferences.

SNO	Head	Amount Rs.
1	Registration Fee	2360-00
2	Accommodation bill	1500-00
3	Travel bill (by self-car) (To & Fro) (2*125Km* Rs10)	2500-00
Gran	d Total	6360-00

This is for your kind consideration.

Thanking you,

Yours sincerely,

Yours sincerely, Dr Giridhar Vedantam Reader PG Department of Dravyaguna KAHER's Shri B M K Ayurved Mahavidyalaya Belagavi

Enclosures:

- 1. Registration fee receipt
- 2. Paper presentation certificate
- 3. Attendance certificate
- 4. Accommodation bill
- 5. Travel bill
- 6. Your office order copy



From

Dr Keertan. M. S.

Associate Professor

Department of Roga Nidana

KAHER's Shri BMK Ayurveda Mahavidyalaya

Shahapur - Belagavi

Date: 24/02/23

To,

The Registrar

KAHER, Belagavi

(Through proper Channel)

Subject: Regarding financial aid for attending for presentation at 9th World Ayurveda congress & Expo, Goa (8-11 Dec-2022)

Respected sir,

My Self Dr Keertan. M S working as Associate Professor, Department of Roga Nidana, attended 9^{th} World Ayurveda congress as delegate and presented at Panaji-Goa from 8/12/2022 to 11/12/2022. I had submitted financial assistance/aid form at KAHER office through proper channel to attend this international conference and received approval letter for grant of financial support.

Hence herewith I am submitting and mentioning the details with bills of expenses made for participating at the conference.

Thanking you in anticipation to do the needful to provide financial assistance for the same as per university norms.

Yours Sincerely Dr. Keertan. M. S.

Financial Expenses Details: Total Bill: 14276/-

- 1. Registration 3776/-
- 2. Travel Allowance : 250km x 14 = 3500/- (Personal vehicle- KA22P9505)
- 3. Accommodation: 6000/-
- 4. Local Conveyance : 1000/-

RINCIPAL

Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-03 From Dr Rohan Mohandas Assistant prof. Department of Kayachikitsa KAHER's Shri BMK Ayurveda Mahavidyalaya Shahpur – Belagavi Date: 24/2/23 To, The Registrar KAHER , Belagavi

(Through proper Channel)

Subject : Regarding financial aid for attending for presentation at 9th World Ayurveda congress & Expo, Goa (8-11 Dec-2022)

Respected sir,

My Self Dr Rohan Mohandas working as Assistant Prof , Dept. Of Kayachikitsa , attended 9th World Ayurveda congress as delegate and presented poster at Panaji-Goa from 8/12/2022 to 11/12/2022 (Registration no. – BHG45703, Abstract ID – AB3288). I had submitted financial assistance/aid form at KAHER office through proper channel to attend this international conference and received approval letter for grant of financial support (Date- 10/12/22, Ref No. KAHER /22-23/D-16122214).

Hence herewith I am submitting and mentioning the details with bills of expenses made for participating at the conference.

Thanking you in anticipation to do the needful to provide financial assistance for the same as per university norms.

Yours Sincerely

Dr Rohan Mohandas

Financial Expenses Details: Total bill :15300/-

- 1. Registration 2500/-
- 2. Travel Allowance : 250km x 14 = 3500/- (Personal vehicle- KA36P4597)
- 3. Accommodation: 4500/-
- 4. Local Conveyance : 1000/- + Fuel expenses- 3800/- = 4800/-

NCIPAL

Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-03 То

The Principal

KAHER's Shri BMK Ayurveda Mahavidyalaya

Belagavi.

Sub : Financial Assistance for attending World Ayurveda Congress 2022 at GOA

Respected Sir,

As per the above mentioned Subject, I Dr Anil Koralli had Presented Oral Paper Presentation at World Ayurveda Congress 2022 at GOA from 7 - 11 Dec 2022. in this Regard I would request you to reimburse the expenses beard for attending the conference. Kindly do the needful.

Thanking You

Yours Sincerely

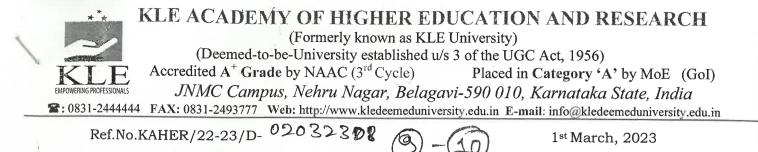
Dr Anil Koralli

Financial Details

Registration of the Conference – Rs. 2360 (Details Enclosed)

Day Allowance as per university norms (5days)

Shri B. M. Kankanawadi Ayurved Mahavidyaltya A Constituent Unit of KAHER Shahapur, BELAGAVI-08



ORDER

Sub: Approval of Grant of financial support for attending the National Conference at Goa from 24th to 26th February 2023.

Ref: Your office letter Ref. No. INS / 2022-23/966 dated 7th February 2023.

With reference to the above, the following faculty members are hereby permitted to attend the National Conference [National Level Conference on '*Role of Nurses in Promoting mental health-Life span Approach'*] and also contributing a scientific paper Presentation organized by Indian society of Psychiatric Nurses to be held at Institute of Nursing Education, Goa from 24th to 26th February 2023:

SL. No	Name	Designation	Department
1	Prof.Veereshkumar S.N	I/c Principal	
2	Dr.Manjunath Sogalad	Associate Professor	Mental Health Nursing

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

KSPIE

Deemed-to-be University

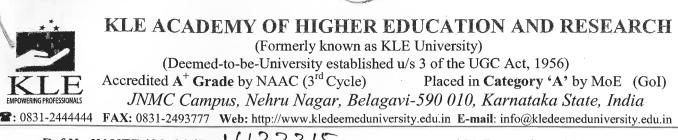
Prof Dr.V.A.Kothiwale Registrar

The above staff member.

CC to:

To,

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, Institute of Nursing Sciences. Belagavi.



Ref.No.KAHER/22-23/D-16122215

10th December, 2022

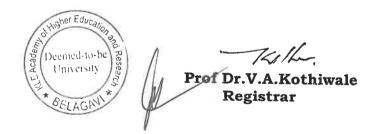
ORDER

- Approval of Grant of financial support for attending the International Sub: Conference at Goa (Panaji) from 8th to 11th December 2022.
- Your office letter Ref. No. BMK / 2022-23/1618 dated 24th November Ref: 2022

With reference to the above, the following faculty members are hereby permitted to attend the International Conference [9th World Ayurveda Congress and Arogya Expo] to be held at Goa (Panaji) from 8th to 11th December 2022:

SL. No	Name	Designation	Department
1 -	Dr. Ramesh Killedar	Reader	Prasooti Tantra and Sree Roga
2	Dr.Shweta Yaragatti	Assistant Professor	Dravyaguna

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



To, The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi

Aspanon M. 12.22



Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gold A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD GoI)

First AYUSH Institution having NAAC & NABH Accreditation



KLE AYURV

BMK/2002.23).1668 Ref.No:

Date:.05.12.2022

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

Sub: "Grant of Financial support for attending Inter National Conference reg...

Sir,

With reference to the above subject, I am herewith forwarding the applications of following faculty member of our college in the prescribed format for grant of financial support to attend the Inter National Conference at Gao (Paniji) from 8th to 11th Dec 2022 as per below mentioned details.

SI. No	Name of Teacher	Designation	Department	Conference details	Date of Conferen ce
1	Dr. Ramesh Killedar	Reader	Prasooti Tantra & Sree Roga	9 th World Ayurveda	oth dath
2	Dr Shweta Yaragatti	Asst. Prof	Dravyaguna	Congress & Arogya Expo	8 th – 11 th Dec 2022

This is for your information and do the needful.

Thanking you, OFFICE OF THE REGISTRAR **KLE Academy of Higher Education** & Research, BELAGAVI Yours truly, 8 5 DEC 2022 PRINCIPAL Shri B. M. Kankanwadi envon Inward Ne..... Sign Ayurved Mahavidyalaya A Constituent Unit of KAHER 10.1222 Shahapur, BELAGAVI-03

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

KLE

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principa!)

A. To be filled by the faculty member:	
1. Name	Dr Ramesh. S. Killedon
2. Qualification	BAMS. MS(AW) (PhD)
3. Designation	Associate professor
4. Department	Associate professor Presorti tanta 4 stree 2098
5. Institution	KANER'S Shop BMik A.M.V
6. Email ID	drramesz 39@gmail. com
7. Date of joining the Institution	13/9/2014
8. Objectives of the Conference / Seminar / Symposium	International Confeserce.
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	World Ayoneda Longass
b) Date of conduct	World Ayoneda Longsess 8/12/2022 - 11/12/2022
c) Level of Conference (State / Zonal / National)	International
d) Venue	Goa (panaji)
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayones foundation
b) Title of the program	9th words Auner congress
c) Place	Paraji Goa
d) Duration	8/12/12 - 11/12/2022 4 de
e) Date	8/12/22 - 11/12/2022
f) Amount claimed	12,804 10

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

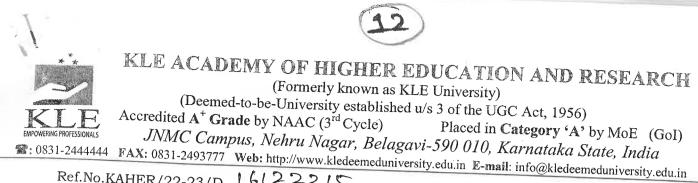
KLE

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

- 2. -

13. Expenses involved towards attending the Conference:	
a) Place	Panapi
b) Mode of journey	Personal republe
c) Fare	125 km + 125 km
To and Fro expenses	250 km x 14 = 35000
Registration / Delegation Fee	3304
Accommodation charges	6000
Total Expenses	12,804 14/-
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	attoches.
DECLARAT	ION
hereby declare that :	
. I have furnished the information in this application which i	s true to the best of my knowledge and belief.
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	the sponsorers of the Conference or any other funding
 I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer 	rence,
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afo 	members of the Department / Institution to share the resaid Conference.
I shall reimburse the amount to the University in excess of	f the eligibility.
Side 3 Julia 20	nature of the faculty member
Date: 3/11/2002 Sig	P 1
Ref. No	Date: 05 12 2022
To	
The Registrar, KAHER,	
Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the ab	ove Teacher in the prescribed format for grant o
financial support for presentation scientific paper (poster of	or oral) / delivering a guest lecture to attend the
Conference for kind consideration.	
Thanking you,	CA1 (
	Yours faithfully,
Cele	DEL BUSINE
Signature of the HoD	PrindipalINCIPAL
A STATE OF STATE	Shri B. M. Kankanwadi Ayurved Mahavidyalaya
	A Constituent Unit of KAHE

Shahapur, BELAGAVI-03.



Ref.No.KAHER/22-23/D-16122215

10th December, 2022

ORDER

- Approval of Grant of financial support for attending the International Sub: Conference at Goa (Panaji) from 8th to 11th December 2022.
- Your office letter Ref. No. BMK / 2022-23/1618 dated 24th November Ref:

With reference to the above, the following faculty members are hereby permitted to attend the International Conference [9th World Ayurveda Congress and Arogya Expo] to be held at Goa (Panaji) from 8th to 11th December 2022:

SL. No	Name	Designation	Department
1	Dr. Ramesh Killedar	Ramesh Killedar Reader Pr	
2	Dr.Shweta Yaragatti		Sree Roga
	Tutgatti	Assistant Professor	Dravyaguna

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

To, The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi

ASpernomes 15.12.22 VH OF BARRA 0.55 ét 2100 1974-191

her Edu Deemed-to-be University Prof Dr.V.A.Kothiwale Registrar I AG

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	Dr. Shwets Yaragath BAMS_MD(Ayu)
2. Qualification	BAMS MD (AYU)
	Assistant professor
4. Department	Dranjaguna
5. Institution	Dranjagena KAHER'S Shri BMK AMV Belagavi shwetoy. Kaher@ Kleagnewoold. edu. in
6. Email ID	
7. Date of joining the Institution	507 2021
8. Objectives of the Conference / Seminar / Symposium	International conferance
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 	
a) Title of the Conference / Seminar / Symposium	World Ayuneda congress 8/12/2022 to 11/12/2022
b) Date of conduct	8/12/2022 to 11/12/2022
c) Level of Conference (State / Zonal / National)	International
d) Venue	
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	
12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	World Ayurreda Foundation
b) Title of the program	an woodd Ayumeda Congress
c) Place	Panaji, Goa
d) Duration	8/12/22 to 11/12/2022 4 days
e) Date	8/12/22 to ulistross
f) Amount claimed	4
,	

: 6 X

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCE

1

KLE

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

	- 2	
40 -		
	enses involved towards attending the Conference:	
a)	Place	Panaji
b)	Mode of journey	
c)	Fare	
	To and Fro expenses	lorka + lotka
	Registration / Delegation Fee	250 km x14 2 35001-
	Accommodation charges	2360/-
and the state of t	Total Expenses	70001-
	iments to be submitted:	12.860 Ps)_
	Copy of the letter of invitation from the organizers.	
b) C	Copy of the full text of documents / abstract / paper	Attached
p	repared by the applicant for presentation.	a Mached
	DECLARAT	ION
l he	reby declare that	
٩	I have furnished the information in this application which is	Strup to the best of
		the sponsorers of the Conference or any other fund
1	adopput fan atte	
•	agency for attending the aforesaid Conference,	the Conference or any other fund
0 	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere	ance / Participation Certificate within fifteen days to t
0 0	shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the bapefit of the formation	ance / Participation Certificate within fifteen days to tence,
• • • •	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore	ance / Participation Certificate within fifteen days to t ence, members of the Department / Institution to share t
• • • •	shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the bapefit of the formation	ance / Participation Certificate within fifteen days to t ence, members of the Department / Institution to share t
• • • k	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of	ance / Participation Certificate within fifteen days to tence, members of the Department / Institution to share tesaid Conference. the eligibility.
• • • • •	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of	ance / Participation Certificate within fifteen days to tence, members of the Department / Institution to share tesaid Conference. the eligibility.
• • • • • • • • •	I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of	ance / Participation Certificate within fifteen days to tence, members of the Department / Institution to share tesaid Conference. the eligibility.
• • • • • • • • • •	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the faculty of knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 12/2022 Signa	ance / Participation Certificate within fifteen days to tence, members of the Department / Institution to share tesaid Conference. the eligibility.
• • • • • • • • • •	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the faculty of knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 12/2022 Signa	ance / Participation Certificate within fifteen days to ence, members of the Department / Institution to share t esaid Conference. the eligibility. ature of the faculty member
• I • I • I • I • I • I • I • I • I • I	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the faculty of knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 12/2022 Signa	ance / Participation Certificate within fifteen days to tence, members of the Department / Institution to share tesaid Conference. the eligibility.
• I • I • I • I • I • I • I • I • I • I	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty of knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 12/2022 Signature rar,	ance / Participation Certificate within fifteen days to ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: <u>osfi22000</u>
• I • I • I • I • I • I • I • I • I • I	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of <u>1222022</u> Signature rar,	ance / Participation Certificate within fifteen days to ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: <u>osfistoc</u>
• I • I • I • I • I • I • I • I • I • I	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the faculty of chowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of <u>1222022</u> Signature rar, are enclosing herewith the application of the above pport for presentation scientific paper (poster or contents)	ance / Participation Certificate within fifteen days to ence, members of the Department / Institution to share to esaid Conference. the eligibility. ature of the faculty member Date: <u>osfistoc</u>
• I • I • I • I • I • I • I • I • I • I	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty of knowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of 12/2022 Signature rar,	ance / Participation Certificate within fifteen days to ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: <u>osfistoc</u>
• I • I • I • I • I • I • I • I • I • I	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference shall conduct a seminar for the benefit of the faculty of chowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of <u>1222028</u> Signature rar, are enclosing herewith the application of the above pport for presentation scientific paper (poster or contents)	ance / Participation Certificate within fifteen days to tence, members of the Department / Institution to share the eligibility. the eligibility. ature of the faculty member Date: <u>osfistor</u>
• I • I • I • I • I • • • •	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is shall conduct a seminar for the benefit of the faculty is shall reimburse the amount to the University in excess of 12/2022 Signature rar, are enclosing herewith the application of the above pport for presentation scientific paper (poster or of for kind consideration. King you,	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: <u>Osfizience</u> Date: <u>Osfizience</u> e Teacher in the prescribed format for grant of brail) / delivering a guest lecture to attend the
• I • I • I • I • I • • • •	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is shall conduct a seminar for the benefit of the faculty is shall reimburse the amount to the University in excess of 12/2022 Signature rar, are enclosing herewith the application of the above pport for presentation scientific paper (poster or of for kind consideration. King you,	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. The eligibility. ature of the faculty member Date: <u>osfisteout</u>
• I • I • I • I • I • • • •	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is shall conduct a seminar for the benefit of the faculty is shall reimburse the amount to the University in excess of 12/2022 Signature rar, are enclosing herewith the application of the above pport for presentation scientific paper (poster or of for kind consideration. King you,	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the esaid Conference. the eligibility. ature of the faculty member Date: <u>Osfizience</u> Date: <u>Osfizience</u> e Teacher in the prescribed format for grant of brail) / delivering a guest lecture to attend the
• I • I • I • I • I • • • •	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is shall conduct a seminar for the benefit of the faculty is shall reimburse the amount to the University in excess of 12/2022 Signature rar, are enclosing herewith the application of the above pport for presentation scientific paper (poster or of for kind consideration. King you,	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the eligibility. ature of the faculty member Date: <u>ostatoov</u> Date: <u>ostatoov</u> e Teacher in the prescribed format for grant of the operation of the faculty and the prescribed format for grant of the operation of the prescribed format for grant of the operation of the faculty and the test of the prescribed format for grant of the operation of the prescribed format for grant of the operation of the faculty and the test of the prescribed format for grant of the prescribed format for g
• I • I • I • I • I • • • •	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is chowledge and experience gained from attending the afore shall reimburse the amount to the University in excess of <u>12 2000</u> Signature rar, are enclosing herewith the application of the above pport for presentation scientific paper (poster or of for kind consideration. Tking you,	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the eligibility. ature of the faculty member Date: osfizizon Date: osfizizon e Teacher in the prescribed format for grant of the faculty a guest lecture to attend the oral) / delivering a guest lecture to attend the Yours faithfully, Principal AL Shri B M Kankapuredi
• I • I • I • I • I • • • •	A shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere shall conduct a seminar for the benefit of the faculty is shall conduct a seminar for the benefit of the faculty is shall reimburse the amount to the University in excess of 12/2022 Signature rar, are enclosing herewith the application of the above pport for presentation scientific paper (poster or of for kind consideration. King you,	ance / Participation Certificate within fifteen days to the ence, members of the Department / Institution to share the eligibility. ature of the faculty member Date: <u>ostatoov</u> Date: <u>ostatoov</u> e Teacher in the prescribed format for grant of the operation of the faculty and the prescribed format for grant of the operation of the prescribed format for grant of the operation of the faculty and the test of the prescribed format for grant of the operation of the prescribed format for grant of the operation of the faculty and the test of the prescribed format for grant of the prescribed format for g



Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gol) A Constituent Unit of

KLE

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD GoI)

First AYUSH Institution having NAAC & NABH Accreditation

Ref.No: BMK/2022-23)2235

To,

5) Date: 28.02.2023 2/3/23 2/3/23

The Registrar, KLE Academy of Higher Education & Research, Belgaum

> Sub: Release of Financial Grant for attended to National conference Ref No. Order KAHER.2022-23/D-22022303 Dt: 15.02.2023

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "National Level Workshop on Nadi Pareeksha by Yenepoya Ayurveda Medical College and Hospital Mangaluru from 5th to 6th Fab 2023 as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

Sl. No	Name of Teacher	Designation	Department	Workshop /Conference details	Date of Conferen ce
1	Dr Rudramma Hiremath	Professor & HOD	Agada Tantra	National Level Workshop on Nadi Pareeksha by Yenepoya Ayurveda	5 th & 6 th Feb 2023
2	Dr. USharani Sanu	Reader	Kriya Shareer	Medical College and Hospital Mangaluru	100 2025

This is for your information and permit the same.

Thanking you, OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI Yours truly, n 2 MAR 2023 bundon PRINCIPAL Shri B. M. Kankanawadi Ayurved Mahavidyal-ya Encl: bills & vouchers A Constituent Unit of KALLER Shahapur, BELAGAVI-03

Shahapur, Belagavi – 590 003, Karnataka, India Phone: +91 831 2486286; 7204969289 Fax: +91 831 2424157 Website: www. kleayurworld.edu.in, Email: bmkprincipal.kaher@kleayurworld.edu.in

KLE ACADEMY OF HIGHER EDUCATION AND P (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956 Placed in Category Accredited A Graffe by NAAC (3rd Cycle) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnatak 2: 0831-2444444 FXX-0831-2493777 Web: http://www.kledcemeduniversity.edu/n F-mail into a kledcemeduan

Ref.No.KAHER/22-23/D- 22022303

ORDER

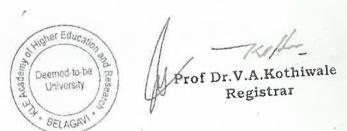
Approval of Grant of financial support for attending the National Workshop at Mangalore from 5th and 6th December 2023. Sub.

:Your office letter Ref. No. BMK / 2022-23/2047 dated 3rd February 2023. With reference to the above, the following faculty members are hereby permitted to Ref: attend the National Workshop [National Level Workshop on Nadi Pareeksha by Yenepoya Ayurveda Medical College and Hospital] to be held at Mangalore from 5th to 6th February 2023:

	Name	Designation	Department
51.	3 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1.0	
NO.	Dr. Budramma Hiremath	Professor and	i Agada Tantra
1		HoD	·
	Dr. Usharani Sanu	Reader	Kriya Sharer
		-	

The KAHER shall consider the release of financial grant only after submission of the attendance certificate. Photograph and original bills/ vouchers as per university

rules.



04-

151 Feb.2023

To. The above staff member.

CC 10:

1. The PA to Hon. Chancellor, KAHER, Belagavi. 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.

3. The Principal, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.

Norrusharoni Suma) (Dr. Usharoni 1275 (An The second second

From,

Dr.Rudramma R. Hiremath Professor and HOD Department of Agada Tantra KAHER'S Shri.BMK Ayurveda Mahavidyalaya Belagavi

To,

The Registrar, KLE Academy of Higher Education and Research Belagavi.

(Through proper channel)

Subject: Regarding financial aid for attending the Workshop on Nadi Pariksha organized by Yenapoya Ayurveda Medical college and hospital Mangalore

Respected Sir,

I am Dr.Rudramma R. Hiremath working as Professor and HOD Department of Agada Tantra, have attended Workshop on Nadi Pariksha organized by Yenapoya Ayurveda Medical college and hospital Mangalore to improve clinical skills. I had sent a request letter to University for the same which was approved with KAHER official letter Ref.no. KAHER /22-23/ d-22022303. Kindly do the needful.

Thanking You

Yours Faithfully,

R

D2. Rudramma Hirematy

PRINCIPAL Shri B. M. Kankanawadi Ayurved Mahavidyaleya A Constituent Unit of KAHER Shahapur, BELAGAVI-08.

Belagn 28-2-23

- Jaral Bill - 2359)

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/22-23/D- 22022303

OWERING PROFESSIONALS

0831-2444444

ORDER

15th Feb.2023

- Sub: Approval of Grant of financial support for attending the National Workshop at Mangalore from 5th and 6th December 2023.
- Ref: Your office letter Ref. No. BMK / 2022-23/2047 dated 3rd February 2023.

With reference to the above, the following faculty members are hereby permitted to attend the National Workshop [National Level Workshop on Nadi Pareeksha by Yenepoya Ayurveda Medical College and Hospital] to be held at Mangalore from 5th to 6th February 2023:

SL. No	Name	Designation	Department
1	Dr. Rudramma Hiremath	Professor and HoD	Agada Tantra
2	Dr.Usharani Sanu	Reader	Kriya Shareer

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



To, The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belagavi.

Name of Faculty - DP. Rudramma. R. Hiremath. Event

Belagavi to Manglore A/2123 - RS 8471- - Micket Travel. Manglore to Belagari 6/2123 - R5722 - Ticket Local travel (Auto) 1/2/23to - R5 400. - voucher

Food 5 21 23	Breakfast - RS	Pase NO 1 Pase NO 2
6/2/23	Tea RS 23 Diones RS 119	page NO 3-
	Dione	

Total R5 2,359

De Rudeanna Hiveman

From,

Dr.Usharani Sanu Reader, Department of Kriya Sharir KAHER'S Shri.BMK Ayurveda Mahavidyalaya Belagavi

Τo,

The Registrar, KLE Academy of Higher Education and Research Belagavi.

(Through proper channel)

Subject: Regarding financial aid for attending the Workshop on Nadi Pariksha organized by Yenapoya Ayurveda Medical college and hospital Mangalore

Respected Sir,

I am Dr.Usharani Sanu working as Reader in Department of Kriya Sharir, have attended Workshop on Nadi Pariksha organized by Yenapoya Ayurveda Medical college and hospital Mangalore to improve and update my nadi pariksha skills which I would require for my training in Ph.D research work. I had sent a request letter to University for the same which was approved with KAHER official letter Ref.no. KAHER /22-23/ d-22022303. Kindly do the needful.

Thanking You

Yours Faithfully,

Dr. Usharani Sanu)

PRINCIPAL Shri B. M. Kankanawadi Ayurved Mahavidyalaya Constituent Unit of 2014 Shahapur, BELAGAVI-03

(B:11 - 2359)-)

Belagari

28-02-2023

D. M. Usharani Sanu.

(Dr. Usharani Sanu)



SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gold A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD GoI)



First AYUSH Institution having NAAC & NABH Accreditation

Ref. No: BMK/2022-23/223

Date: 27.02.2023

15-16-17 To, The Registrar. KLE Academy of Higher Education & Research, Belgaum

Sub: Release of Financial Grant for attended to National conference

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "9th World Ayurveda Congress & Arogya Expo held at Goa from 8th - 11th Dec 2022 (no prior approval letter) for release of Financial Grant. The details of the faculty are as follows.

Sl. No	Name of Teacher	Designation	Department	Conference details	Date
1	Dr Sandeep S Sagare	Reader	Swasthvritta	9th World	
2~	Dr. Usharani S Sanu	Reader	Kriya Sharir	Ayurveda Congress &	8th – 11th Dec
3	Dr, Kadambari S	Asst. Prof	Kriya Sharir	Arogya Expo at Goa	2022

This is for your information and release the same.

Thanking you.

OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELACAVI n 2 MAR 2023 Sign. penor

Yours truly, 3/2023 CIPAL Shri B. M. Kankanawadl Ayurved Mahavidyalaya A Constituent Unit of KAS

Shahapur, BELAGAVI

Encl: As above



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

termine a sur	o be filled by the faculty member:	
1. N	lame	DE. Sandeep. S. Sagare
2. G	Qualification	MD (Swarthwritta)
3. D	esignation	Reader
4. D	epartment	Swasthruidta & Yoja
5. In	stitution	KLE Shee' BIMIS Ayunned Maherily o
6. D	ate of joining the Institution	04/10/2012 Belige
7. O	bjectives of the Conference / Seminar / Symposium	gth world Hyarveda Conquess
8. B C	enefits to be derived from participation in the aforesaid onference / Seminar / Symposium	Please enclose a separate sheet.
9. As S	ssignment in the aforesaid Conference / Seminar / ymposium	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session
		 d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
d	Particulars of the financial support extended by the Iniversity to attend the International Conference(s) uring the block period of three years (1 st January to 31 st December)	(Nel)
а) Title of the Conference / Seminar / Symposium	alloworld Anunred a Coning 1 America
a b		glhworld Ayurveda Enjress Drogy a
b		8th December 2022 202
b) Date of conduct) Venue	gli world Ayarveda Enjress Drogy & 8th December 2022 Panijim, Goa
b c	 Date of conduct Venue Financial support extended by the University 	8th December 2022 202
b c d e 11. F	 Date of conduct Venue Financial support extended by the University 	8th December 2022 202
b c d e 11. F	 Date of conduct Venue Financial support extended by the University Copy of the sanction letter to be enclosed Particulars of the organizers of the aforesaid onference / Seminar / Symposium 	8th December 2022 202
b c d e 11. F	 Date of conduct Venue Financial support extended by the University Copy of the sanction letter to be enclosed Particulars of the organizers of the aforesaid onference / Seminar / Symposium Name of the Organizer 	8th December 2022 202
b c d e 11. F C a)	 Date of conduct Venue Financial support extended by the University Copy of the sanction letter to be enclosed Particulars of the organizers of the aforesaid onference / Seminar / Symposium Name of the Organizer Title of the program 	8th December 2022 202
b c d e 11. F C a) b)	 Date of conduct Venue Financial support extended by the University Copy of the sanction letter to be enclosed Particulars of the organizers of the aforesaid onference / Seminar / Symposium Name of the Organizer Title of the program Place 	8th December 2022 202
b c d e 11. F C a) b) c)	 Date of conduct Venue Financial support extended by the University Copy of the sanction letter to be enclosed Particulars of the organizers of the aforesaid onference / Seminar / Symposium Name of the Organizer Title of the program Place Duration 	8th December 2022 202



(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

a)		International	Domestic
/	Place		Panjim Goa
b)	Mode of journey		By Care
c)	Fare		7-
d)	To and Fro		TO-130km 10-13
e)	Accommodation charges		3000/-
f)	Registration / Delegation Fee		2,360/-
g)	Air-port Tax		2136-1
13. Do	cuments to be submitted:		L
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Attached	
14.Sigr	nature of the faculty member	ab.	
	 other funding agency for attending the aforesaid Conferer action by the University in case it is found at a la application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore 	ater stage that the info on for financial grant. ance / Participation Certifi nce. nembers of the Departm	cate within fifteen days to the
			00
Date	Signa	ature of the faculty men	nber .
Ref. No	Signa	ature of the faculty men	nber Date:14_12/2022
Ref. No To The Re	gistrar, KLE University, Belagavi.	ature of the faculty men	
To The Re Dear Si inancia	gistrar, KLE University, Belagavi. r, We are enclosing herewith the application of the abov I support to attend the International Conference outside	ve Teacher in the pres	Date: 14 12 2022
Ref. No To The Re Dear Si inancia	gistrar, KLE University, Belagavi. r, We are enclosing herewith the application of the abov	ve Teacher in the pres India for kind consider	Date: 14 12 2022



(Formerly known as KLE Academy of Higher Education & Rese [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-1

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND CONFERENCE

(To be submitted to the University through the concerned HoD & Principal)

1 4 4 4 4	To be filled by the faculty member:	
1. N	lame	Dr. Usharani S. Sanu
2. G	Qualification	a Anna Anna Anna
3. D	Designation	B.H.M. 5 MD (Ayu) Reader
4. D	Pepartment	Kriya Sharir
5 In	astitution	KAHER'S Shri BM.K Ayurvede M
6. D	ate of joining the Institution	1-01-2016
7. 0	bjectives of the Conference / Seminar / Symposium	World Ayurrede Confrence.
8. Be	enefits to be derived from participation in the aforesaid onference / Seminar / Symposium	Please enclose a separate sheet.
9. As S'	ssignment in the aforesaid Conference / Seminar / ymposium	a) Delivering Key-note address / orations / plenary lectures
	~	b) Contributing a scientific paper
		c) Chairing a scientific session
	540 L	d) International collaboration exchange program (only on invitation)
		e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
		f) Others, if any, specify.
u d	articulars of the financial support extended by the iniversity to attend the international Conference(s) uring the block period of three years (1 st January > 31 st December)	NIL
a) Title of the Conference / Seminar / Symposium	9th Would Ayurveda longress & Aro
b)) Date of conduct	8 Dec - 11 Dec 2022 8400 2
C)	Venue	Kala Academy, Paryi Goa.
d)	Financial support extended by the University	
e)	Copy of the sanction letter to be enclosed	
4 15	Particulars of the organizers of the aforesaid onference / Seminar / Symposium	World Ayurvide Foundation Bangalore
Co		ISOT VA ANOLO
'. r Co a)	Name of the Organizer	-
Ce		-
Co a)	Title of the program	-
Co a) b)	Title of the program	
C(a) b) c)	Title of the program Place	

(Formerly known as KLE Academy of Higher Education & Research) Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

	International	Domestic
a) Place		Parini, Croa
b) Mode of journey		Car
c) Fare		-
d) To and Fro		(70) (Fm) 12-0+130=26
e) Accommodation charges (2days)	-	R/200/-
f) Registration / Delegation Fee	*	Rs 2360/-
g) Air-port Tax		
3. Documents to be submitted:		
a) Copy of the letter of invitation from the organizers.		
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	attached,	
1.Signature of the faculty member	_ Nost for.	Usharani Sanu)
DECLARAT I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my application	is true to the best of my kn n the sponsorers / organiz ence. I am aware that I a later stage that the in tion for financial grant.	zers of the Conference or any im liable for any disciplinary formation furnished in this
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a 	is true to the best of my kn n the sponsorers / organiz ence. I am aware that I a later stage that the in tion for financial grant. Indance / Participation Cert prence.	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the ment / Institution to share the
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confee I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confermation. 	is true to the best of my kn n the sponsorers / organiz ence. I am aware that I a later stage that the in tion for financial grant. Indance / Participation Cert prence.	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the ment / Institution to share the
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my applicate I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confee I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confee 	is true to the best of my kn the sponsorers / organizence. I am aware that I a later stage that the in tion for financial grant. Indance / Participation Cert prence. members of the Depart presaid Conference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the ment / Institution to share the
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confee I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confee 	is true to the best of my kn the sponsorers / organizence. I am aware that I a later stage that the in tion for financial grant. Indance / Participation Cert prence. members of the Depart presaid Conference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the ment / Institution to share the ember
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my applicate I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confee I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confee I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confee I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confee I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confee 	is true to the best of my kn the sponsorers / organizence. I am aware that I a later stage that the in tion for financial grant. Indance / Participation Cert prence. members of the Depart presaid Conference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the ment / Institution to share the ember
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confee I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid confee 	is true to the best of my kn in the sponsorers / organizence. I am aware that I a later stage that the in tion for financial grant. indance / Participation Cert prence. members of the Depart presaid Conference. Inature of the faculty me pove Teacher in the pre	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the ment / Institution to share the ember Date:
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confer action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid conference. I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid conference. I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid conference. I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid conference. I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid conference. I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid conference. I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid conference. I shall conduct a seminar for the benefit of the faculty knowledge. 	is true to the best of my kin the sponsorers / organizence. I am aware that I a later stage that the in tion for financial grant. Indance / Participation Cert prence. members of the Depart presaid Conference. Inature of the faculty me pove Teacher in the pre- de India for kind consid	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the ment / Institution to share the ember Date:

Α. 1.

2. 3. 4.

(Formerly known as KLE Academy of Higher Education & Research) (Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium	De. Kadombawe S MD (Knipe Shawire) Asristant Peotessore Kripa shawire KLI-Shuei BMK Ayurud Mehovilya B/04/2015 World Ayurveda Congress Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) f) Others, if any, specify.
Qualification Designation Department Institution Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium Symposium 0. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January	MD (Knye Shawine) Asristant Peotesson Krige shawine Krige shawine KIP Shee' BMK Ayurud Mehovidy Belaya 8/04/2015 World Ayurreda Congress Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
Designation Department Institution Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium 0. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January	MD (Knye Shawine) Asristant Peotesson Krige shawine Krige shawine KIP Shee' BMK Ayurud Mehovidy Belaya 8/04/2015 World Ayurreda Congress Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
Department Institution Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium 0. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January	A srive and for the solution of the second s
Institution Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium 0. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January	 KITShee' BMK Ayuru Mahariya Belaya 8/04/20/5 World Ayurreda Congress Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium 0. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January	 \$/64/20/5 World Ayurrveda Congress Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
Date of joining the Institution Objectives of the Conference / Seminar / Symposium Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium 0. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January	 § / 6 4 / 2 0 / 9 World Ayurreda Congress Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium 0. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1st January 	 Please enclose a separate sheet. a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
Conference / Seminar / Symposium Assignment in the aforesaid Conference / Seminar / Symposium 0. Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1 st January	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
 Symposium Particulars of the financial support extended by the University to attend the International Conference(s) during the block period of three years (1st January 	 plenary lectures b) Contributing a scientific paper c) Chairing a scientific session d) International collaboration exchange program (only on invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
	Nil
a) Title of the Conference / Seminar / Symposium	gth world Ayumeda Congress Aros
b) Date of conduct	10th perember 2022
c) Venue	Parim Goa
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
b) Title of the program	
c) Place	
d) Duration	
e) Date of Conference	
f) Financial grant sought	

(Formerly known as KLE Academy of Higher Education & Research)

	International	Domestic
a) Place	-	Ponim Goa
b) Mode of journey		Ry Can
c) Fare		Dy the
d) To and Fro		To-130km Feg-1
e) Accommodation charges		3000/-
f) Registration / Delegation Fee		3,304/-
g) Air-port Tax		
3. Documents to be submitted:		\checkmark
 a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	Attached	
4.Signature of the faculty member	Stind	<i></i>
 I hereby declare that : I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confe action by the University in case it is found at a application is wrong / false, in support of my application is application by the University bills / receipts along-with Atternational actions and the application of the action by the university bills / receipts along-with Atternational actions and the application of the action by the university bills / receipts along-with Atternational actions and the application of the action by the application application action by the application by the action by the action by the application by the action by the application by the action by the action by the action by the application by the action by the application by the action by	m the sponsorers / organiz rence. I am aware that I an later stage that the inf ation for financial grant. ndance / Participation Certi	ers of the Conference or any m liable for any disciplinary formation furnished in this
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confection by the University in case it is found at a 	m the sponsorers / organiz rence. I am aware that I an I later stage that the inf ation for financial grant. ndance / Participation Certif erence. y members of the Departn	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confect action by the University in case it is found at a application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confect and Confe	m the sponsorers / organiz rence. I am aware that I an I later stage that the inf ation for financial grant. Indance / Participation Certifierence. y members of the Departmoresaid Conference.	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confect action by the University in case it is found at a application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confect and Confe	m the sponsorers / organiz rence. I am aware that I an I later stage that the inf ation for financial grant. ndance / Participation Certif erence. y members of the Departn	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confect action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confect university from the date of attending the aforesaid Confect as seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid configure for the seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid configure for the facult seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid configure for the facult for the	m the sponsorers / organiz rence. I am aware that I an I later stage that the inf ation for financial grant. Indance / Participation Certifierence. y members of the Departmoresaid Conference.	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confect action by the University in case it is found at a application is wrong / false, in support of my applicate I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confect attending the aforesaid Confect attending the aforesaid attending the aforesaid Confect as seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid confect. Signal Registrar, KLE University, Belagavi. 	m the sponsorers / organiz rence. I am aware that I an I later stage that the inf ation for financial grant. Indance / Participation Certifierence. y members of the Departmoresaid Conference.	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confect action by the University in case it is found at a application is wrong / false, in support of my applicate I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confect university from the date of attending the aforesaid Confect	m the sponsorers / organiz rence. I am aware that I an alter stage that the inf ation for financial grant. Indance / Participation Certif erence. y members of the Departm oresaid Conference. gnature of the faculty me	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date:
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confect action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confect university from the date of attending the aforesaid Confect	m the sponsorers / organiz rence. I am aware that I an alter stage that the inf ation for financial grant. Indance / Participation Certificerence. y members of the Departmoresaid Conference. gnature of the faculty me	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date:
I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confe action by the University in case it is found at a application is wrong / false, in support of my applica I shall produce necessary bills / receipts along-with Atte University from the date of attending the aforesaid Confe I shall conduct a seminar for the benefit of the facult knowledge and experience gained from attending the aforesaid Confe ef. No	m the sponsorers / organiz rence. I am aware that I an a later stage that the inf ation for financial grant. Indance / Participation Certif erence. y members of the Departm oresaid Conference. gnature of the faculty me pove Teacher in the pre ide India for kind conside	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date: scribed format for grant of tration.
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confect action by the University in case it is found at a application is wrong / false, in support of my applicat I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confect university. I shall conduct a seminar for the benefit of the facult knowledge and experience attending the aforesaid Confect university. I shall conduct a seminar for the benefit of the facult knowledge and experience attending the aforesaid Confect university. I shall conduct a seminar for the benefit of the facult knowledge and e	m the sponsorers / organiz rence. I am aware that I an a later stage that the inf ation for financial grant. Indance / Participation Certif erence. y members of the Departm oresaid Conference. gnature of the faculty me pove Teacher in the pre ide India for kind conside	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date:
 I have furnished the information in this application which I am not getting any financial assistance / support from other funding agency for attending the aforesaid Conference on by the University in case it is found at a application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application is wrong / false, in support of my application of the facult university from the date of attending the aforesaid Conference gained from attending the aforesaid Conference outs for the model of the international Conference outs Thanking you, 	m the sponsorers / organiz rence. I am aware that I an a later stage that the inf ation for financial grant. Indance / Participation Certif erence. y members of the Departm oresaid Conference. gnature of the faculty me pove Teacher in the pre ide India for kind conside	ers of the Conference or any m liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date: scribed format for grant of tration.

K



SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gold A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD GoI)



First AYUSH Institution having NAAC & NABH Accreditation



Ref. No: BMK 202223 2234

To,



Date: 27.02.2023 2/2/23

The Registrar, KLE Academy of Higher Education & Research, Belgaum

> Sub: Release of Financial Grant for attended to National conference Ref No. Order KAHER.2022-23/D-Dt: 10.12.2022. Order KAHER.2022-23/D-16122215 Dt: 10.12.2022

Sir.

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "9th World Ayurveda Congress & Arogya Expo held at Goa from 8th – 11th Dec 2022 as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

Name of Teacher	Designation	Department		Date
Dr. Vishwanath Wasedar	Reader	Panchakarama	9th World	
Dr. Ramesh Killedar	Reader	PT & SR	Ayurveda Congress	8th –
Dr. Shweta Yaragatti	Asst. Prof	Dravyaguna	Expo at	11th Dec 2022
	Dr. Ramesh Killedar	Dr. Vishwanath Wasedar Reader Dr. Ramesh Killedar Reader	DesignationDepartmentDr. Vishwanath WasedarReaderPanchakaramaDr. Ramesh KilledarReaderPT & SRDr. Shweta YaragattiAnt Dr. ContentContent	DesignationDepartmentConnectence detailsDr. Vishwanath WasedarReaderPanchakarama9th World AyurvedaDr. Ramesh KilledarReaderPT & SRCongress & ArogyaDr. Shweta YaragattiArte BranchakaramaFyno at

This is for your information and release the same. Thanking you,

	OFFICE OF THE REGISTRAR KLE Acadomy of Higher Education & Research, BELAGAVI	Yours truly,
Encl: As above	02 MAR 2023 29	PRINCIPAL Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-02

Shahapur, Belagavi - 590 003, Karnataka, India Phone: +91 831 2486286; 7204969289 Fax: +91 831 2424157 Website: www. kleayurworld.edu.in, Email: bmkprincipal.kaher@kleayurworld.edu.in

From:

Dr. Vishwanath S. Wasedar Associate Professor, Department Of Panchakarma KAHER's Shri B M Kankanawadi. Ayur

KAHER's Shri B M Kankanawadi Ayurveda Mahavidyalaya, Shahapur, Belagavi

Τo,

The Registerar KLE Academy Of Higher Education and Reasearch, Belagavi

Through Proper Channels

Subject: Regarding the Financial Aid for Attending and presenting Paper in WORLD AYURVEDA CONGRESS AND AYUR EXPO-22

Respected Sir,

Myself Dr.Vishwanath S. Wasedar, Working as Associate Professor Department of Panchakarma had sent Abstract 3880 to World Ayurveda Congress and Ayur Expo 22 from 08/12/2022 to11/12/2022 at Goa was selected for Oral Presentation and presented on 09/12/2022, and is been awarded the BEST PAPER AWARD, Kindly request you to provide the financial aid for attending and presentating Oral paper in the said International Conference as per University norms.

Kindly do the needful. Thanking you

Your Sincerely

Dr. Vishwangth S Wasedar

Date:28/02/2023

Place : Belagavi

Financial Aids:

- 1. Registartion: 2360
- 2. Hotel Stay: 21000/-
- 3. Local Allowance: 2000/-
- 4. Traveling Allowance: Travelled by personal Car 320kms (to and fro, local travel)- Amount as per KAHER norms

PAL

Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-03



SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gold

A Constituent Unit of KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD Gol)



Date: 03.03.2023

54

First AYUSH Institution having NAAC & NABH Accreditation

Ref.No: BMK/2022-23) 2262

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

> Sub: Release of Financial Grant for attended to National conference Ref No. Order KAHER.2022-23/D-27022313 Dt: 22.02.2023

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "National Level Workshop on Sports Ayurveda- Jnana Prabodhini Navnagar Vidyalaya Nigdi Kreedakul from 18th to 19th Fab 2023 as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

Sl.No	Name of Teacher	Designation	Department
1	Dr Ramesh Killedar	Reader	Prasooti & Stree
			Roaga

This is for your information and permit the same.

Thanking you,

OFFICE OF THE REGISTRAR NLE Academy of Higher Education & Massarch, BELAGANI **6 MAR 2023** inward N

Yours truly

PRINCIPAL Shri B. M. Kankanawadi Ayurved Mahavidyalaya A Constituent Unit of KAHER Shahapur, BELAGAVI-03

Encl: bills & vouchers with certificate

1933 ARTING AYURVEDA EDUCATION SINCE

IRI B M KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Research Centre

(Approved by Central Council of India Medicine, New Delhi & M/o AYUSH, Gol) A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE-UNIVERSITY) (Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD GoI)

From

Dr Ramesh S Killedar

Associate professor

Department of Prasooti and Streeroga

KAHER Shri B M K Ayurveda Mahavidyalaya, Shahapur, Belagavi.

To,

The Registrar KAHER, Belagavi

Through proper channel

Sub - Regarding financial aid for attending and presenting Oral paper in 'National conference on Sports Avurveda' at Pune – 2023, 18th to 19th February 2023 Respected sir,

To the subject mentioned above, I have attended the National conference on Sports ayurveda which is National level held on 18th and 19th of February 2023. I have presented the Oral paper on "Protocol based management of common sports injuries through integrated approach WSR to Sandhi marmabhighata" under the heading of 'Management of Acute injuries' theme. It's a sincere request to provide financial assistance for attending and presenting as per the provisions of KAHER.

> Kindly do the needful. Thanking you

Kolover

Yours Sincerely Dr Ramesh S Killedar

Date - 03 March 2023 Place – Belagavi

Financial details

- 1) Registration and Accommodation fees 2500 rs
- 2) Travel allowance Private bus to and fro (788 + 840) = 1628 rs
- 3) Local allowance 1000 (2 days)/ as per KAHER norms

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 27022313

22nd February, 2023

ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned HOD, Principal, Shri B.M.Kankanwadi Mahavidyalaya, Belagavi.

With reference to the above, the request of Dr.Ramesh Killedar, Reader, department of Prosooti and Stree Roaga, Shri B.M.Kankanwadi Mahavidyalaya ,Belagavi for attending National Conference on 'Sports Ayurveda-Jnana Prabodhini Navnagar Vidyalaya Nigdi Kreedakul' to be held at Pune Maharashtra from 18th and 19th February 2023 has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

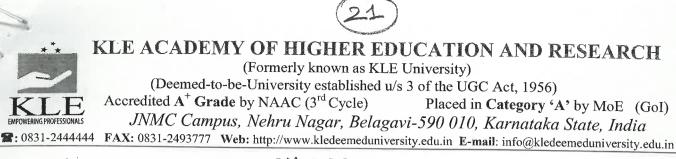
CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, Shri B.M.Kankanwadi Mahavidyalaya, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi.

KLE ACADEMY OF HIGHER E (Formerly known as Deemed-to-be-University establi	- 그러그, 사람이 그는 도도 중 방법에 가지 않는다. 것은 소문 중 방법을 가 많은 사람과 구매 백태중 정말에서 다.
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro	ATTEND STATE / NATIONAL CONFERENCES ough the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name	PR Basavaha; Motimata
2. Qualification	Associate Professon
3. Designation	Accociate Photesson
4. Department	Sports Physiotherapy
5. Email ID	bsmotimath @ yahoo.co.in
6. Institution	KLE Institute of Physiotherap
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. Objectives of the Conference / Seminar / Symposium (onkshop)
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Delivering Key-note address / orations / plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	International confinence inposteo par
b) Date of conduct	20/11/2022
c) Level of Conference	State / National
 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8.000/- National Level : Rs.16,000/-
e) Venue	New Vellar
f) Copy of the sanction letter along-with Brochure to be enclosed	Yes
Note : The faculty member is eligible for financial support to attend one Sta	te / Zonal and one National Conference in a calendar year
12. Particulars of the financial support <u>previously</u> extended by the University	
a) Name of the Organizer	osto pho.
b) Title of the program	Centerficate Course in, Octor of
c) Place	New delki
d) Duration	6 davic Level 1 TT.
	Man Man Man Market

KLF ENVIERAG REVENSIONALS [Deemed-to-be-University es	n as KLE University) stablished u/s 3 of the UGC	ND RESEARCH
Non-section of the section of the se	-2-	4.000
13. Travelling (by shortest route) and other expenses involved		
		Particulars
a) Place	New del	
b) Mode of journey	Elevent	1
c) Fare		an a
d) To and Fro	11-ooF	1964 (10. 1975) - 1975 (10. 1975) (10. 1975) - 10. 1975) - 10. 1975 (10. 1975) - 10. 1975) - 10. 1975) - 10. 1975)
e) Accommodation charges	16,000 F	-
f) Registration / Delegation Fee	2000	24
g) Air-port Tax	<u> 45000</u>	
14. Documents to be submitted:		K
water internet management and a second		1
 a) Copy of the letter of invitation from the organizer b) Copy of the full text of documents / abstract / page 100 million 	S.	
prepared by the applicant for presentation.	oer 👌	n fritten en e
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con action by the University in case it is found a	ich is true to the best of my k from the sponsorers / organi ference. I am aware that I a	zers of the Conference or any
DECLAR I hereby déclare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co	lich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the in loation for financial grant. Itendance / Participation Certi Inference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary hills / receipts along with	ich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the In ication for financial grant. Itendance / Participation Certi inference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con action by the University in case it is found at application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the	ich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the In ication for financial grant. Itendance / Participation Certi inference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the nent / Institution to share the
DECLAR I hereby declare that : I have furnished the information in this application when a not getting any financial assistance / support other funding agency for attending the aforesaid Con- action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the Date :	hich is true to the best of my k from the sponsorers / organi iference. I am aware that I a t a later stage that the In leation for financial grant. Itendance / Participation Certi inference. ulty members of the Departr aforesaid Conference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the nent / Institution to share the mber
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the Date :	hich is true to the best of my k from the sponsorers / organi iference. I am aware that I a t a later stage that the In leation for financial grant. Itendance / Participation Certi inference. ulty members of the Departr aforesaid Conference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the nent / Institution to share the
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Cor action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the cef. No	hich is true to the best of my k from the sponsorers / organi iference. I am aware that I a t a later stage that the In leation for financial grant. Itendance / Participation Certi inference. ulty members of the Departr aforesaid Conference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the nent / Institution to share the mber
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the Date :	hich is true to the best of my k from the sponsorers / organi iference. I am aware that I a t a later stage that the In leation for financial grant. Itendance / Participation Certi inference. ulty members of the Departr aforesaid Conference.	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the nent / Institution to share the mber
DECLAR I hereby déclare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con- action by the University in case it is found and application is wrong / false, in support of my appl- I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Co- niversity from the date of attending the aforesaid Co- I shall conduct a seminar for the benefit of the fac- knowledge and experience gained from attending the Date : tef. No be Registrar, KAHER, Belagavi. ear Sir, We are enclosing herewith the application of the other	lich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the In lication for financial grant. Itendance / Participation Certi Inference. Ulty members of the Departr aforesaid Conference. Signature of the faculty me	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the nent / Institution to share the mber Date:
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con- action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Coc I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the Date : tef. No o he Registrar, KAHER, Belagavi. ear Sir, We are enclosing herewith the application of the ab hancial support to attend the International Conference out	tich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the in lication for financial grant. ttendance / Participation Certi inference. ulty members of the Departr aforesaid Conference. Signature of the faculty me ove Teacher in the prescri side India for kind conside	zers of the Conference or any im liable for any disciplinary formation furnished in this ificate within fifteen days to the nent / Institution to share the mber Date:
DECLAR I hereby declare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con- action by the University in case it is found a application is wrong / false, in support of my appl I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Coc I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the Date : tef. No o he Registrar, KAHER, Belagavi. ear Sir, We are enclosing herewith the application of the ab hancial support to attend the International Conference out	tich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the in lication for financial grant. ttendance / Participation Certi inference. ulty members of the Departr aforesaid Conference. Signature of the faculty me ove Teacher in the prescri side India for kind conside	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date: bed format for grant of ration.
DECLAR I hereby déclare that : I have furnished the information in this application wh I am not getting any financial assistance / support other funding agency for attending the aforesaid Con- action by the University in case it is found a application is wrong / false, in support of my appl- I shall produce necessary bills / receipts along-with A University from the date of attending the aforesaid Coc- o he Registrar, KAHER, Belagavi. ear Sir, We are enclosing herewith the application of the ab- bancial support to attend the International Conference out Thanking you,	tich is true to the best of my k from the sponsorers / organi ference. I am aware that I a t a later stage that the in lication for financial grant. ttendance / Participation Certi inference. ulty members of the Departr aforesaid Conference. Signature of the faculty me ove Teacher in the prescri side India for kind conside	zers of the Conference or any im liable for any disciplinary formation furnished in this ficate within fifteen days to the ment / Institution to share the mber Date: bed format for grant of ration.

-



Ref. No. KAHER-/2022-23/D- 04022301

3rd February, 2023

ORDER

Sub : Permission to participate in the Conference.

Ref : Request letter of the applicant forwarded through the concerned principal and HoD J N Medical College, Belagavi.

With reference to the above, the request of **Dr. R.B.Uppin**, Professor, Department of Orthopaedics, J N Medical College Belagavi. For attending '47th Karnataka Orthopaedic Association Conference- 2023' to be held Belagavi from 3rd to 5th February 2023, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



To,

The above staff member.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, J N Medical College, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi.

KLE ACADEMY OF HIGHER EDUCATION AND

F

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:		
1. Name	DRR. B. UPPIN	
2. Qualification	M.S. CORTHO)	
3. Designation	PROFESSOR	
4. Department	ORTHOPOEDICS	
5. Institution		
6. Email ID	J-N. Medical College, Uppin rajendra @ redificuoil.	
7. Date of joining the Institution	01-08-1985	
8. Objectives of the Conference / Seminar / Symposium		
 Benefits to be derived from participation in the aforesaid Optference / Seminar / Symposium 	Please enclose a separate sheet.	
10. Assignment in the aforesaid Conference / Seminar / Symposium	 d) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify. 	
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) 		
a) Title of the Conference / Seminar / Symposium		
b) Date of conduct		
c) Level of Conference (State / Zonal / National)		
d) Venue	OFFICE OF THE REGISTRAR	
e) Financial support extended by the University	KLE Academy of Higher Education	
f) Copy of the sanction letter to be enclosed	& Research, BELAGAVI	
Note: The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference i</u> n a calendar year.	2 8 JAN 2023	
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Inward NoSign	
a) Name of the Organizer	Dr. Anillabra Udaperof	
b) Title of the program	Kaluadala contropadire Cafereer	
c) Place	BELAGAVE	
d) Duration		
e) Date	Two DAYS to FIFEDAYS 375 Feb 2023 to 5th Febroz Rs 7000 - Seven Montando	
f) Amount claimed	RETODOL- SOMEL MOTIZALDO	
Aspern	ont	

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

KLE

The second states and second s		M Y VI DILY J	
Deemed-to-be-University	March P. P. A. A. A.	41	
Boomed-to-be-University	Pestablished u/e 2	of the LIGO A	
			105

- 2	sned u/s 3 of the UGC Act, 1956]
13. Expenses involved towards attending the Conference:	
a) Place	
b) Mode of journey	-
c) Fare	
To and Fro expenses	
Registration / Delegation Fee	Do To La
Accommodation charges	RS 7000 - Serven marsa Jaly
Total Expenses	
14. Documents to be submitted;	BE 7000 - Seven thews al
a) Copy of the letter of invitation from the organizers.	
 b) Copy of the full text of documents / abstract / paper 	Attached
prepared by the applicant for presentation.	Attached
DECLARAT	ION
I hereby declare that ;	
 I have furnished the information in this application which i I am not getting any financial assistance is 	S truc to the basis of the
 I am not getting any financial assistance / support from agency for attending the aforesaid Conference, 	the sponsorers of the Conference or any other funding
 I shall produce necessary hills / repoints along with the 	
• I shall conduct a seminar for the honeft of the r	
 I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor 	members of the Department / Institution to share the
 I shall reimburse the amount to the University in excess of 	the eligibility.
Date: 18/1/2023	ature of the faculty member
Sign	ature of the faculty member
Ref. No. 2389	Date: 27112023
To	
The Registrar, KAHER,	
Belgaum.	
Dear Sir,	
We are enclosing herewith the application of the	
We are enclosing herewith the application of the above financial support for presentation scientific paper (paster as	/e leacher in the prescribed format for grant of
financial support for presentation scientific paper (poster or Conference for kind consideration.	oral) / delivering a guest lecture to attend the
Thanking you,	
	M
L'ANER +	Yours faithfully,
Najath	M K
Signature of the HoD	
Professor & Head	Jawaharlal Nelhti Redical Conege BELAGAVI
Department of Orthopaedics	
LN.Medical College, Belagaví,	





KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

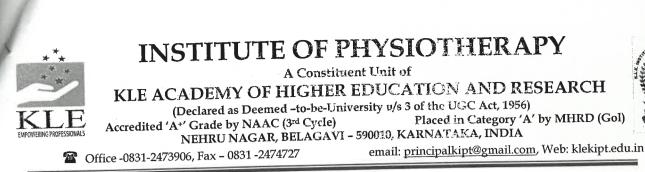
	A. To be filled by the faculty member:	-
	1. Name	Dr Anand Heggannavar
	2. Qualification	MPT (PhD)
	3. Designation	Associate Professor
	4. Department	Orthopaedic Manual Therapy
	5. Institution	KAHER Institute of Physiothetrapy, Belagav
	6. Email ID	anandheggannavar@klekipt.edu.in
	7. Date of joining the Institution	10th August 2007
	8. Objectives of the Conference / Seminar / Symposium	Handson work shop on Neural Mobilization
heeping	9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
	10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Contributing a scientific paper (poster or oral)b) Delivering a guest lecturec) Others, if any, specify. Delegate
	11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	NIL
oen 1	a) Title of the Conference / Seminar / Symposium	Nerual Mobilization Workshop
	b) Date of conduct	23/02/2023 to 26/02/2023
fulling	c) Level of Conference (State / Zonal / National)	Zonal
xhq	d) Venue	KAHER Institute of Physiothetrapy, Belagav
M. AS	e) Financial support extended by the University	
1 tow	f) Copy of the sanction letter to be enclosed	
der	Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> <u>Conference in a calendar year.</u>	
	12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium / Workshop	
	a) Name of the Organizer	Department of Neurophysiotherapy
	b) Title of the program	Handson work shop on Neural Mobilization
	c) Place	JNMC Campus,Nehru Nagar, Belagavi, India
	d) Duration	4 days
	e) Date	23/02/2023 to 26/02/2023
	f) Amount claimed	6500 Get the bills

KLE

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

- 2 -13. Expenses involved towards attending the Conference: a) Place NIL b) Mode of journey NIL c) Fare NIL To and Fro expenses NIL Registration / Delegation Fee NIL Accommodation charges NIL **Total Expenses** NIL 14. Documents to be submitted: a) Copy of the letter of invitation from the organizers. Workshop Details b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that : I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference, • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference, • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date: 06/02/2023 Signature of the faculty member Ref. No. Date: 06/02/2023 То The Registrar, KAHER, Belgaum. Dear Sir. We are enclosing herewith the application of the above Teacher in the prescribed format for grant of financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend the Conference for kind consideration. ATION & RESE Thanking you, Yours faithfully, THIN OF ElSeat / Signature of the HoD Principal



Ref. No/KAHER/ KIPT/22-23/1043

Date: 13/01/2023

To, The Registrar, KAHER , Belagavi.

Sub: - Regarding financial assistance for attending workshop by staff member. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staff for grant of financial assistance for attending workshop.

Sl No	Department	Name of the Staff	Designation
1	OMT	Dr. Anand	Associate Professor
		Heggannavar	

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

SIIV V

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.



Follow





Ref. NO, 1467

From

Dr Vasanti Jirge Reader, Dept of Oral Medicine and Radiology KLE VK Institute of Dental Sciences, KAHER, Belagavi

То

The Registrar KLE Academy of Higher Education and Research Belagavi

Sub: Request for availing financial grants after attending conference

Through – Proper Channel

Respected Sir,

I am happy to inform you that I have attended the 33rd National Conference of the Indian Academy of Oral Medicine and Radiology (IAOMR) held on Dec 8-10, at Bhubaneshwar, Orissa. I have presented a paper titled – <u>"Revisiting Oral submucous fibrosis: - A retrospective study to analyze trends in clinical findings and etiologies reported by patients"</u>. I have also received the Best reviewer award for the Specialty journal – JIAOMR.

With reference to the letter D - 2811220, dated 22/11/22, I have enclosed the following certificate copies for availing of financial grants.

- 1. Attendance certificate
- 2. Certificate for *Best Reviewer Award*
- 3.- Certificate for *Paper presentation*
- 4. Certificate Judging scientific sessions
- 5. Certificate for Chairing scientific session

sybrit and

Feenanded to Reg KAHER for needful.

I sincerely thank you for your support.

Yours sincerely

Yours sincerely Dr Vasanti Jirge

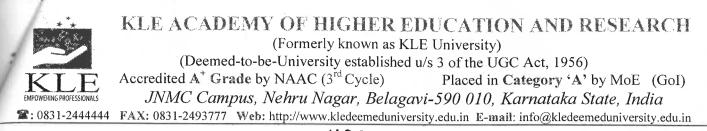
Date: 15/12/2022

OFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, SELAGAVI

n JAN 2023 16 Inward No.....Sign.....

PRINCIPAL KLE V.K. Institute of Dental Sciences Nehru Nagar, BELAGAVI-590010.

Der NODIV2



Ref. No. KAHER-/2022-23/D- 28112220

22nd November, 2022

ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, KLE VK Institute of Dental Sciences, Belagavi.

With reference to the above, the request of **Dr.Vasanti Jirge** Professor, Department of Oral Medicine and Radiology, KLE VK Institute of Dental Sciences, Belagavi. For attending 33 National IAOMR Conference to be held Bhubaneshwar, Orissa from 08th to 10th December, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



- Kith

rof. Dr. V.A. Kothiwale / Registrar

To,

The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, KLE VK Institute of Dental Science, Belagavi.
- 4. The Finance Officer, KAHER, Belagavi.

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Credited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India FAX: 0831-2444444

Ref. No. KAHER-/2022-23/D- 30112203

28th November, 2022

ORDER

Sub

Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, Jawaharlal Nehru Medical College, Belagavi.

With reference to the above, the request of Mr.Sanjay Kumar Yadav, Senior Tutor, Department of Anatomy, J N Medical College Belagavi. For attending '69th NATCON, and Global Congress of Anatomists' and also presenting Oral Presentation to be held Institute of Medical Sciences, Gadag from 8th to 11th December, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Director, IQAC
- 4. The Principal, J N Medical College, Belagavi.
- 5. The Finance Officer, KAHER, Belagavi.

/	Ref. No. 203
KLE ACADEMY OF HIGHER EI (Formerly known as [Deemed-to-be-University establis	KLE University)
A REAL POR FILLANCIAL SUPPORT TO A	TTEND STATE / NATIONAL CONFERENCES
(To be submitted to the University thro	ugh the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name Mr. Sah Jay Kumar yadav	
2. Qualification M.Sc. (med) Ahatomy	
3. Designation Sr. 14tor	
4. Department Anafomy	
5. Email ID Sangay Kryadav 718 @ gmail. UN	
6. Institution J.N. Medical college, Belagavi	
7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility)	23" may 2014
8. Objectives of the Conference / Seminar / Symposium	Osal Presentation.
9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	a) Delivering Key-note address / orations plenary lectures
- Symposium	 b) Contributing a scientific paper c) International collaboration exchange program
	 d) Panel discussion or to deliver talks / lecture or invited to discuss arts / skills (only or invitation) e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	69 NATCON, world congrus of
b) Date of conduct	8th to 10th Dec. 2022
c) Level of Conference	State / National
 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	GILMS, GADAG
f) Copy of the sanction letter along-with Brochure to be enclosed	
Note : The faculty member is eligible for financial support to attend one	State / Zonal and one National Conference in a calendar year
12. Particulars of the financial support previously extended by the University	
a) Name of the Organizer	& Research, BELAGAVI
b) Title of the program	2 0 1101 2022
c) Placè	Z 8 NUV ZOZZ
d) Duration	18 inward No. 18
e) Date of Conference	
f) Financial grant availed	

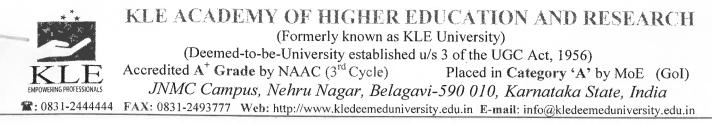
GOLIED FOLICATION & ND DECEMP

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

KLE

Deemed-to-be-University establishe	d u/s 3 of the UGC Act. 19561
· · ·	

		Particulars
a) Place	
b)	Mode of journey	Car
c)	Fare	
d)	To and Fro	
e)		
f)	Registration / Delegation Fee	
g)	Air-port Tax	
14. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	1 · · · · · · · · · · · · · · · · · · ·
	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DECLARAT	ION
	hereby declare that :	
ł	• I have furnished the information in this application which i	a lange to the first of the second second
	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli
0	• I am not getting any financial assistance / support from	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence.
ے Date :	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence.
Ref. No.	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afore 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference.
Ref. No. To	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Sign 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference.
Ref. No. To The Reg	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Sign 1803 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference.
Ref. No. To The Reg Dear Sir V financial	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Sign 1803 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference. ature of the faculty member $\frac{19377}{26-11-2}$ Date: $26-11-2$
Ref. No. To The Reg Dear Sir V financial	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Sign U&U3 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference. ature of the faculty member $\frac{19377}{26-11-2}$ Date: $26-11-2$
Ref. No. To The Reg Dear Sir V financial T	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid Sign USC3 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference. ature of the faculty member
Ref. No. To The Reg Dear Sir V financial T	 I am not getting any financial assistance / support from other funding agency for attending the aforesaid Confere action by the University in case it is found at a application is wrong / false, in support of my applicati I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Confere I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid. Sign USC3 	the sponsorers / organizers of the Conference of nce. I am aware that I am liable for any discipli later stage that the information furnished in on for financial grant. lance / Participation Certificate within fifteen days to ence. members of the Department / Institution to share esaid Conference. ature of the faculty member



Ref. No. KAHER-/2022-23/D- 30112202

28th November, 2022

ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, Jawaharlal Nehru Medical College, Belagavi.

With reference to the above, the request of Dr.Sheetal V Pattanshetti, Professor, Department of Anatomy, J N Medical College Belagavi. For attending '69th NATCON, and Global Congress of Anatomists and also presenting Oral Paper in Medical Education enhancement by Scientific Deliberations' to be held Institute of Medical Sciences, Gadag from 8th to 11th December, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

^{To,} The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Director, IQAC
- 4. The Principal, J N Medical College, Belagavi.
- 5. The Finance Officer, KAHER, Belagavi.

 2. Custification M. B. B. S., M.D. (Anatomy) 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the institution (the faculty should complete minimum one year of service to avail this facility) 9. Benefits to be derived from participation in the aforesald Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesald Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesald Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesald Conference / Seminar / Symposium 10. Assignment in the aforesald Conference / Seminar / Symposium 9. Delivering Key-note address / orations plenary lectures b) Conference / Seminar / Symposium 6. dth NATCON of ASI & Global Compression or to deliver talks / lecture or invitation) e) Others, If any, specify. 11. Particulars of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference c) Level of Conference e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed by the University a) Name of the Organizer b) Title of the Organizer c) The faculty member is eligible for francel support previously e) Construct of the Organizer b) Title of the Organizer c) Place g) Reading a field of the actual support to stated one State / Zont and one National Conference in a calendar year c) Place g) Reading a field of the program OFFICE OF THE REGISTRAR b) Title of the program OFFICE OF THE REGISTRAR c) Place g) Reading a field of the actual support to stated one State / Zont and one National Conference in a calendar year c) Place <		
KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the U/GC Act, 1956) APPLICATION FOR FINANCIAL SUPPORT OF ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 8. Objectives of the Conference / Seminar / Symposium 9. Department in the aforesaid Conference / Seminar / Symposium 9. Delevering Key-note address / orations plocation in the aforesaid Conference / Seminar / Symposium 9. Delevering Key-note address / orations plocation in the aforesaid 10. Assignment in the aforesaid Conference / Seminar / Symposium 9. Delevering Key-note address / orations plocations on to deliver talks / lectures or invited to discuss arts / skills (only on invitation) 10. Assignment in the aforesaid Conference / Seminar / Symposium 9. Delevering Key-note address / orations plocations plocations on to deliver talks / lectures or invited to discuss arts / skills (only on invitation) 10. Asignment in the aforesaid Conference / Seminar / Sympos	(25)	REWENTC
KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the U/GC Act, 1956) APPLICATION FOR FINANCIAL SUPPORT OF ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 8. Objectives of the Conference / Seminar / Symposium 9. Department in the aforesaid Conference / Seminar / Symposium 9. Delevering Key-note address / orations plocation in the aforesaid Conference / Seminar / Symposium 9. Delevering Key-note address / orations plocation in the aforesaid 10. Assignment in the aforesaid Conference / Seminar / Symposium 9. Delevering Key-note address / orations plocations on to deliver talks / lectures or invited to discuss arts / skills (only on invitation) 10. Assignment in the aforesaid Conference / Seminar / Symposium 9. Delevering Key-note address / orations plocations plocations on to deliver talks / lectures or invited to discuss arts / skills (only on invitation) 10. Asignment in the aforesaid Conference / Seminar / Sympos		BELAG
(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1966] APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: 1. Name 2. Gualification 3. Designation 4. To be filled by the faculty member: 1. Name 2. Gualification 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facult complete minimum one year of service to avail this facult conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 9. Delivering Keynote address / orations plenarity loctures 9. Delivering Keynote address / orations plenary loctures 9. Delivering Keynote		* Date (2)
(Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: 1. Name 2. Guelification 3. Designation 4. To be filled by the faculty member: 1. Name 2. Guelification 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the Institution (the faculty should complete minimum one year of service to savial this facility) 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 11. Particulars of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference / Seminar / Symposium b) Date of conduct c) Level of Conference / Seminar / Symposium b) Date of conduct c) Level of Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quentum of financial grant eligible (or actuals expenses, whichever is bess) c) L	ь + -	AL OLS
(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1966] APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: 1. Name 2. Gualification 3. Designation 4. To be filled by the faculty member: 1. Name 2. Gualification 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facult complete minimum one year of service to avail this facult conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 9. Delivering Keynote address / orations plenarity loctures 9. Delivering Keynote address / orations plenary loctures 9. Delivering Keynote	KLE ACADEMY OF HIGHER E	DUCATION AND RESEARCHCAL
APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member:	(Formerly known as	KLE University)
(To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: 1. Name 2. Qualification 3. Designation 3. Designation 4. Department 5. Email ID 6. Institution 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 9. Delivering Key-note address / or ations symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 9. Delivering Key-note address / or ations plenary lectures 9. Delivering Key-note address / or ations 9. Others, if any, specify. 11. Particulars of the Conference / Seminar / Symposium b) Date of conduct		
1. Name Dr. Shectal. Vishwanath. Pattanst 2. Qualification M. B. B. S., M.D. (Anatomy) 3. Designation Professor 4. Department Anato my 5. Email ID Sheet al. Pattanshetti. @ gmail. 6. Institution Sheet al. Pattanshetti. @ gmail. 7. Date of joining the institution (the faculty should complete minimum one year of service avail this facility) O2-05-2008 8. Objectives of the Conference / Seminar / Symposium Please enclose a separate sheet. /til Superstand Society of Anatomists 4.6 qM. 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. /til Superstand Society of Anatomists 4.6 qM. 10. Assignment in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. /til Superstand Society of Anatomists / Sciety of Contributing a scientific paper 9. International collaboration exchange program (only on invitation) e) International collaboration exchange program (only on invitation) 9. Date of conduct Stat / National G 4 th NATCON of ASI & Global Compression 9. Level of Conference / Seminar / Symposium 6 4 th NATCON of ASI & Global Compression 9. Date of conduct Stat / National 9. Quantum of financial grant eligible (or actuals export to attend one State / Scada g, Kayn atak a . <td< td=""><td>(To be submitted to the University thro</td><td>hugh the concerned HoD & Principal)</td></td<>	(To be submitted to the University thro	hugh the concerned HoD & Principal)
2. Qualification M. B. B. S., M.D. (Anatomy) 3. Designation Professor 4. Department Anato my 5. Email ID Sheed at pattanghetti @ gmail. 6. Institution Sheed at pattanghetti @ gmail. 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) O2-05-2008 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet / 18 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet / 18 10. Assignment in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet / 18 9. Delevering Key-note address / orations participation) a) Delivering Key-note address / orations participation) 9. Panel discussion or to deliver talks / lecture or invitation) e) International collaboration exchange program (only on invitation) 9. Date of conduct 8th + b 11 Particulars of the Conference / Seminar / Symposium b) Date of conduct 8th + b 11 Particulars of the conference / Seminar / Symposium b) Date of conduct 8th + b 11 Particulars of the Conference / Seminar / Symposium b) Date of conduct 8th + b 11 Particulars of the fance of the adong-with Brochure to	A. To be filled by the faculty member:	
3. Designation Professor 4. Department Anatomut 5. Email ID Shiet at pathanshetti @ gmail. 6. Institution Shiet at pathanshetti @ gmail. 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 02-05-2008 8. Objectives of the Conference / Seminar / Symposium Glebal Congress of Anatomiats 4.6.9.4. 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Glebal Congress of Anatomiats 4.6.9.4. 10. Assignment in the aforesaid Conference / Seminar / Symposium a) Delivering Key-note address / orations plenary lectures 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium a) Delivering Key-note address / orations plenary lectures 9. Contributing a scientific paper c) International collaboration exchange program (only on invitation) 9. Date of conduct 8 th to ji th Dec 2022. c) Level of Conference State / Natronal d) Quantum of financial grant eligible (or actuals expenses, whichever is less) State / Natronal e) Venue G IM S, Gradag, Kasnataka a. f) Copy of the sanction letter along-with Brochure to be anclosed Gerth REGologita and one Natored Conference in a calender year 12. Particulars of the financial support previously extend	1. Name	Dr. Sheetal. Vishwanath Pattansh.
3. Designation Professor 4. Department Anatomut 5. Email ID Shiet at pathanshetti @ gmail. 6. Institution Shiet at pathanshetti @ gmail. 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 02-05-2008 8. Objectives of the Conference / Seminar / Symposium Glebal Congress of Anatomiats 4.6.9.4. 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Glebal Congress of Anatomiats 4.6.9.4. 10. Assignment in the aforesaid Conference / Seminar / Symposium a) Delivering Key-note address / orations plenary lectures 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium a) Delivering Key-note address / orations plenary lectures 9. Contributing a scientific paper c) International collaboration exchange program (only on invitation) 9. Date of conduct 8 th to ji th Dec 2022. c) Level of Conference State / Natronal d) Quantum of financial grant eligible (or actuals expenses, whichever is less) State / Natronal e) Venue G IM S, Gradag, Kasnataka a. f) Copy of the sanction letter along-with Brochure to be anclosed Gerth REGologita and one Natored Conference in a calender year 12. Particulars of the financial support previously extend	2. Qualification	M. B. B. S, M. D (Anatomy)
4. Department Anatomy 5. Email ID Sheet al pattanshetti @ gmail. 6. Institution Sheet al pattanshetti @ gmail. 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 02-05-2008 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 9. Anatomical Society - of Anatomical Society - or Internet of Society - or Internet of Society - or Internet - Society - oreations - or Internet of Society - or Anatomi	3. Designation	
5. Email ID 6. Institution 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 11. Particulars of the sanction letter along-with Brochure to be enclosed 12. Particulars of the Grantical support previously extended by the University a) Name of the Organizer b) Title of the Organizer b) Title of the Organizer b) Title of the Organizer b) Title of the Organizer c) Place b) Place c) Place		Anatomy
6. Institution KL HERS! Medical College, B dage 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 02-05-2008 8. Objectives of the Conference / Seminar / Symposium Global Congrets of Anatomical Society of Anat		sheet al pattanshetti @ gmail. c
 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 11. Assignment in the aforesaid Conference / Seminar / Symposium 12. Particulars of the Conference / Seminar / Symposium 13. Particulars of the Conference / Seminar / Symposium 14. Particulars of the Conference / Seminar / Symposium 15. Date of conduct 16. Level of Conference 17. Particulars of the Conference / Seminar / Symposium 18. Date of conduct 19. Date of conduct 10. Automatical grant eligible (or actuals expenses, whichever is less) 10. Copy of the sanction letter along-with Brochure to be enclosed 12. Particulars of the financial support previously extended by the University 13. Name of the Organizer 14. Particulars of the financial support previously extended by the University 15. Their active member is eligible for financial support previously extended by the University 16. Place 	6. Institution	J. N. Medical College, Belaga
complete minimum one year of service to avail this facility) Global Congrets of Anatomists + 6 gM 8. Objectives of the Conference / Seminar / Symposium Global Congrets of Anatomists + 6 gM 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium Please enclose a separate sheet. / vis Upgrading knowledget H & dotted y such A 10. Assignment in the aforesaid Conference / Seminar / Symposium 9 Delivering Key-note address / orations plenary lectures 10. Assignment in the aforesaid Conference / Seminar / Symposium 9 Delivering Key-note address / orations plenary lectures 11. Particulars of the Conference being attended a) Title of the Conference being attended a) Title of the Conference / Seminar / Symposium 6 g ^H wATCON of ASI + Global Congret or invitation) b) Date of conduct 8 ^M + 0 11 ^M Dec 2022. c) Level of Conference State / National d) Quantum of financial grant eligible (or actuals expenses, whichever is less) State Level : Rs. 8,000/- National Level : Rs. 16,000/- e) Venue G I M S, G adag, kayn ataka . - Yes - attactud. note: The faculty member is eligible for financial support previously extended by the University - Note: The faculty member is eligible for financial support previously extended by the University - Nil - a) Name of the Organizer OFFICE OF THE RECISTRAP KLE Academy of Higher Education c) Place	7. Date of joining the Institution (the faculty should	A
 8. Objectives of the Conference / Seminar / Symposium 9. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / Symposium 11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed k) Construction of the financial support previously extended by the University a) Name of the Organizer b) Title of the Organizer c) Place c) Place 	complete minimum one year of service to avail this facility)	Clabel Congress of Apatromists 4 Cath
 a) Delivering knowledge that a first of visual A a) Delivering key-note address / orations plenary lectures b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation) e) Others, if any, specify. 11. Particulars of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed i) Copy of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place 		Anatomical society of India
Symposium plenary lectures Symposium plenary lectures Symposium plenary lectures Symposium c) International collaboration exchange program (only on invitation) c) Panel discussion or to deliver talks / lecture or invited to discuss arts / skills (only on invitation) e) Others, if any, specify. 11. Particulars of the Conference / Seminar / Symposium 6 9 th NATCON of ASI & Global Compre- or invited to discuss arts / skills (only or invitation) b) Date of conduct 8 th + to 11 th Dec 2022. c) Level of Conference State / National d) Quantum of financial grant eligible (or actuals expenses, whichever is less) State Level : Rs. 8,000/- Netional Level : Rs. 16,000/- e) Venue G IM S, Gadag , kayn ataka . - Yes - attactuad . note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University - a) Name of the Organizer - b) Title of the program OFFICE OF TME REGISTRAR c) Place & Recentry of Hom Education & Recentry of Hom Education & Recentry of Hom Education & Recentry of	 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Upgrading knowledge Hached) Visual An
 b) Contributing a scientific paper c) International collaboration exchange program (only on invitation) d) Panel discussion or to deliver talks / lecture: or invited to discuss arts / skills (only on invitation) e) Others, if any, specify. 11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed vetended by the University a) Name of the Organizer b) Title of the Program c) Place 		
 (only on invitation) d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only or invitation) e) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only or invitation) e) Others, if any, specify. 11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place 		b) Contributing a scientific paper
 d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only or invitation) e) Others, if any, specify. 11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed f) Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support previously extended by the University a) Name of the Organizer b) Title of the program OFFICE OF THE RECISTRAP c) Place 	9	
 invitation) e) Others, if any, specify. 11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place 		d) Panel discussion or to deliver talks / lectures
e) Others, if any, specify. 11. Particulars of the Conference being attended a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program OFFICE OF THE REGISTICAP c) Place e) Others, if any, specify. a) Copy of the sanction letter along-with Brochure to b Title of the program OFFICE OF THE REGISTICAP c) Place e) Others, if any, specify. a) Copy of the sanction letter along-with Brochure to a Research, BILAGAVI	Ð	
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place 		
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place 	11 Particulars of the Conference being attended	1
b) Date of conduct 8 th +o 11 th Dec 2022. c) Level of Conference State / National d) Quantum of financial grant eligible (or actuals expenses, whichever is less) State / National e) Venue State Level : Rs. 8,000/- e) Venue G I M S, G adag, kasnabaka. f) Copy of the sanction letter along-with Brochure to be enclosed - Yes - attactud. Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University - Nil - a) Name of the Organizer - b) Title of the program OFFICE OF THE REGISTRAP c) Place Research, BLAGAVI		GOTH NATCON of ASI& Global Congress
 c) Level of Conference State / National Quantum of financial grant eligible (or actuals expenses, whichever is less) Venue Financial support previously extended by the University Name of the Organizer Title of the program Cipical State / National State Level : Rs. 8,000/- National Level : Rs. 16,000/- GIM S, Gradag, kasn abaka . Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year Particulars of the financial support previously extended by the University Name of the Organizer Title of the program Cipica OF THE REGISTRAN KLE Academy of Higher Education & Recearch, BILLAGAVI 		oth to with Dec 2022
 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) e) Venue f) Copy of the sanction letter along-with Brochure to be enclosed Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place 		 a and a second particular transmission and the particular processing of the particular transmission of the partine transmission of the particular transmission of the particu
a) Addition of mature is less) National Level : Rs.16,000/- e) Venue GIM S, Gadag, kasnataka. f) Copy of the sanction letter along-with Brochure to be enclosed -Yes - attactud. Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University -Nil- a) Name of the Organizer OFFICE OF THE REGISTRAS b) Title of the program OFFICE OF THE REGISTRAS c) Place Recearch, SELAGAVI		
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place	expenses, whichever is less)	
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place	e) Venue	GIMS, Gadas karnataka.
Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year 12. Particulars of the financial support previously extended by the University a) Name of the Organizer b) Title of the program c) Place		
12. Particulars of the financial support previously extended by the University Nil- a) Name of the Organizer b) Title of the program OFFICE OF THE REGISTRAP c) Place Research, BELAGAVI	be enclosed	
extended by the University Non- a) Name of the Organizer Image: Comparison of the program b) Title of the program Image: Comparison of the program c) Place Image: Research, ShinAGAVI	Note : The faculty member is eligible for financial support to attend one S	State / Zonal and one National Conference in a calendar year
b) Title of the program C) Place C) Pl	12. Particulars of the financial support <u>previously</u> extended by the University	- Nil-
c) Place & Research, BILAGAVI		
c) Place & Research, BRIAGAVI	n) the of the utourant	
	c) Place & Research, BhLAGAVI	
e) Date of Conference 13 FEB 2023	d) Duration	-
f) Financial grant availed	e) Date of Conference 13 FEB 2023	A Low NOID
	f) Financial grant availed	the air
	- A - FO STRATE OF A ST	· · · · · · · · · · · · · · · · · · ·

KLE ACADEMY OF HIGHER EI (Formerly known as Deemed-to-be-University establish	KLE University)
- 2 - 13. Travelling (by shortest route) and other expenses involved	
13. Travening (by shortest route) and other expenses involved	proofs attached.
A land	Particulars
a) Place	Gadag.
b) Mode of journey	By car.
c) Fare	(1200 by (ash) to 4 3600 /- by AT
d) To and Fro	, , , , , , , , , , , , , , , , , , , ,
e) Accommodation charges	5
f) Registration / Delegation Fee	3000-
g) Air-port Tax	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the organizers.	Yes - attached
 b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. 	Yes - attached Yes - attached.
 I hereby declare that : I have furnished the information in this application which is I am not getting any financial assistance / support from to ther funding agency for attending the aforesaid Conference 	he sponsorers / organizers of the Conference or ar
 I have furnished the information in this application which is I am not getting any financial assistance / support from the other funding agency for attending the aforesaid Conference action by the University in case it is found at a largeplication is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Attendate University from the date of attending the aforesaid Conference of the faculty normal shall conduct a seminar for the benefit of the faculty normalized and experience gained from attending the afore 	he sponsorers / organizers of the Conference or ar ice. I am aware that I am liable for any disciplinar iter stage that the information furnished in thi on for financial grant. ance / Participation Certificate within fifteen days to the nce.
 I have furnished the information in this application which is I am not getting any financial assistance / support from the other funding agency for attending the aforesaid Conference action by the University in case it is found at a late application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Attendate University from the date of attending the aforesaid Conference of the shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the aforesaid Conference of the shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the aforesate. 	he sponsorers / organizers of the Conference or an ice. I am aware that I am liable for any disciplinar ater stage that the information furnished in this on for financial grant. arice / Participation Certificate within fifteen days to the nce. hembers of the Department / Institution to share the said Conference.
 I have furnished the information in this application which is I am not getting any financial assistance / support from the other funding agency for attending the aforesaid Conference action by the University in case it is found at a largeplication is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Attendate University from the date of attending the aforesaid Conference of the shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore 	the sponsorers / organizers of the Conference or an ice. I am aware that I am liable for any disciplinar atter stage that the information furnished in this on for financial grant. ance / Participation Certificate within fifteen days to the nce. members of the Department / Institution to share the said Conference.
 I have furnished the information in this application which is I am not getting any financial assistance / support from the other funding agency for attending the aforesaid Conferent action by the University in case it is found at a late application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Attendat University from the date of attending the aforesaid Conferent is shall conduct a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore signates. 20/12/2022 Signate: 2555 o 	the sponsorers / organizers of the Conference or an ice. I am aware that I am liable for any disciplinar atter stage that the information furnished in this on for financial grant. ance / Participation Certificate within fifteen days to the nce. members of the Department / Institution to share the said Conference.
 I have furnished the information in this application which is I am not getting any financial assistance / support from the other funding agency for attending the aforesaid Conferent action by the University in case it is found at a late application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Attendate University from the date of attending the aforesaid Conferent knowledge and experience gained from attending the afore alore a seminar for the benefit of the faculty in knowledge and experience gained from attending the afore alore a seminar for the seminar for the faculty is a seminar for the seminar for attending the afore alore and experience gained from attending the afore alore and experience gained from attending the afore alore a seminar for the seminar for the seminar for the seminar for the faculty is a seminar for the faculty is a seminar for the seminar	he sponsorers / organizers of the Conference or an ice. I am aware that I am liable for any disciplinar inter stage that the information furnished in this on for financial grant. ance / Participation Certificate within fifteen days to the nce. hembers of the Department / Institution to share the said Conference. ature of the faculty member Date: 20 12 202
 I have furnished the information in this application which is I am not getting any financial assistance / support from to other funding agency for attending the aforesaid Conferent action by the University in case it is found at a lata application is wrong / false, in support of my application I shall produce necessary bills / receipts along-with Attenda University from the date of attending the aforesaid Conferent is nowledge and experience gained from attending the afore Date: <u>20122022</u> Signates Signates We are enclosing herewith the application of the above nancial support to attend the International Conference outside 	he sponsorers / organizers of the Conference or an ice. I am aware that I am liable for any disciplinar inter stage that the information furnished in this on for financial grant. ance / Participation Certificate within fifteen days to the nce. hembers of the Department / Institution to share the said Conference. ature of the faculty member Date: 20 12 202

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23 J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39

1 Pater 10,08,2023

To, Ref:KAHER/Accts/2023-24/D- 96

The Chief Manager

NEFG Unaved an 44/08/2023 Subject: Payment Through RTGS / NEFT - Financial Assistance

Please Debit A/c No. 217-39 for Rs. 2,84,850.00 (Rupees Two Lakh Eighty Four Thousand Eight Hundred Fifty Only). We request you to do the following payments to our Faculties towards

Financial Assistance through RTGS/NEFT. All the required information is also provided in connection with each party.

NO.	Date	Name of the Employee
	10.08.2023	Mr.sanjay Kumar Tauav
2	10.08.2023	Dr.Vanishree S Bubanaie
ω	10.08.2023	Dr.R.B.Uppin
4	10.08.2023	Dr.Shaila kothiwale
ъ	10.08.2023	Dr.Jeba Chitra
6	10.08.2023	Dr.PEEYOSHA Gurudat
7	10.08.2023	Dr.Aarti Welling
» -	10 08 2023	
o o	10.00.2020	
3	10.00.2023	
15	10.00.2023	
3	10.00.2023	
	10.02.202.2	
t	10.08.2023	
14		
15	10.08.2023	
16	10.08.2023	3 Mrs Kavya M
17	10.08.2023	3 Dr.Jessica Monteiro
18	10.08.2023	
19	10.08.2023	3 Ms.Prabhu Shreya Ajay
	10.08.2023	
20		Dr. Namratha Kulkarni
1 6	10 02 2023	
3		

Admi			27		25	24	NO.
Admin. Assistant		10.08.2023	10.08.2023	10.08.2023	10.08.2023	10.08.2023	Date
Verified By		Dr.Deepak Tangadi	Dr.Nimisha V	Dr.Mahalaxmi Petimani	Dr.Amrut Dambal	Dr Ranjana Ranade	Name of the Employee
		SBI	SBI	SBI	BANK OF INDIA	Canara Bank	Bank Name
	Total Rs.	KALABURAGI	TELLICHERRY	MANGALORE UNIVE	HYDRABAD	SDM DHARWAD	Branch
Finance Officer		SB	SB		SB	SB	Ас Туре
en curca		KALABURAGI	TELLICHERRY	MANGALORE U	HYDRABAD	SDM DHARWA	Place
HE Academy of Higher Educed University BELAGANA * USINE OF		39835046834	00000202/9284224	32257509450	5/101631000034		
		SBINUUT/ 792	SEINDONAZO	SBINUUU8U34	BRIDDODD2/10	CNRBUUII24/	IFSC Code
Registrar	2,84,850.00	2,000.00	5,000.00	5,000.00	5,000.00		Ammount



APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

10.08.2023

	27,549.00	National Level	Society of Indian Physiotherapy (7th Annual Conference Bhubaneswar Odisha From 23-24 2023	KLE IPT	dr. Shukra Chivate	13
10000			on madikeri at sui, sour and ssur or reserve			
8,000.00	7,000.00	state Level	Karnataka Health sciences library association held	KLE IPT	Dr.Raju Gadad	12
			ICCP-2023 from Chennal at may 2023	KLE IPT	Dr.Varun Naik	11
12,324.00	12,324.00	National Level	Odisha from march 23-24,2023		Dr.Vinuta Deshapande	10
16,000.00	27,549.00	National Level	SIPCON-2023 7thAnnual Conference Bhubaneshwae,	VI E IDT		
16,000.00	18,901.00	National Level	Physio Conclave PGI Chandigarh from 1st & 2nd April 2023	KLE IPT	Dr.Nikita Pawar	9
			April 2023	KLE IPT	Dr.Pamela D'silva	∞
16,000.00	18,387.00	National Level	Physio Conclave PGI Chandigarh from 1st & 2nd			-
16,000.00	18,491.00	National Level	Physio Conclave PGI Chandigarh from 1st & 2nd	KLE IPT	Dr. Aarti Welling	1
10,000.00	18,491.00	National Level	April 2023	KLE IPT	Dr.PEEYOSHA Gurudat	б
16 000 00			From 23rd to 25th March 2025			
16,000.00	20,470.00	National Level	Physiotherapist -sipcon 2023, Held in Bhubaneswar	KLE IPT	Dr.Jeba Chitra	σ
			exhibit field at down non-construction			
16,000.00	19,905.00	National Level	Oral Health Innovation Conclave 2023 in Innovation	KLE VKIDS	Dr.Shaila kothiwale	4
			Centenary convention centre, JNMC Campus	JIMINIC	Dr.R.B.Uppin	ω
5,000.00	5,000.00	state Level)23 From 28t			
			Dharwad.			
			at SDM College of Medical sciences hospital, sattur,		Dr.Vanishree S Bubanale	2
5,500.00	5,500.00	State Level	karnataka Chapter from 18th,19th &20th May 2023	INMC		
			ANIBACCON SUMPLIANS 1 2022, Sum source 12 2020 Conference of Association of Madical biochemists -			
			India from 1/-18 Ividicii 2023 8th state level			
			lavale Ial: Mulsin, Jis in and The Loci		Mr.Sanjay Kumar Yadav	4
2,929.00	5,929.00	State Level	anatomy,sysbiosis Medical College for workers brown	INMC		
			Mahacon 2023 Organised by Department of			
Janonom		National Level	Name of Conference	Institution	Faculty Name	Sr No
Sanctioned	nill Amount	State Level /				

			C			
Registrar	Re		Finance Officer	T	Admin Asst	
2,84,850.00	3,77,968.00		*	Total ₹		
5,000.00	5,000.00	State Level	AMBCON SDMCMS & H ,Dharwad from 19th and 20th may 2023.	JGMMC,Hubballi	Dr.Deepak Tangadi	28
5,000.00	5,000.00	State Level	AMBCON SDMCMS & H ,Dharwad from 19th and 20th may 2023.	JGMMC,Hubballi	Dr.Nimisha V	27
5,000.00	5,000.00	State Level	AMBCON SDMCMS & H ,Dharwad from 19th and 20th may 2023.	JGMMC,Hubballi	Dr.Mahalaxmi Petimani	26
5,000.00	5,000.00	State Level	AMBCON SDMCMS & H ,Dharwad from 19th and 20th may 2023.	JGMMC,Hubballi	Dr.Amrut Dambal	25
16,000.00	20,315.00	National Level	16th Annual Conference and CME and ISRTP-2023 to MPUH nadiad Gujarat From 17th to 19th feb 2023.	JGMMC,Hubballi	Dr Ranjana Ranade	24
Sanctioned	Bill Amount	State Level / National Level	Name of Conference	Institution	Faculty Name	or No

	5 HO (HO
KLE ACADEMY OF HIGHER EI (Formerly known as Deemed-to-be-University establis	KLE University)
APPLICATION FOR FINANCIAL SUPPORT TO A (To be submitted to the University thro	ATTEND STATE / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
1. Name	Mr. Sanjay Kumar Yadav
2. Qualification	Sr. futor (M.Sc. med Anatomy)
3. Designation	sr. tutor
4. Department	Anatomy
5. Email ID	Sanjay kr yadar 718 @ gmail.com
6. Institution	J. N. medical college, Bilegavi
 7. Date of joining the Institution (the faculty should complete minimum one year of service to avail this facility) 	23rd may 2014
8. Objectives of the Conference / Seminar / Symposium	Future of Anatomy (MAHALON 2023)
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar /	a) Delivering Key-note address / orations / plenary lectures
Symposium	 b) Contributing a scientific paper c) International collaboration exchange program (only on invitation)
-47	 d) Panel discussion or to deliver talks / lectures or invited to discuss arts / skills (only on invitation)
	e) Others, if any, specify.
11. Particulars of the Conference being attended	
a) Title of the Conference / Seminar / Symposium	MAHACON 2023 of ASI, Future of Anatomy
b) Date of conduct	17th 4 18th March 2023
c) Level of Conference	State / National
 d) Quantum of financial grant eligible (or actuals expenses, whichever is less) 	State Level : Rs. 8,000/- National Level : Rs.16,000/-
e) Venue	Symbiosis medical college for women (pun
 f) Copy of the sanction letter along-with Brochure to be enclosed 	
Note : The faculty member is eligible for financial support to attend one s	State / Zonal and one National Conference in a calendar year
12. Particulars of the financial support previously extended by the University	
a) Name of the Organizer	
b) Title of the program	
c) Place	PEPICE OF THE REGISTRAR
d) Duration	KLE Academy of Higher Education & Reneerch, BELACIAN
e) Date of Conference f) Financial grant availed	2 9 MAR 2023
	Inward No. 14

1

KLE (Former	IIGHER EDUCATION AND RESEARCH orly known as KLE University) niversity established u/s 3 of the UGC Act, 1956]
13. Travelling (by shortest route) and other expenses	-2- is involved Proof attached
	Particulars
a) Place	pune (Maharashtra)
b) Mode of journey	By Bus
c) Fare	1840
d) To and Fro	990+850
e) Accommodation charges	2000/-
f) Registration / Delegation Fee	41301-
g) Air-port Tax	
14. Documents to be submitted:	
a) Copy of the letter of invitation from the	e organizers. Yes - affactual
 b) Copy of the full text of documents / ab prepared by the applicant for presentation 	ostract / paper
I hereby declare that	
 I am not getting any financial assistance other funding agency for attending the af action by the University in case it i application is wrong / false, in support I shall produce necessary bills / receipts a University from the date of attending the a I shall conduct a seminar for the benefit knowledge and experience gained from at 	along-with Attendance / Participation Certificate within fifteen days to the aforesaid Conference. it of the faculty members of the Department / Institution to share the attending the aforesaid Conference. Signature of the faculty member
 I am not getting any financial assistance other funding agency for attending the af action by the University in case it i application is wrong / faise, in support I shall produce necessary bills / receipts a University from the date of attending the a I shall conduct a seminar for the benefit 	e / support from the sponsorers / organizers of the Conference or an foresaid Conference. I am aware that I am liable for any disciplinar is found at a later stage that the information furnished in thi t of my application for financial grant. along-with Attendance / Participation Certificate within fifteen days to the aforesaid Conference. it of the faculty members of the Department / Institution to share the ittending the aforesaid Conference.
 I am not getting any financial assistance other funding agency for attending the af action by the University in case it i application is wrong / false, in support I shall produce necessary bills / receipts a University from the date of attending the a I shall conduct a seminar for the benefit knowledge and experience gained from at Date : 	e / support from the sponsorers / organizers of the Conference or an foresaid Conference. I am aware that I am liable for any disciplinar is found at a later stage that the information furnished in thi t of my application for financial grant. along-with Attendance / Participation Certificate within fifteen days to the aforesaid Conference. it of the faculty members of the Department / Institution to share the ittending the aforesaid Conference. Signature of the faculty member
 I am not getting any financial assistance other funding agency for attending the affaction by the University in case it i application is wrong / false, in support I shall produce necessary bills / receipts a University from the date of attending the affaction is seminar for the benefit knowledge and experience gained from at Date : 	e / support from the sponsorers / organizers of the Conference or an foresaid Conference. I am aware that I am liable for any disciplinar is found at a later stage that the information furnished in thi t of my application for financial grant. along-with Attendance / Participation Certificate within fifteen days to the aforesaid Conference. it of the faculty members of the Department / Institution to share the ttending the aforesaid Conference. Signature of the faculty member Date: <u>27-03-23</u>

 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)
 (Deemed-to-be-University established u/s 3 of the UGC Act, 1956)
 Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India
 * 0831-2444444
 * Ax: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 14032310

10th March, 2023

ORDER

Forha

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned HoD, Jawaharlal Nehru Medical College, Belagavi.

With reference to the above, the request of Mr.Sanjay Kumar Yadav, Senior Tutor, Department of Anatomy, J N Medical College Belagavi. For attending 'MAHACON 2023, and also presenting Oral Presentation to be held symbiosis Medical college for Women, Dist. Mulshi Pune. From 17th and 18th March 2023 has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

rof. Dr. V.A. Kothiwale Deemed-to-be Registrar University

^{To,} The above staff member.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, J N Medical College, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi.



KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

A second second and the second second

Dermission APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) OH A. To be filled by the faculty member: 3 24 1. Name Sanjay Mr. Kymar vadav 2. Qualification Sr. tutor (M.Sc. med Anatomy 3. Designation Sr. tutor 4. Department Anatomy 5. Institution J.N. medical college, Belagavi 6. Date of joining the Institution 23-May-2014 7. Objectives of the Conference / Seminar / Symposium asal presentation 8. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 9. Assignment in the aforesaid Conference / Seminar / a) Chairing a scientific session. Symposium b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, if any, specify. 10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium MAHACON, Regional chapter of Anatomy of featured thatomy b) Date of conduct 17-18 March 2023 Venue Symbiosis medical college for women pyne (maharastra) c) d) Financial support extended by the University Copy of the sanction letter to be enclosed e) f) Level of Conference State / Zonal / National National Regional Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year. Particulars of the organizers of the aforesaid 11. Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program OFFICE OF THE REGISTRAR c) Place KLE Academy of Higher Education Duration d) & Research, BELAUAVI e) Date some 8 3 MAR 2023 f) Amount claimed Inward Nemman.Sign



. . .

KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

10 5		- 2 -
	penses involved towards attending the Conference:	
	Place	
b)	Mode of journey	
c)	Fare	
	To and Fro expenses	
	Registration / Delegation Fee	
	Accommodation charges	
	Total Expenses	
13. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	er
	DECLAR	ATION
11	nereby declare that :	
	• I have furnished the information in this application which	ch is true to the best of my knowledge and bolief
	 I am not getting any financial assistance / support fro agency for attending the aforesaid Conference, 	om the sponsorers of the Conference or any other funding
	 I shall produce necessary bills / receipts along-with Att University from the date of attending the aforesaid Cor 	endance / Participation Ce⊈ificate within fifteen days to the ference,
	knowledge and experience gained from attending the a	
	 I shall reimburse the amount to the University in excess 	s of the eligibility.
Date : _	01-3-23 S	ignature of the faculty member
Ref. No.	2718	Date: 3/3/2013
Го		
The Reg KLE Univ Belgaum	versity,	
Dear Sir,		
W	Ve are enclosing herewith the application of the a	bove Teacher in the prescribed format for grant of
inancial	support to attend the Conference for kind consider	ation
	hanking you,	
	A BALLE	Yours faithfully,
ignature	of the HoD	- PPRINGIPAL
fessor &	Head Dept. of Anatomy	Jawaharial Nehru Medical College
N. Medi	cal College, Belagavi.	BELAGAVI

KLE ACADEMY OF HIGHER ED (Formerly known as H [Deemed-to-be-University establish	(LE University)
APPLICATION FOR FINANCIAL SUPPORT TO ATTEN (To be submitted to the University throug	D STATE / ZONAL / NATIONAL CONFERENCES gh the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name	Dr Vanishree. S. Bubanale MD Biochemistry
2. Qualification	MD Biochemistry
3. Designation	Professor 0
4. Department	Biochemistry
5. Institution	JNMC J
6. Email ID	Vanishreejabannavaragmai
7. Date of joining the Institution	22-02-2007
8. Objectives of the Conference / Seminar / Symposium	New Era of Diagnostics in the-
 Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium 	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	 a) Contributing a scientific paper (poster or oral) b) Delivering a guest lecture c) Others, if any, specify.
 Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 	NIL
31 st December)	
a) Title of the Conference / Seminar / Symposium	
a) Title of the Conference / Seminar / Symposium	
a) Title of the Conference / Seminar / Symposiumb) Date of conduct	OFFICE OF THE RESISTRAR
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) 	OFFICE OF THE RESISTEAR KLE Academy of Higger Education & Research, SELACAVI
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue 	KLE Acadomy of Higher Education & Research, BELAGAVI
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial 	KLE Academy of Higher Education & Research, EGLADAVI 0 2 JUN 2023
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> 	KLE Acadomy of Higher Education & Research, EGLADAVI 0 2 JUN 2023 12 Inward No
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year. 12. Particulars of the organizers of the aforesaid 	KLE Acadomy of Higher Education & Research, EGLADAVI 0 2 JUN 2023 12 Inward No
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	KLE Acadomy of Higher Education & Rosearch, BELADAVI 02 JUN 2023 Inward No
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer 	KLE Acadomy of Higher Education & Research, EGLADAVI 0 2 JUN 2023 12 Inward No
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program 	KLE Acadomy of Higher Education & Research, BELADAVI 02 JUN 2023 Inward No
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place 	KLE Acadomy of Higher Education & Research, BELADAVI 02 JUN 2023 Inward No
 a) Title of the Conference / Seminar / Symposium b) Date of conduct c) Level of Conference (State / Zonal / National) d) Venue e) Financial support extended by the University f) Copy of the sanction letter to be enclosed Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference in a calendar year.</u> 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program c) Place d) Duration 	KLE Acadomy of Higher Education & Hosearch, ECLADAVI 02 JUN 2023 Inward No

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

EE

12 -		
	penses involved towards attending the Conference:	
a)	Place	Dharwad
b)	Mode of journey	
c)	Fare	
	To and Fro expenses	2000/-
	Registration / Delegation Fee	3500/-
	Accommodation charges	3300
	Total Expenses	5,500 -
14. Doo	cuments to be submitted:	
	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Attached
11	DECLARAT hereby declare that : • I have furnished the information in this application which is	
	 I am not getting any financial assistance / support from the agency for attending the aforesaid Conference, 	he sponsorers of the Conference or any other fundi
	 I shall produce necessary bills / receipts along-with Attend University from the date of attending the aforesaid Conference 	ance,
	 I shall conduct a seminar for the benefit of the faculty r knowledge and experience gained from attending the afore 	nembers of the Department / Institution to share the second
	• I shall reimburse the amount to the University in excess of	the eligibility.
Date : _	31 st May 2023 Signa	ature of the faculty member
Ref. No. To	d122	Date: 116/2013
The Reg (AHER, Belgaum		
ear Sir	,	
V	We are enclosing herewith the application of the abov	e Teacher in the prescribed format for another
nancial	support for presentation scientific paper (poster or	oral) / delivering a quest lecture to attend the
onferer	nce for kind consideration.	
	hanking you,	Mit.
		Volum foithfully
Т	Sol	Yours faithfully,
T	Sol	

KLE ACADEMY OF HIGHER EDUCATION AN (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

KLE EMPOWERING PROFESSIONALS

a

Annexure-VI

DICS, KAHEP

(To be submitted to the University thr	ough the concerned HoD & Principal)
A. To be filled by the faculty member:	
1. Name	R-B-UPPIN
2. Qualification	M-5. (021ko)
3. Designation	Professor
4. Department	Professor Orthoppedies
5. Institution	J-N. Medical College
6. Email ID	Uppinrejoudra@reditfuailars
7. Date of joining the Institution	1-8-1955
8. Objectives of the Event	National Conference Horas
9. Benefits to be derived from participation in the aforesaid Event	Please enclose a separate sheet. Teaching
De par Ry	c) For Oration d) Guest Speaker
Assignment in the aloresaid Event	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session.
	e) Resource Person Note: No financial grant is considered mere
	e) Resource Person Note: No financial grant is considered mere
11. Particulars of the Event:	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session.
11. Particulars of the Event:a) Name of the Organizers	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Dinesh kaleDoppisson BalaganFin Annual Xabrial Canference
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Dinesh kaleDoppisson BalaganFin Annual Xabrial Canference
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Dinesh kaleDopAsson KaleAcopAsson Salagauthe Annual Xiabinal CanterenceResocrating Palma Sectoring Sale
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Dinesh kaleDoppisson BelagawFin Annual Xabinal CanterenceBelgan, Palma Bestowny SomeBelgan, Palma Bestowny Some
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration e) Date 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. Mr - Divest Kale AopAsson & Kale AopAsson & Adagaw The Annual Xiabinal Canterence Resocration & Police a Bestoning some Balagaw 3 Days
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration e) Date f) Amount claimed g) Level of the Event 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Divest kale AopAsson Balagau Eth Annual Xiabraal Canterence Belgan, Produce Bestochuly some Belgan, Produce Bestochuly Some Bestochul Bes
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration e) Date f) Amount claimed g) Level of the Event 12. Amount eligible OFFICE OF THE Product of Might Filtration 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Divest kaleAopAsson BalagawGrannual xiabraal carterenceBelgan, Proba Beston SubjectionBelgan, Probability SubjectionBelgan, P
 11. Particulars of the Event: a) Name of the Organizers b) Title of the Event c) Place d) Duration e) Date f) Amount claimed g) Level of the Event 	e) Resource Person Note: No financial grant is considered mere for attending or chairing the session. kr - Divest kaleDopAsson BalayawFri Annual Xiabanal CanterenceBesociation of Palma Bestoning SomeBelgan, Palma Bestoning SomeBestoning Some Some Some Some Some Some Some Some

di la

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

KI

E

	- 2 -	
13 . Ex	penses involved towards attending the Event	
a)	Place	
b)	Mode of journey	4
c)	Fare	2
	To and Fro expenses	
	Registration / Delegation Fee	Rs 5000 -
	Accommodation charges	
	Total Expenses	Rs 5000/-
14. Do	ocuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
5	DECLARA	TION
	 I have furnished the information in this al knowledge and belief. I am not getting any financial assistance / sup or any other funding agency for attending the I shall produce necessary bills / receipts alor within fifteen days to the University from the I shall conduct a seminar for the benefit o Institution to share the knowledge and expection for the conference. 	oport from the sponsorers of the Conference aforesaid Conference, ng-with Attendance / Participation Certificate date of attending the aforesaid Conference, f the faculty members of the Department
	•I shall reimburse the amount to the Universit	y in excess of the eligibility.
Date :	25/4/23	Signature of the faculty member

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23 J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39

NEFG cluered on 14/09/2023

Subject: Payment Through RTGS / NEFT - Financial Assistance

Dear Sir,

Ref:KAHER/Accts/2023-24/D-1275

The Chief Manager

To,

Please Debit A/c No. 217-39 for Rs. 1,12,200.00 (Rupees One Lakh Twelve Thousand Two Hundred Only). We request you to do the following payments to our Faculties towards Financial Assistance through RTGS/NEFT. All the required information is also provided in connection with each party.

Biciccu		השמשמות ביוויסמפון אי סט/ אבו ז. או נווב ובקשו כט ווויטו וומנוטו וז מוזט עו טיועכט ווו נטווויבננוטוו אונוו כמנוו עם נץ.	אווואס ווו הסוואס ול הכוו	ברווחוו אוווו במרוו למור	y.					
NO.	Date	Name of the Employee	Bank Name	Branch	Ac Type	Place	Ac No	IFSC Code	Ammount Sanctioned	
н	13.09.2023	Dr.Smita Sonoli	Canara Bank	Nehru Nagar	SB	Belagavi	05042010066857	CNRB0010504	8,000.00	11
2	13.09.2023	Dr.Jothi Nagamuti	Canara Bank	Nehru Nagar	SB	Belagavi	05042010005120	CNRB0010504	16,000.00	
m	13.09.2023	Mr Ravi D Shivanaikar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010085701	CNRB0010504	8,000.00	1
4	13.09.2023	Dr.Basavaraj Motimath	Canara Bank	Nehru Nagar	SB	Belagavi	05042180004350	CNRB0010504	16,000.00	1
ы	13.09.2023	Dr.Dhaval Chivate	Canara Bank	Nehru Nagar	SB	Belagavi	05042010126830	CNRB0010504	16,000.00	1
9	13.09.2023	Dr.Arti Mahishale	Canara Bank	Nehru Nagar	SB	Belagavi	05042010049282	CNRB0010504	16,000.00	1
7	13.09.2023	Dr Gavishiddayya	CANARA BANK	NEHRU NAGAR	SB	BELAGAVI	05042010098622	CNRB0010504	NE	-
∞	13.09.2023	Mr. Mahaling H	CANARA BANK	NEHRU NAGAR	SB	BELAGAVI	05042220018797	CNRB0010504	8,000.00	
ი	13.09.2023	Mr.Umesh Nandagaon	CANARA BANK	KLE HOSPITAL	SB	BELAGAVI	8515101005643	CNRB0008515	5,100.00	1
10	13.09.2023	Mr. Virupakshappa Savadi	Bank of Baroda	Maruti Galli	SB	BELAGAVI	04580100017677	BARBOBELGAU	5,100.00	
11	13.09.2023	Mrs.Priyanka Gudannavar	CANARA BANK	KLE HOSPITAL	SB	BELAGAVI	8515101050443	CNRB0008515	5,100.00	11
12	13.09.2023	Mrs Sudha Janganure	CANARA BANK	KLE HOSPITAL	SB	BELAGAVI	8515101006283	CNRB0008515	5,100.00	
13	13.09.2023	Dr Rekha Varun Kumbar (Walvekar)	CANARA BANK	KIMS	SB	Hubli	12412010039540	CNRB0011241	3,800.00	1
			Ĩ	otal Rs.					1,12,200.00	

Admin. Assistant

Verified By

Finance Officer

Registrar and Research Higher Educatio Deemed-to-be BELAGAN University TE ACAGENT

NEHRU NVOR

N CA

En.

1 3 SEP 2023

Date: 13.09.2023

APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

13.09.2023

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
1	Dr.Smita Sonoli	JNMC	8th state level conference of Association of Medical Biochemists-Karanataka Chapetr held on 19th to 20th May 2023 at Dharwad AMBKCCON SDMCHS 2023	State Level	12,000.00	8,000.00
2	Dr.Jothi Nagamuti	JNMC	45th IAMM conference on 24th -27th nov 2022 at AllMS Bhunaneshwar on Orissa	National Level	44,000.00	16,000.00
ĸ	Mr Ravi D Shivanaikar	KAHER	12th Annual Conference of Karnataka Health Science Library Association to madikeri from 10th to 11th feb 2023	state level	9,850.00	8,000.00
4	Dr.Basavaraj Motimath	KLE IPT	JURI PHYSIOS COLLOQUIUM 2023 AT Jagan nath univertity, jaipur on 17th -18th june 2023	state level	11,700.00	16,000.00
ъ	Dr. Dhaval Chivate	KLE IPT	JURI PHYSIOS COLLOQUIUM 2023 AT Jagan nath univertity, jaipur on 17th -18th june 2023	state level	11,700.00	16,000.00
9	Dr.Arti Mahishale	KLE IPT	1st Physios Colloquium 2023 jagannath university from 17th -18th June 2023	state level	20,000.00	16,000.00
7	Dr Gavishiddayya	KLE INS	BLDE Conference BMK IONS Bijapur 23.06.2023	state level	11,500.00	NE
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Mr.Mahaling H	KLE INS	BLDE Conference Institute of Nursing at vijayapur from 23.06.2023	state level	11,500.00	8,000.00
σ	Mr.Umesh Nandagaon	KLE INS	National Conference evidence Based practice in pediatric and neonatal care: Challenges in current Research held on 23rd june 2023 at Vijayapur	state level	5,100.00	5,100.00
10	Mr.Virupakshappa Savadi	KLE INS	National Conference evidence Based practice in pediatric and neonatal care: Challenges in current Research held on 23rd june 2023 at Vijayapur	state level	5,100.00	5,100.00

1,12,200.00	1,56,450.00		81	Total ₹		
3,800.00	3,800.00	state level	oral presentation in a state level conference held at SDM Dharwad on 19th 20 th may 2023	KAHER JGMMC	13 Dr Rekharani Kumbar	13
5,100.00	5,100.00	state level	National Conference evidence Based practice in pediatric and neonatal care: Challenges in current Research held on 23rd june 2023 at Vijayapur	KLE INS	Mrs Sudha Janganure	12
5,100.00	5,100.00	state level	National Conference evidence Based practice in pediatric and neonatal care: Challenges in current Research held on 23rd june 2023 at Vijayapur	KLE INS	Mrs.Priyanka Gudannavar	11
Sanctioned	Bill Amount	State Level / National Level	Name of Conference	Institution	Faculty Name	Sr No

Finance Officer

Admin Asst

and Research Deemed. University Higher Educa

Registrar

	Y OF HIGHER ED (Formerly known as K ned-to-be-University established	LE University) ed u/s 3 of the UGC Act, 1950
	ANCIAL SUPPORT TO ATTEN	D STATE / ZONAL / NATIONAL CONFERENCES the concerned HoD & Principal)
A. To be filled by the faculty r	nember:	
. Name		Di. Smite Ssonchi
2. Qualification		MBBS MO Ph.D.
3. Designation		Post & Head
1. Department		Prochemisty
5. Institution		Jame
5. Email ID		naragundenita @gmeil: Con
7. Date of joining the Institution	/	22/11/2003
3. Objectives of the Conference	Seminar / Symposium	Conference
9. Benefits to be derived from p Conference / Seminar / Sym	participation in the aforesaid	Please enclose a separate sheet.
10. Assignment in the aforesaid Symposium	d Conference / Seminar /	<ul> <li>a) Contributing a scientific paper (poster or oral)</li> <li>b) Delivering a guest lecture Panelist</li> <li>c) Others, if any, specify.</li> </ul>
11. Particulars of the financia by the University to atte (s) during the current ca 31 st December)	Il support already extended end the similar Conference Ilendar year 1 st January to	NO CHE
a) Title of the Conference	e / Seminar / Symposium	AMBRECON SDATCHS 2023.
b) Date of conduct		19 4 20th May 2023
	State / Zonal / National)	State
c) Level of Conference (S		- Carle
c) Level of Conference (S d) Venue		- SDM, Dheewaal.
		provide the provid
d) Venue	- nded by the University	provide the provid
<ul> <li>d) Venue</li> <li>e) Financial support exte</li> <li>f) Copy of the sanction le</li> <li>Note : The faculty members</li> <li>support to attend one State</li> </ul>	nded by the University etter to be enclosed er is eligible for financial <u>e / Zonal</u> and <u>one National</u>	provide the provid
<ul> <li>d) Venue</li> <li>e) Financial support exte</li> <li>f) Copy of the sanction le</li> <li>Note : The faculty member</li> </ul>	nded by the University etter to be enclosed er is eligible for financial <u>e / Zonal</u> and <u>one National</u> ar. zers of the aforesaid	SOM, Dheewaal.
<ul> <li>d) Venue</li> <li>e) Financial support exter</li> <li>f) Copy of the sanction length</li> <li>Note : The faculty members</li> <li>support to attend one State</li> <li><u>Conference</u> in a calendar year</li> <li>12. Particulars of the organic Conference / Seminar / Semin</li></ul>	nded by the University etter to be enclosed er is eligible for financial <u>e / Zonal</u> and <u>one National</u> ar. zers of the aforesaid cymposium	provide the provid
<ul> <li>d) Venue</li> <li>e) Financial support exter</li> <li>f) Copy of the sanction less</li> <li>Note : The faculty members</li> <li>support to attend one State</li> <li><u>Conference</u> in a calendar year</li> <li>12. Particulars of the organic</li> <li>Conference / Seminar / State</li> <li>a) Name of the Organize</li> </ul>	nded by the University etter to be enclosed er is eligible for financial <u>e / Zonal</u> and <u>one National</u> ar. zers of the aforesaid symposium	SOM, Dheewaal.
<ul> <li>d) Venue</li> <li>e) Financial support exter</li> <li>f) Copy of the sanction less</li> <li>Note : The faculty members</li> <li>support to attend one State</li> <li><u>Conference</u> in a calendar year</li> <li>12. Particulars of the organic</li> <li>Conference / Seminar / State</li> <li>a) Name of the Organize</li> </ul>	nded by the University etter to be enclosed er is eligible for financial <u>e / Zonal</u> and <u>one National</u> ar. zers of the aforesaid cymposium	SOM, Dheewaal. The Som Som Som Som
<ul> <li>d) Venue</li> <li>e) Financial support exter</li> <li>f) Copy of the sanction less</li> <li>Note : The faculty members</li> <li>support to attend one State</li> <li>Conference in a calendar year</li> <li>12. Particulars of the organic</li> <li>Conference / Seminar / State</li> <li>a) Name of the Organize</li> <li>b) Title of the program</li> </ul>	nded by the University etter to be enclosed er is eligible for financial <u>e / Zonal</u> and <u>one National</u> ar. zers of the aforesaid symposium CFFICE OF THE REGISTRAR KLE Academy of Higher Education & Research, BELAGAVI	SOM, Dheewaal. The Som Som Som Som
<ul> <li>d) Venue</li> <li>e) Financial support extends</li> <li>f) Copy of the sanction lease</li> <li>Note : The faculty members</li> <li>support to attend one State</li> <li>Conference in a calendar year</li> <li>12. Particulars of the organized</li> <li>conference / Seminar / State</li> <li>a) Name of the Organized</li> <li>b) Title of the program</li> <li>c) Place</li> </ul>	nded by the University etter to be enclosed er is eligible for financial <u>e / Zonal</u> and <u>one National</u> ar. zers of the aforesaid symposium	SDM, Dheewaal.

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University) -to-be-University established u/s 3 of the UGC Act, 1956]

3. Expenses involved towards attending the Conference: a) Place b) Mode of journey c) Fare To and Fro expenses Registration / Delegation Fee Accommodation charges Total Expenses 4. Documents to be submitted: a) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that :	-2-	
a) Place       Dhawned         b) Mode of journey       Pursued (Pursued)         c) Fare       Data Fro expenses         To and Fro expenses       Data SDD         Registration / Delegation Free       4.000         Accommodation charges       Data SDD         Total Expenses       Data SDD         4. Documents to be submitted:       Data SDD         a) Copy of the letter of invitation from the organizers.       Do you from the applicant for presentation.         b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.       DE C L AR ATION         I hereby declare that : <ul> <li>I have furnished the information in this application which is true to the best of my knowledge and belief.</li> <li>I have furnished the information in their application which is true to the best of my knowledge and belief.</li> <li>I have furnished the information in their application which is true to the best of my knowledge and belief.</li> <li>I have furnished the information in their application which is true to the best of my knowledge and belief.</li> <li>I have furnished the information in their application which is true to the best of my knowledge and belief.</li> <li>I have furnished the information in their application which is true to the best of my knowledge and belief.</li> <li>I have furnished the information in their application conference.</li> <li>I shall reimburse the amount to the University in excess of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.</li> <l< th=""><th>3. Expenses involved towards attending the Conference:</th><th>0</th></l<></ul>	3. Expenses involved towards attending the Conference:	0
b) Mode of journey       Fare         c) Fare       For and Fro expenses         Registration / Delegation Fee       4 Commodation charges         Accommodation charges       12 0000         Total Expenses       12 0000         4. Documents to be submitted:       4. Documents to be submitted:         a) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.       4. Documents to be submitted:         b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.       4. Documents / abstract / paper prepared by the applicant for presentation.         b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.       4. Documents / abstract / paper prepared by the applicant for presentation.         b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.       12. 0000         l have functioned the information in this application which is true to the best of my knowledge and belief.       1 have functioned to attending the adoresaid Conference.         l shall produce necessary oil / receipts along-with Attendance / Participation Certificate within fifteen days to the knowledge and experience galand from attending the adoresaid Conference.       1 shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience galand from attending the adoresaid Conference.       1 shall produce a seminar for the benefit of the faculty members.		Dhawad
To and Fro expenses       350D         Registration / Delegation Fee       4 C for Accommodation charges         Total Expenses       12,000         4. Documents to be submitted:       a) Copy of the letter of invitation from the organizers.         b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.       b         DECLARATION       DECLARATION         I have furnished the information in this application which is true to the best of my knowledge and belief.       a         • I have furnished the information in this application which is true to the best of my knowledge and belief.       a mot getting any financial assistance / support from the sponsorers of the Conference or any other fundin agency for attending the aforesaid Conference.         • I shall conduct a semiant for the benefit of the faculty members of the Department / Institution to share th knowledge and experience galand from attending the aforesaid Conference.         • I shall reimburse the amount to the University in excess of the eligibility.         Date :       22 37 2 3         Signature of the faculty member       Date:         To       Date:         To       Ne are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend to Conference for kind consideration.         Thanking you,       Yours faithfully,         Signature o		Personel (ar)
Registration / Delegation Fee       4 Commodation charges         Total Expenses       12 0000 August and the submitted:         a) Copy of the letter of invitation from the organizers.       b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.         DECLARATION         I have furnished the information in this application which is true to the best of my knowledge and belief.         • I am nd getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference.         • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.         • I shall reimburse the amount to the University in excess of the eligibility.         Date :       2 2 3 2 3 2 3         Signature of the faculty member       Date:         To       Date:         To       Date:         Det are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend to Conference for kind consideration.         The Registrar, KAAHER, Belgaum.       Seal         Dear Sir,       We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend to Conference for kind consi	c) Fare	~ /
Accommodation charges       12,000         Total Expenses       12,000         4. Documents to be submitted:       a)         a)       Copy of the letter of invitation from the organizers.         b)       Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.         DECLARATION         Ihereby declare that :         • I have furnished the information in this application which is true to the best of my knowledge and belief.         • I and togeting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference.         • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.         • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.         • I shall reimburse the amount to the University in excess of the eligibility.         Date :       2.4.3.1.2.3         Signature of the faculty member       Institution to share the knowledge and experience gained from attending the aforesaid Conference.         • I shall reimburse the amount to the University in excess of the eligibility.       Date:         Date:       2.4.3.1.2.3         Signature of the faculty member       Institution to resentation scientific paper	To and Fro expenses	2500
Total Expenses       12,000         4. Documents to be submitted:       a)         a)       Copy of the letter of invitation from the organizers.         b)       Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.         DE C L ARATION         Ihereby declare that :         • I have furnished the information in this application which is true to the best of my knowledge and belief.         • I am not getting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference.         • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.         • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.         • I shall reimburse the amount to the University in excess of the eligibility.         Date :       2.2.3.12.3         Signature of the faculty member	Registration / Delegation Fee	4600
Total Expenses       12,000         4. Documents to be submitted:       12,000         a) Copy of the letter of invitation from the organizers.       12,000         b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.       12,000         DE CLARATION       12,000         Ihereby declare that :       12,000         • I have furnished the information in this application which is true to the best of my knowledge and belief.       1 annot getting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference.         • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.         • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.         • I shall reimburse the amount to the University in excess of the eligibility.         Date :       2,2,3,2,3         Signature of the faculty member       Institution to share the financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration.         The Registrar, KAHER, Belgaum.       Seal         Dear Sir,       We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific pap	Accommodation charges	3000 12
4. Documents to be submitted: a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that : <ul> <li>I have furnished the information in this application which is true to the best of my knowledge and belief.</li> <li>I am not getting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference.</li> <li>I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to it University from the date of attending the aforesaid Conference.</li> <li>I shall reimburse the amount to the University in excess of the Eligibility.</li> <li>Date :</li> <li>22 J J 23</li> <li>Signature of the faculty member</li> <li>Date:</li> </ul> To The Registrar, KKAHER, KAHER, KAH		12,000 (hu)
a) Copy of the letter of invitation from the organizers. b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that : <ul> <li>I have furnished the information in this application which is true to the best of my knowledge and belief.</li> <li>I am not getting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference.</li> <li>I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.</li> <li>I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.</li> <li>I shall reimburse the amount to the University in excess of the eligibility.</li> <li>Date :</li></ul>		Astron
b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation. DECLARATION I hereby declare that : • I have furnished the information in this application which is true to the best of my knowledge and belief. • I am not getting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference. • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the university from the date of attending the aforesaid Conference, • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. • I shall reimburse the amount to the University in excess of the eligibility. Date :		yes M
prepared by the applicant for presentation.       DECLARATION         DECLARATION         Ihereby declare that :         • I have furnished the information in this application which is true to the best of my knowledge and belief.         • I am not getting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference.         • I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.         • I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.         • I shall reimburse the amount to the University in excess of the eligibility.         Date:	b) Copy of the full text of documents / abstract / paper	Va
Ihereby declare that : I have furnished the information in this application which is true to the best of my knowledge and belief. I am not getting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference, I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference. I shall reimburse the amount to the University in excess of the eligibility. Date:	prepared by the applicant for presentation.	t
<ul> <li>I have furnished the information in this application which is true to the best of my knowledge and belief.</li> <li>I am not getting any financial assistance / support from the sponsorers of the Conference or any other fundinagency for attending the aforesaid Conference.</li> <li>I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference.</li> <li>I shall conduct a semiant for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.</li> <li>I shall reimburse the amount to the University in excess of the eligibility.</li> <li>Date:</li></ul>	DECLARAT	ION
<ul> <li>I am not getting any financial assistance / support from the sponsorers of the Conference or any other fundir agency for attending the aforesaid Conference,</li> <li>I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,</li> <li>I shall conduct a seminar for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.</li> <li>I shall reimburse the amount to the University in excess of the eligibility.</li> <li>Date :</li></ul>	I hereby declare that :	
agency for attending the aforesaid Conference,	I have furnished the information in this application which i	s true to the best of my knowledge and belief.
University from the date of attending the aforesaid Conference,	agency for attending the aforesaid Conference,	
knowledge and experience gained from attending the aforesaid Conterence.         • I shall reimburse the amount to the University in excess of the eligibility.         Date :	University from the date of attending the aforesaid Confe	rence,
• I shall reimburse the amount to the University in excess of the eligibility.   Date :	<ul> <li>I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the afor</li> </ul>	resaid Conference.
Ref. No Date: To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Signature of the HoD OFESSOR & HEAD		
Ref. No Date: To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Signature of the HoD OFESSOR & HEAD	0 2/ 2/ 00	A.
To To The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Signature of the HoD OFESSOR & HEAD	Date: $\underline{\mathcal{A}} = \underline{\mathcal{A}} $	nature of the faculty member
The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Signature of the HoD OFESSOR & HEAD	Ref. No	Date:
The Registrar, KAHER, Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Signature of the HoD OFESSOR & HEAD	To	
Belgaum. Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Signature of the HoD OFESSOR & HEAD		
Dear Sir, We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Yours faithfully, Signature of the HoD OFESSOR & HEAD		
We are enclosing herewith the application of the above Teacher in the prescribed format for grant financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Signature of the HoD OFESSOR & HEAD		
financial support for presentation scientific paper (poster or oral) / delivering a guest lecture to attend t Conference for kind consideration. Thanking you, Signature of the HoD OFESSOR & HEAD		nove Teacher in the prescribed format for grant
Conference for kind consideration. Thanking you, Yours faithfully, Signature of the HoD OFESSOR & HEAD		
Thanking you, Yours faithfully, Signature of the HoD OFESSOR & HEAD		
Signature of the HoD OFESSOR & HEAD		
Signature of the HoD OFE9SOR & HEAD	Thanking you,	Yours faithfully
Signature of the HoD OFESSOR & HEAD		
OFESSOR & HEAD	Sea	I) ALLA
		Principal Medical College
		Jawanana Beragawa

### From

Dr Jyoti M Nagmoti.

### **MD Ph.D (Med.Micro), FME (UIC, USA), FAIMERF, PGDHPE.** Professor of Microbiology, J N Medical College, Controller of Examinations,

KLE Academy of Higher Education and Research (KAHER). Belagavi, Karnataka.

То

The PA to Hon. Vice Chancellor,

KLE Academy of Higher Education and Research (KAHER). Belagavi,

### Sub; Regarding grant of Conference incentive

### Sir,

I wish to bring to your kind notice that, I had participated in National Conference of Indian Association of Medical Microbiologists in Oct. 2022, and I had the opportunity to Chair a scientific session at this conference. I had applied for KAHER University incentive for the same however; it was declined for the reason that, by chairing a session will not make a faculty eligible (the same is not mentioned in the criteria for the grant of incentive). I got to know this decision, in the year 2024.

After this conference, I had another opportunity to participate in National Conference on Health Professions Education (NCHPE) in Nov. 2022, wherein I presented a scientific paper and hence, I reapplied for this incentive. Now the same is also being declined for the reason that, it is late.

In this regard, I earnestly request you to kindly consider my application and do the needful

Thanking you

Sincerely Yours

Dr Jyoti. Nagamoti Professor of Microbiology & COE, KAHER



## KLE UNIVERSITY

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

### APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name '	Dr. Trati M. Nagemote
2. Qualification	MD. PL.D
3. Designation	Dr. Jyoti. M. Nagemoti. MD. Ph.D. Professor & Microbiology 4 COE, KAHER,
4. Department	MICROBIOLOGY.
5. Institution	J.N. medical college.
6. Date of joining the Institution	15-11-4992
7. Objectives of the Conference / Seminar / Symposium	Eustherine the caused applied microspidlery
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Furthering the cause of applied microspiology Please enclose a separate sheet. For fatherit car
<ol> <li>Assignment in the aforesaid Conference / Seminar / Symposium</li> </ol>	<ul> <li>(a) Chairing a scientific session.</li> <li>(b) Contributing a scientific paper (poster or oral)</li> <li>(c) Delivering a guest lecture</li> <li>(d) Others, if any, specify. — Judging Such for paper (poster or oral)</li> </ul>
10. Particulars of the financial support extended by the University to attend the similar Conference (s) during the current calendar year 1 st January to 31 st December)	
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	1. 10.22
c) Venue	ip contract
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	1000
f) Level of Conference State / Zonal / National	1 to att
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National Conference</u> in a calendar year.	Notifet
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Indian Association a medical Mirrobiolonsto
b) Title of the program	Indian Association of Medical Microbiologists 45th Annual conference of IAMM (I AMM)
c) Place Al	IMS, Bhuvaneshio al
d) Duration	24th-27th NOV. 2022 (04 Days)
e) Date	- ay -ay -Nov: LODE (ou Days)
f) Amount claimed	



### **KLE UNIVERSITY**

0

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

- 2	-
12. Expenses involved towards attending the Conference:	
a) Place	Belaparo - Bhubaneswar,
b) Mode of journey	Belagave - Bhubaneswar, Flight
c) Fare	0
To and Fro expenses	.25,000
Registration / Delegation Fee	9,000
Accommodation charges	10,000
Total Expenses	44,000/2.
13. Documents to be submitted:	· · · · · · · · · · · · · · · · · · ·
a) Copy of the letter of invitation from the organizers.	· Enclosed ·
<ul> <li>b) Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.</li> </ul>	
I hereby declare that : I have furnished the information in this application which if I am not getting any financial assistance / support from agency for attending the aforesaid Conference, I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confer I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid I shall reimburse the amount to the University in excess of Date : Start 22 Sign	the sponsorers of the Conference or any other fundin- dance / Participation Certificate within fifteen days to the rence, members of the Department / Institution to share the resaid Conference.
Ref. No. <u>071/1676</u> To The Registrar, KLE University, Belgaum.	Date: 08-11-2027
Dear Sir,	
We are enclosing herewith the application of the ab	ove Teacher in the prescribed format for grant o
financial support to attend the Conference for kind considerat	19
Thanking you,	Yours faithfully,
Signature of the HoD Dr. Manjula Voganali	Jawaharlal Nehru Medical Collego BELAGAVI

	Theor Date of ex	Care Echocardiography ry Examination Result am: 19th November 2023 ng are declared as PASS.
Sl. No	Seat Number / PRN	Full Name
1	FCCE202336	DR. ABHIJEET BALASAHEB SHITOLE
2	FCCE202354	DR. DEEPA BASKARAN
3	FCCE2023172	DR. KARTIK DHAMI
4	FCCE2023173	DR. MANPREET KAUR
5	FCCE2023112	DR. VENKATA SREEDATTA SARRAJU
6	FCCE20234	DR. BHAVNA GUPTA
7	FCCE20235	DR. ANISH GUPTA
8	FCCE2023119	DR. ABID IQBAL VT
9	FCCE20236	DR. SURYA SATYAGOPAL PALANKI
10	FCCE202383	DR. SAYAJIRAO SHIVAJI SARGAR
11	FCCE202335	DR. RANAJIT BEERANNA NAIK
12	FCCE202396	DR. YOGESH NANDAKISHOREZANWAR
13	FCCE2023149	DR. CHANDANA N C
14	FCCE202334	DR. ANITA CHOUHAN
15	FCCE2023118	DR. KAVITHA JAYARAM
16	FCCE202328	DR. ANUPAM DAS
17	FCCE202347	DR. JAINENDRA KUMAR JAIN
18	FCCE2023128	DR. BINAY KRISHNA SARKAR
19	FCCE2023170	DR. JEAN HANNAH PHILIP
20	FCCE202350	DR. USHA RAMAKRISHNA SASTRY
21	FCCE202377	DR.TANTRY TARIQ GANI
22	FCCE202388	DR. POOJA PRATHAPAN SARADA
23	FCCE202395	DR. PRASHANTH C
24	FCCE202327	DR. DEEPANSHU DANG

(This is approved by the IACTS & ICA)

Dr. Muralidhar K

K.r

ll

ar

# **Dr. Sameer Suresh Ambar**



Having qualified through education and experience is hereby certified to be a

> FELLOW of the Cardiological Society of India 8th December 2023

DR. PARTHA SARATHI BANERJEE Immediate Past President-CSI & Chairman-CSI Fellowship Committee

pr.	
0.	

DR. VIJAY HARIKISAN BANG President-CSI

DR. PRATAP CHANDRA RATH President-Elect-CSI

DR. DEBABRATA ROY Hony. General Secretary-CSI

### **KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23** J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39

Ref:KAHER/Accts/2023-24/D-2084 To, The Chief Manager

NEFE cleared on 29/11/2023

Subject: Payment Through RTGS / NEFT - Financial Assistance

Dear Sir,

Please Debit A/c No. 217-39 for Rs. 1,94,650.00 (Rupees One Lakh Ninety-Four Thousand Six Hundred Fifty Only). We request you to do the following payments to our Faculties towards Financial Assistance through RTGS/NEFT. All the required information is also provided in connection with each party.

NO. Date		Name of the Employee	Bank Name Branch				IFEC Code	Ammount	
	Date			Branch	Ac Type	Place	Ac No	IFSC Code	Sanctioned
1	27.11.2023	Dr.Shivaswamy MS	Canara Bank	Nehar nagar	SB	Belagavi	05042180008830	CNRB0010504	8,000.00
2	27.11.2023	Dr.Sheetal Pattanshetti	Canara Bank	Nehar nagar	SB	Belagavi	05042010093401	CNRB0010504	8,000.00
3	27.11.2023	Dr.Deepti Kadeangadi	Canara Bank	Nehar nagar	SB	Belagavi	05042010023359	CNRB0010504	8,000.00
4	27.11.2023	Dr.Abhjit Shitole	Canara Bank	Nehar nagar	SB	Belagavi	05042180017903	CNRB0010504	7,950.00
5	27.11.2023	Dr.Asha Bellad	Canara Bank	Nehar nagar	SB	Belagavi	05042010015500	CNRB0010504	8,000.00
6	27.11.2023	Dr Mubashir Angolkar	Canara Bank	Nehar nagar	SB	Belagavi	05042180003270	CNRB0010504	16,000.00
7	27.11.2023	Dr.Shaila Kothiwale	CANARA BANK	NEHRU NAGAR	S/B	BELGAVI	05042010009557	CNRB0010504	60,000.00
8	27.11.2023	Dr Ganesh B R	CANARA BANK	BELAGAVI	SB	BELAGAVI	05042010014531	CNRB0010504	11,700.00
9	27.11.2023	Dr.Priyanka Murgod	CANARA BANK	HUBBALLI	SB	HUBBALLI	110115762913	CNRB0011244	8,000.00
10	27.11.2023	Dr.Santosh Shetti	CANARA BANK	HUBBALLI	SB	HUBBALLI	110145603760	CNRB0001382	3,000.00
11	27.11.2023	Dr.Preeti Bhupali	Canara Bank	Nehru Nagar	SB	Belagavi	5042200000640	CNRB0010504	8,000.00
12	27.11.2023	Dr.Honnagouda Patil	Canara Bank	Nehru Nagar	SB	Belagavi	5042010110258	CNRB0010504	8,000.00
13	27.11.2023	Mr.Mahesh Byalagouda	Canara Bank	KLE Hospital	SB	Belagavi	8515108006716	CNRB0008515	8,000.00
14	27.11.2023	Ms.Jampa Lhamo	Canara Bank	KLE Hospital	SB	Belagavi	8515108005948	CNRB0008515	8,000.00
15	27.11.2023	Dr.Veena Bembalgi	CANARA	KIMS, HUBLI	SB	HUBLI	05042010059420	CNRB0011241	8,000.00
16	27.11.2023	Dr.Prashant Mukkannavar	CANARA	SDMCMSH	SB	Dharwad	12472200014451	CNRB0011247	8,000.00
17	27.11.2023	Ms.CASSIMORA CARDOZ	CANARA	SDMCMSH	SB	Dharwad	12472610008013	CNRB0011247	8,000.00
				Fotal Rs.					1,94,650.00

**Total Rs.** 

MA 550010

**Admin. Assistant** 

Verified By

**Finance Officer** 

ner Educatio scademy or. Deemed-to-be Researd University 4 + BELAG

Registrar

Date: 27.11.2023

### KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES

01.11.2023

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
1	Dr.Shivaswamy MS	JNMC	IAPSMCON-2023 at Vijayapur from 15th to 16th Spet 2023	State Level	12,750.00	8,000.00
2	Dr.Sheetal Pattanshetti	ЛИМС	23rd KCACON Organised by department of Anatomy Kasturba Medical College,Manipal from 14th to 16th Spet 2023	State level	16,230.00	8,000.00
3	Dr.Deepti Kadeangadi	JNMC	IAPSMCON-2023 at Vijayapur from 15th to 16th Spet 2023	State level	12,750.00	8,000.00
4	Dr.Abhjit Shitole	JNMC	8th International and 17th National trasoesophagel Echocardiography(TEE) Workshop & CME at 16th - 19th Aug 2023 at Bangalore	State level	7,950.00	7,950.00
5	Dr.Asha Bellad	JNMC	IAPSMCON-2023 at Vijayapur from 15th to 16th Spet 2023	State level	15,220.00	8,000.00
6	Dr Mubashir Angolkar	Ілмс	National conference of epidemiology of india, at goa on 30th Sept to 1st oct 2023	State level	27,656.00	16,000.00
7	Dr.Shaila Kothiwale	KLE VKIDS	19th Scientific Meeting of Asia Pacific Association of Surgical Tissue Banking to be held at Kyushu University School of Medicine in Fukuoka, Japan from 17th to 19th Aug 2023	International	1,15,300.00	60,000.00
8	Dr Ganesh B R	KLE IPT Belagavi	Jurj Physios Colloquium to be held at Jaipur from 17th and 18th June 2023	National Level	11,700.00	11,700.00
9	Dr.Priyanka Murgod	KLE JGMMMC	49th KCIAPM from 5th to 8th Oct 2023 at Mangaluru	State level	12,200.00	8,000.00
10	Dr.Santosh Shetti	KLE JGMMMC	INTPCON-2023 conference to be held at Goa medical College Goa 23rd to 24th Spet 2023	National Level	15,000.00	3,000.00

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
11	Dr.Preeti Bhupali	KLE INS	SOUTH REGIONAL WORKSHOP 2023 from 14th & 15th Spet 2023 at Mangaluru	State level	13,700.00	8,000.00
12	Dr.Honnagouda Patil	KLE INS	SOUTH REGIONAL WORKSHOP 2023 from 14th & 15th Spet 2023 at Mangaluru	13,700.00	8,000.00	
13	Mr.Mahesh Byalagouda	KLE INS	SOUTH REGIONAL WORKSHOP 2023 from 14th & 15th Spet 2023 at Mangaluru	State level	13,700.00	8,000.00
14	Ms.Jampa Lhamo	KLE INS	SOUTH REGIONAL WORKSHOP 2023 from 14th & 15th Spet 2023 at Mangaluru	State level	13,700.00	8,000.00
15	Dr.Veena Bembalgi	KLE IPT Hubali	Bridging the Chasm integrating physiotherapy into pasychiatric care-addressing the urgent need for an emergging curriculum to be held at jss college of physiotherapy from 1st spet 2023	State Level	20,368.00	8,000.00
16	Dr.Prashant Mukkannavar	KLE IPT Hubali	Artificcial Intelligence in physiotherapy to be held at JSS College of Physiotherapy from 1st Spt 2023	State Level	17,490.00	8,000.00
17	Ms.CASSIMORA CARDOZ	KLE IPT Hubali	Unveiling New Frontiers Ai -ENABLOD Evolution in Physiotherarpy Care from 1st Sprt 2023	State Level	13,893.00	8,000.00
			3,53,307.00	1,94,650.00		

Admin Asst

Finance Officer

Registrar



Department of Health Professional Education and Research, (DHPER) People's University, Bhopal, M.P.



Fellowship in Dental Aducation

### This is to certify that

# **Dr. Seema Hallikerimath**

has successfully completed the one year fellowship program (December 2021- November 2022) of **Fellowship in Dental Education** (FIDE) offered by People's College of Dental Sciences & Research Centre, Bhopal under People's University, Bhopal.

Dr. Neerja Mallick Registrar People's University, Bhopal

Dr. Parimala Kulkarni Dean PCDS & RC, Bhopal

Dr. Shubhangi Mhaske Program Director & Coordinator, PCDS & RC Bhopal

10th day of Tehrmany, 2023







# **ICMR-National Institute of Epidemiology**

certifies that

# NEELAMMA A SHETTI

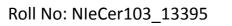
has successfully completed the online course

# NIeCer 103: Scientific Writing in Health Research

with a score of 81%

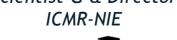


DR. JEYASHREE K Course Coordinator & Scientist-D ICMR-NIE



ow

DR. MANOJ V MURHEKAR Scientist-G & Director





February 2023



DR. MANICKAM P Scientist-F ICMR-NIE



# **ICMR-National Institute of Epidemiology**

## certifies that

# SHWETA SHIVAYOGI HUGAR

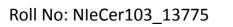
has successfully completed the online course

# NIeCer 103: Scientific Writing in Health Research

with a score of 78%

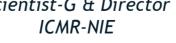


DR. JEYASHREE K Course Coordinator & Scientist-D ICMR-NIE





DR. MANOJ V MURHEKAR Scientist-G & Director

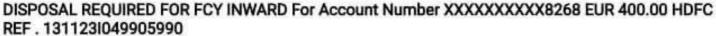




March 2023

DR. MANICKAM P Scientist-F ICMR-NIE

# ← Gmail - DISPOSA...



Cc: Inward.Remittances@hdfcbank.com

Dear All,

We are in receipt of following inward remittance.

OSN NO	131123/049905990
INW_NO	131123/049905990
REMITTER_R	231110045936
VALUE_DT	10-Nov-2023
CUR	EUR
FCY_AMT	400.00
REMITER	FR7630004028370001116382394 1/EA0 ASSOCIATION 2/5 AV DU BOURGMESTRE E DEMUNTER BT 2/E 10 3/BE/1090 JETTE
REMITTING	BNPAFRPPPAA
ACC_NO	50100089678268
BENEFICIAR	1/SANTOSH
PURP_REMIT	EAO REFUND - BERLIN CONGRESS 2023 - TRAVEL REFUND OF OF THE SCIENTISTS OF OUR CONGRESS

Mon, Nov 13, 2023 at 1:31 PM

a

....

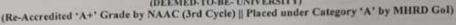
#### SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Gol)

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE-UNIVERSITY)



First AYUSH Institution having NAAC & NABH Accreditation

Ref. No: BMK/2022-23)2233

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

Sub: Release of Financial Grant for attended to National conference

Ref No. KAHER/2022-23/D-21122205 Dt: 26.12.2022 KAHER.2022-23/D-16122214 Dt: 10.12.2022.

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "9th World Ayurveda Congress & Arogya Expo held at Goa from 8th – 11th Dec 2022 as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

Sl. No	Name of Teacher	Designation	Department	Conference details	Date
1	Dr. P G Jadar	Dean and Prof	RS & BK		
2	Dr. Basavaraj Tubaki	Professor	Kayachikitsa		8th – 11th Dec
3	Dr. Savita Angadi	Professor	Shalkya	9th World Ayurveda Congress	
4	Dr. Rajeshwari V Kamat	Professor	RS & Bk		
5	Dr. Vinod Gurav	Professor	Sharir Kriya		
6	Dr. Vedantam Giridhar	Reader	Dravyaguna	& Arogya	2022
7	Dr. Keertan M S	Reader	Roga Nidana	Expo at	are to dia dia
8	Dr. Rohan Mohandas	Asst. Prof	Kayachikitsa	Goa	
9	Dr Anil Koralli	Assi. Prof	Panchakarma		

This is for your information and release the same. Thanking you,

Yours truly,

KLE AYURVEDA

Date: 27.02.2023

ADIMCIDAL Shri B. M. Y. akanawadi AVUMPTON A Constitut Shahapur, BLCAGnivi-03,

# ALE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A* Grade by NAAC (3** Cycle)

Placed in Category 'A' by MoE (Gol)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India 0831-2444444 FAX: 0831-2493777 Web. http://www.kledeemeduniversity.edu.in_E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D. 27022312

22rd February, 2023

#### ORDER

Sub Permission to participate in the International Conference. Request letter of the applicant forwarded through the concerned HOD, Ref Principal, Shri B.M.Kankanwadi Mahavidyalaya ,Belagavi.

With reference to the above, the request of Dr.Keertan M S, Reader, department of Roga Nidana, Shri B.M.Kankanwadi Mahavidyalaya, Belagavi for attending '7th International Ayurveda Congress-Holistic Health Kathmandu Nepal' to be held at Kathmandu Nepal from 3rd to 5th March 2023 has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

To. The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.

2. The Principal, Shri B.M.Kankanwadi Mahavidyalaya, Belagavi.

3. The Finance Officer, KAHER, Belagavi.



#### SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Goly

A Constituent Unit of KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE-UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD GoI)



First AYUSH Institution having NAAC & NABH Accreditation

Ref No. BMK 2022 23 2315

Date: 13.03.2023

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

> Sub: Release of Financial Grant for attended to National conference Ref No. Order KAHER.2022-23/D-27022316 Dt: 22.02.2023

Sir,

MPARTING AYURVEDA EDUCATION SINCE 1933

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "International conference at Jaipur Rajasthan from 23rd to 25th Feb as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

SI. No	Name of Teacher	Designation	Departme nt	Workshop /Conference details	Date of Confere nce
1	Dr. R S Hiremath	Prof & HOD	RS & BK	International Conference on Ayurvedic	23 rd to
2	Dr Poornima B. Tukanatti	Asst Pro.	RS & BK	Pharmaceutical Sciences- Dept. RS & BK National Institute of Ayurveda (Jaipur)	25 10 25 th Feb-2023

This is for your information and permit the same.

Thanking you,

Yours trul

Encl: bills & vouchers with certificate

化物料试验 化烧得到机动料 经工具工具 医多红的 工人的 植足的 计数据行行 (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act. 1956) Placed in Category 'A' by MoE (Gol) Accredited A' Grade by NAAC (3'* Cycle) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India 0831-2444444 FXX-0831-2493777 Web: http://www.kledcemeduniversity.edu.in_E-mail_info@kledeemeduniversity.edu.in Ref.No.KAHER/22-23/D- 20022303 15th Feb.2023

#### ORDER

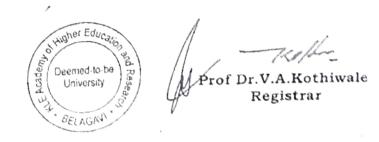
#### Approval of Grant of financial support for attending the National Workshop Sub. at Mangalore from 5th and 6th December 2023.

:Your office letter Ref. No. BMK / 2022-23/2047 dated 3rd February 2023 Ref:

With reference to the above, the following faculty members are hereby permitted to attend the National Workshop [National Level Workshop on Nadi Pareeksha by Yenepoya Ayurveda Medical College and Hospital] to be held at Mangalore from 5th to 6th February 2023

SL.	Name	Designation	Department
No			
1	Dr. Rudramma Hiremath	Professor and	Agada Tantra
		HoD	
2	Dr. Usharani Sanu	Reader	Kuya Shareer
			approximate a spectrum descention on anomal damagements Propagation provide

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



The above staff member.

#### CC to

1. The PA to Hon. Chancellor, KAHER, Belagavi.

2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.

3. The Principal, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belagavi,

Non Usharani Suna) Dr. Usharani DATE



## SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Golga

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE- UNIVERSITY)

(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD Gol)



First AYUSH Institution having NAAC & NABH Accreditation

Ref. No:

Date: 27.02.2023

To, The Registrar, KLE Academy of Higher Education & Research, Belgaum

Sub: Release of Financial Grant for attended to National conference

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "9th World Ayurveda Congress & Arogya Expo held at Goa from 8th – 11th Dec 2022 (no prior approval letter) for release of Financial Grant. The details of the faculty are as follows.

SI. No	Name of Teacher	Designation	Department	Conference details	Date
1	Dr Sandeep S Sagare	Reader	Swasthvritta	9th World	
2	Dr. Usharani S Sanu	Reader	Kriya Sharir	Ayurveda Congress & Arogya Expo at Goa	8th – 11th Dec
3	Dr, Kadambari S	Asst. Prof	Kriya Sharir		2022

This is for your information and release the same.

Thanking you,

Yours truly, 2015 INDAL



#### SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Goly, A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION & RESEARCH (DEEMED-TO-BE-UNIVERSITY) (Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD Gol)



First AYUSH Institution having NAAC & NABH Accreditation

Ref. No: BML 202223 2234

Date: 27.02.20232|3|23

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

> Sub: Release of Financial Grant for attended to National conference Ref No. Order KAHER.2022-23/D- Dt: 10.12.2022. Order KAHER.2022-23/D-16122215 Dt: 10.12.2022

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "9th World Ayurveda Congress & Arogya Expo held at Goa from 8th – 11th Dec 2022 as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

SI. No	Name of Teacher	Designation	Department	Conference details	Date
1	Dr. Vishwanath Wasedar	Reader	Panchakarama	9th World Ayurveda	8th -
2	Dr. Ramesh Killedar	Reader	PT & SR	Congress & Arogya	11th Dec 2022
3	Dr. Shweta Yaragatti	Asst. Prof	Dravyaguna	<b>Ехро</b> at Goa	

This is for your information and release the same.

Thanking you,

Yours truly

Shu



IMPARTING AYUR JEDA EDUCATION SINCE 1933

### SHRI BM KANKANAWADI AYURVED MAHAVIDYALAYA

Post Graduate Studies & Reseach Centre

(Approved by National Commission for Indian System of Medicine, New Delhi & M/o AYUSH, Goly A Constituent Unit of

**KLE ACADEMY OF HIGHER EDUCATION & RESEARCH** 

(DEEMED-TO-BE- UNIVERSITY)



(Re-Accredited 'A+' Grade by NAAC (3rd Cycle) || Placed under Category 'A' by MHRD Gol)



First AYUSH Institution having NAAC & NABH Accreditation

Ref. No: Bml 2220 2234

Date: 27.02.2023 213123

To,

The Registrar, KLE Academy of Higher Education & Research, Belgaum

> Sub: Release of Financial Grant for attended to National conference Ref No. Order KAHER.2022-23/D-Dt: 10.12.2022. Order KAHER.2022-23/D-16122215 Dt: 10.12.2022

Sir,

With reference to the above subject, we are herewith submitting the attendance Certificate, Photographs and Original bills/ Vouchers of the faculty members who have attended "9th World Ayurveda Congress & Arogya Expo held at Goa from 8th - 11th Dec 2022 as per your approval letter for release of Financial Grant. The details of the faculty are as follows.

[	Sl. No	Name of Teacher	Designation	Department	Conference details	Date
	1	Dr. Vishwanath Wasedar	Reader	Panchakarama	9th World Ayurveda	8th
Ī	2	Dr. Ramesh Killedar	Reader	PT & SR	Congress & Arogya	11th Dec 2022
I	3	Dr. Shweta Yaragatti	Asst. Prof	Dravyaguna	Expo at Goa	2022

This is for your information and release the same. Thanking you,

Yours truly,

IB.M Constitu Shahapur, I



# BEST PRESENTATION AWARD Awarded to

Anushnee patents, Throwledge of oral Anticoogulation therapy.

Mr/Ms/Mrs/Dr/Prof. for the oral/poster presentation entitled Entervention

at the International Conference on Pharmacovigilance, Pharmaceutical Care and Biomedical Research, Organized by Sarada Vilas College of Pharmacy, Mysuru in association with Association of Community Pharmacists of India (ACPI), South India Branch, held on 24th and 25th January 2023.

DMK

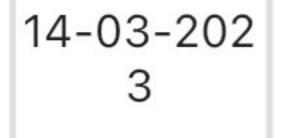
Dr. Ananth Nayak Nagappa **President ACPI** 

Dr. Hanumanthachar Joshi Convenor

Charan &

Dr. Charan C.S **Oranizing Secretary** 

Dr. Jinesh Nagavi **Jt.Oranizing Secretary** 









## International Conference on Drug Discovery

Nov. 10" & 11" 2022, BITS Pilani, K K Birla Goa Campus

Certificate

This is to certify that



Shankar G. Alexann

has successfully participated in International Conference on Drug Discovery

held at BITS-Pilani K K Birla Goa Campus on 10th & 11th Nov. 2022

and presented a poster.

R. Raghu Vice President

ma Kundu

Prof. Suman Kundu Director, BITS Pilani, K.K. Birla Goa Campus

**BITS** Pilani K K Birla Goa Campus

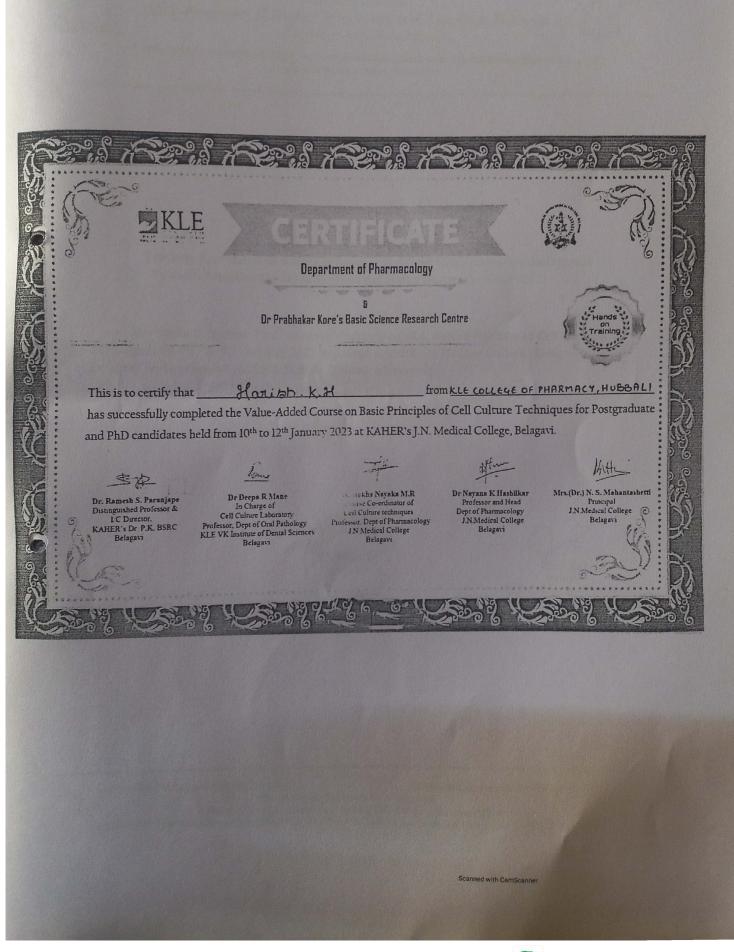






Date	Particulars	Deposits	Withdrawals
08-05-2023	KLE BELAGAVI FINANCIAL ASSISTANCE	8,000.00	
	Chq:		

_







Vidyanagar, HUBBALLI – 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



All Chan Are the a 🖀 : 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com.#22720 princpharmhbl@kledeemeduniversity.edu.in

#### Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Mr. Harish K H, Asst. Prof. attended Workshop entitled, Basic Principles of Cell Culture Techniques on 10th & 12th January 2023 organized KAHER JN Medical College, Belagavi as a Delegate. He has received Rs2050/- from the Institution/University.



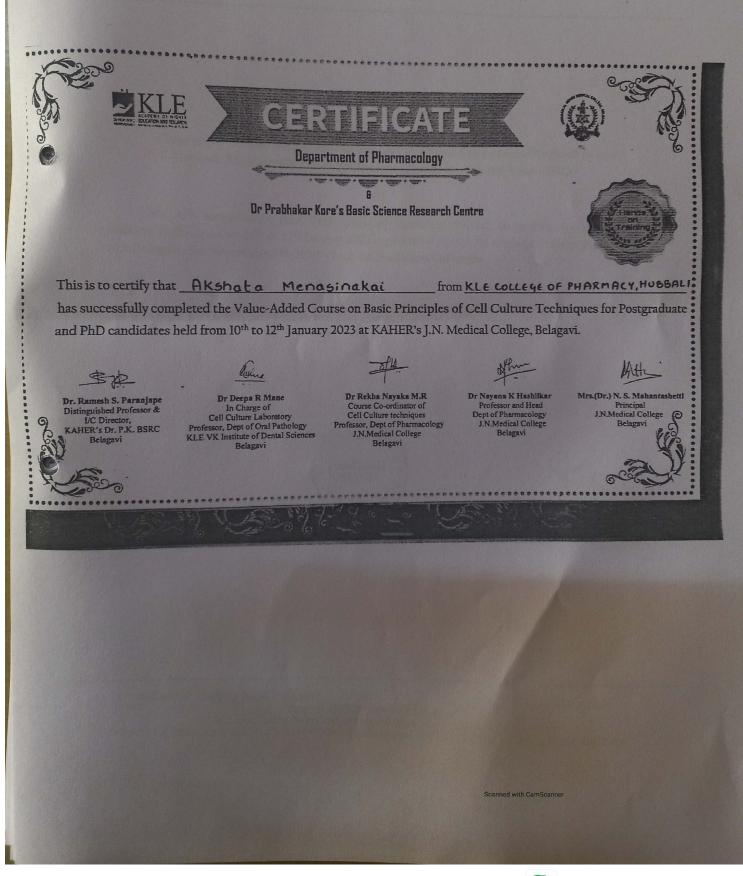
**Hincipal** Principa

KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Viuvanager, HUBBALLI 580 031

Accredited 'A'' Grade by NAAC (3nd Cycle) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



Scanned with CamScanne







Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



: 0836-2373174; Fax No:0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. A S Menasinakai, Asst. Prof. attended Workshop entitled, Basic Principles of Cell Culture Techniques on 10th & 12th January 2023 organized KAHER JN Medical College, Belagavi as a Delegate. She has received Rs2050/- from the Institution/University.



incipal

Principa KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidvanager, HUBBALLI 580 031

Accredited *A** Grade by NAAC (3rd Cycle) Accredited "A" Grade by NAAC (3" Cycle) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi Placed in Category 'A' by MHRD (GoI)

canned with CamScanne







S

## KLE COLLEGE OF PHARMACY

Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



音: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Neha Mali, Asst. Prof. attended Workshop entitled, Basic Principles of Cell Culture Techniques on 10th & 12th January 2023 organized KAHER JN Medical College, Belagavi as a Delegate. She has received Rs2050/- from the Institution/University.



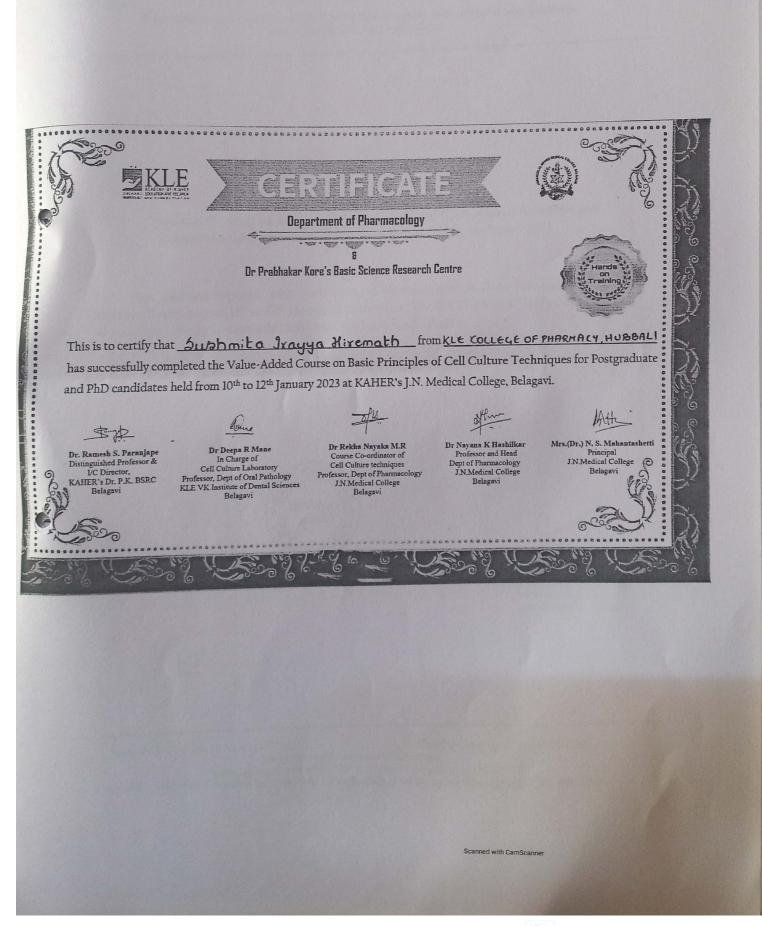
ripcipal

KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidvanager, HUBBALLI 580 031

Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Accredited 'A*' Grade by NAAC (3'' Cycle) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



Scanned with CamScann

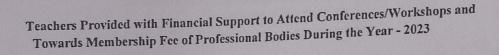






Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)

: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.ln



Ms. Sushmita Hiremath, Asst. Prof. attended Workshop entitled, Basic Principles of Cell Culture Techniques on 10th & 12th January 2023 organized KAHER JN Medical College, Belagavi as a Delegate. She has received Rs2050/- from the Institution/University.

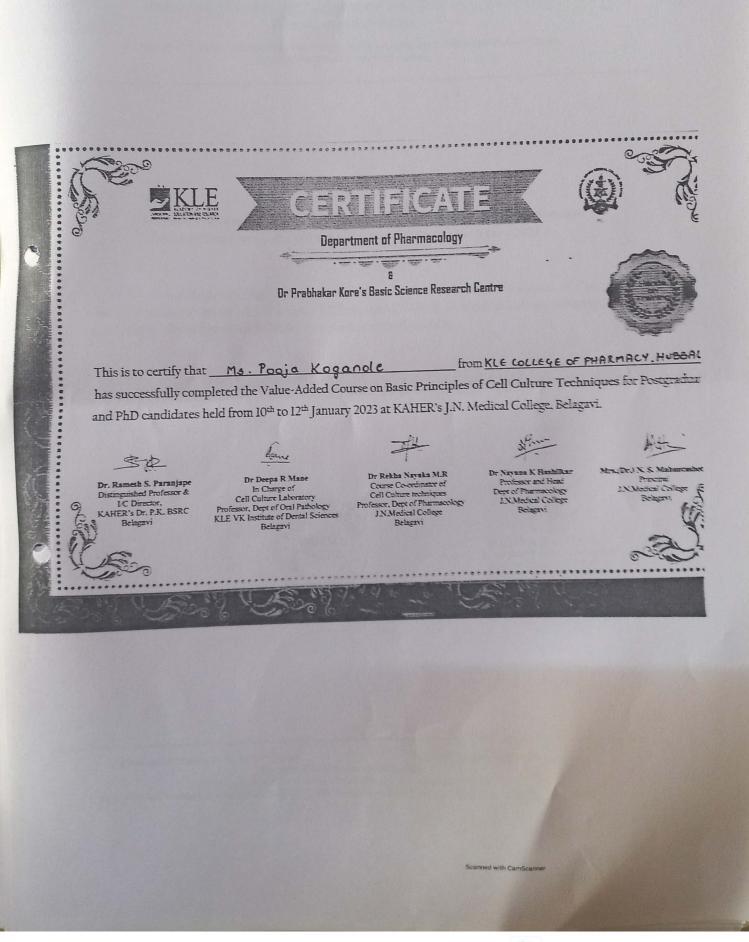


Principa KLES College of Pharmacy (A constituent unit of KLE Academy iner Education & Research) ..... HUBBALLI 580 031

Placed in Category 'A' by MHRD (Gol) Accredited 'A+' Grade by NAAC (3nd Cycle) Accredited A Grade by NARC (Second Second Se

Scanned with CamScanne









67

#### KLE COLLEGE OF PHARMACY

Vidyanagar, HUBBALLI – 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



E : 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Pooja Koganole, Asst. Prof. attended Workshop entitled, Basic Principles of Cell Culture Techniques on 10th & 12th January 2023 organized KAHER JN Medical College, Belagavi as a Delegate. She has received Rs2050/- from the Institution/University.



rincipal

Principa KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidvana0m, HUBBALLI 580 031

Placed in Category 'A' by MHRD (GoI) Accredited 'A*' Grade by NAAC (3nd Cycle) Accredited 'A" Grade by NAAC (5-Cycle) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



Scanned with CamScanne

Al famining Pleasan Education **KLE College of Pharmacy** Belagavi **KLE ACADEMY OF HIGHER EDUCATION & RESEARCH, BELAGAVI** 6 (Deemed-to-be University established u/s 3 of the UGC Act, 1956), Re-accredited A+ Grade by NAAC (3rd Cycle); Placed in Category 'A' by MoE (Gol) Certificate This is to certify that Profiksha Akki Dr./Mr./Ms. College of Pharmacy, Hubballi KLE lo has actively participated as a Resource person/ Delegate in workshop on Formulation & Optimization of Self-Emulsifying Drug Delivery System on 20th Feb. 2023 organized by Department of Pharmaceutics, KLE College of Pharmacy, Belagavi. Imm Enligeshere CHIEF CO-ORDINATOR Prof. (Dr.) Sunll. S. Jalalpure Principal, PROGRAMMIE COORDINATOR Prof. R. S. Masaroddy Head of Dept. of Pharmaceutics Dr. Archana S Pall Assi. Prof., Department of Pharmaceulics **B.** Pharm Program NAAC 3rd Cycle Accredited for 6 Years 'A+' Grade 2022 Rank Scanned with CamScanne





Midromocor MUDDALLI 500 021 Kamataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi

(Deemed-to-be-University)



E: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

> Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. P S Akki, Asst. Prof. attended Workshop entitled, Formulation & Optimization of Self Emulsifying Drug Delivery System 20th February 2023 organized by Department of Pharmaceutics KLE College of Pharmacy, Belagavi as a Delegate. She has received Rs825/- from the Institution/University.



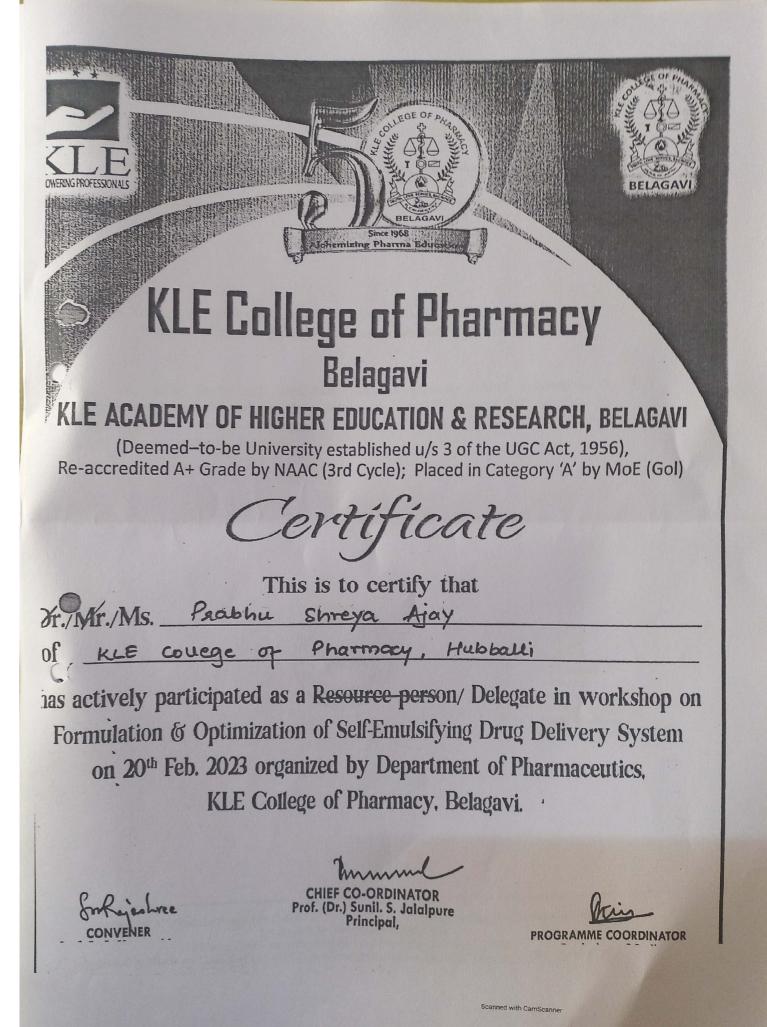
nc

Principa KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidvanager, HUBBALLI 580 031

Accredited 'A*' Grade by NAAC (3nd Cycle) Placed in Category 'A' by MHRD (GoI) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi

Scanned with CamScanner









E

#### KLE COLLEGE OF PHARMACY

Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi

(Deemed-to-be-University)



ipalors the E : 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com.aux.com/aux 15 11 CT113.41 princpharmhbl@kledeemeduniversity.edu.in

> Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Prabhu Shreya Ajay, Asst. Prof. attended Workshop entitled, Formulation & Optimization of Self Emulsifying Drug Delivery System 20th February 2023 organized by Department of Pharmaceutics KLE College of Pharmacy, Belagavi as a Delegate. She has received Rs825/- from the Institution/University.



PHncipal

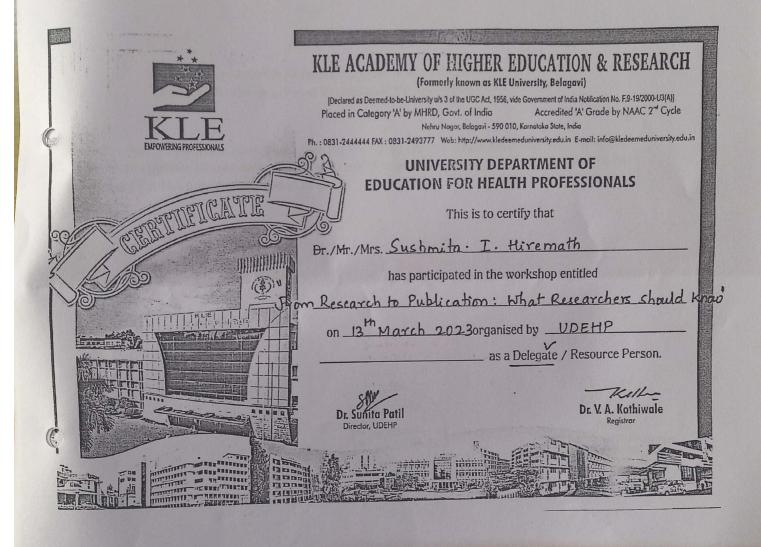
Principal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) WW. HUBBALLI 580 031

Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA)

Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



Scanned with CamScanner



Scanned with OKEN Scanner

Scanned with CamScanned



TTT FOR ANT Manuaraba A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



🖀 : 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. S I Hiremath, Asst. Prof. attended Workshop entitled, From research to Publication: What Researcher Should Know on 13th March 2023 at JNMC Belagavi as a Delegate. She has received Rs625/- from the Institution/University.



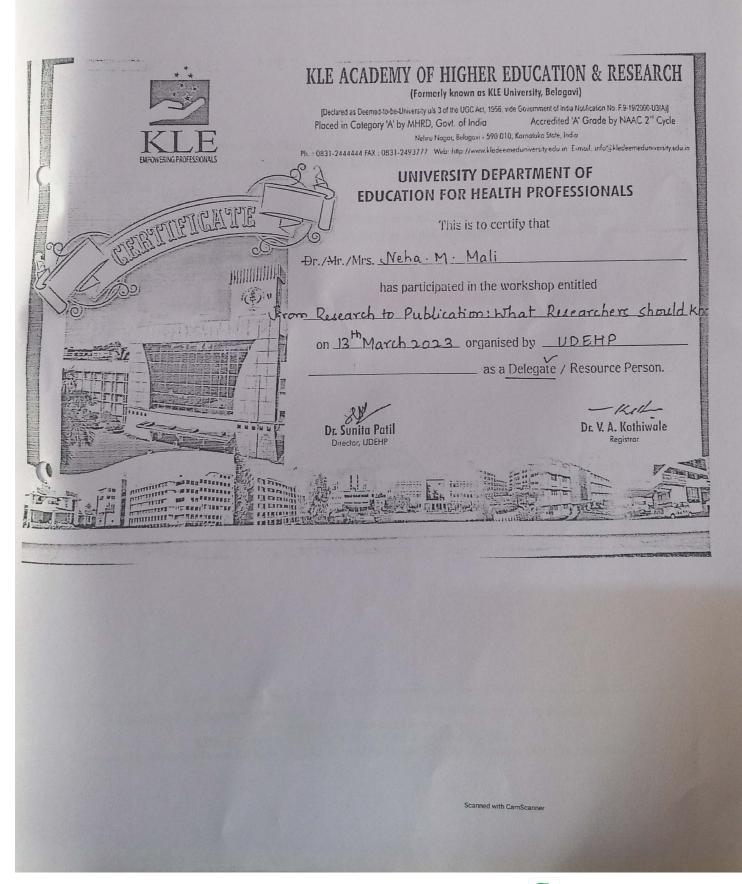
Mncipal

KLES College of Pharmady (A constituent unit of KLE Academy of Higher Education & Research) (Education & Research) Principal

Accredited 'A+' Grade by NAAC (3nd Cycle) Placed in Category 'A' by MHRD (Gol) Accredited 'A*' Grade by NAAC (3' Cycle) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi

Scanned with CamScanne









Ð

## KLE COLLEGE OF PHARMACY

ATTITUDATIT SOAATI Varnatalia 17: ....

A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



E: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Neha Mali, Asst. Prof. attended Workshop entitled, From research to Publication : What Researcher Should Know on 13th March 2023 at JNMC Belagavi as a Delegate. She has received Rs625/- from the Institution/University.



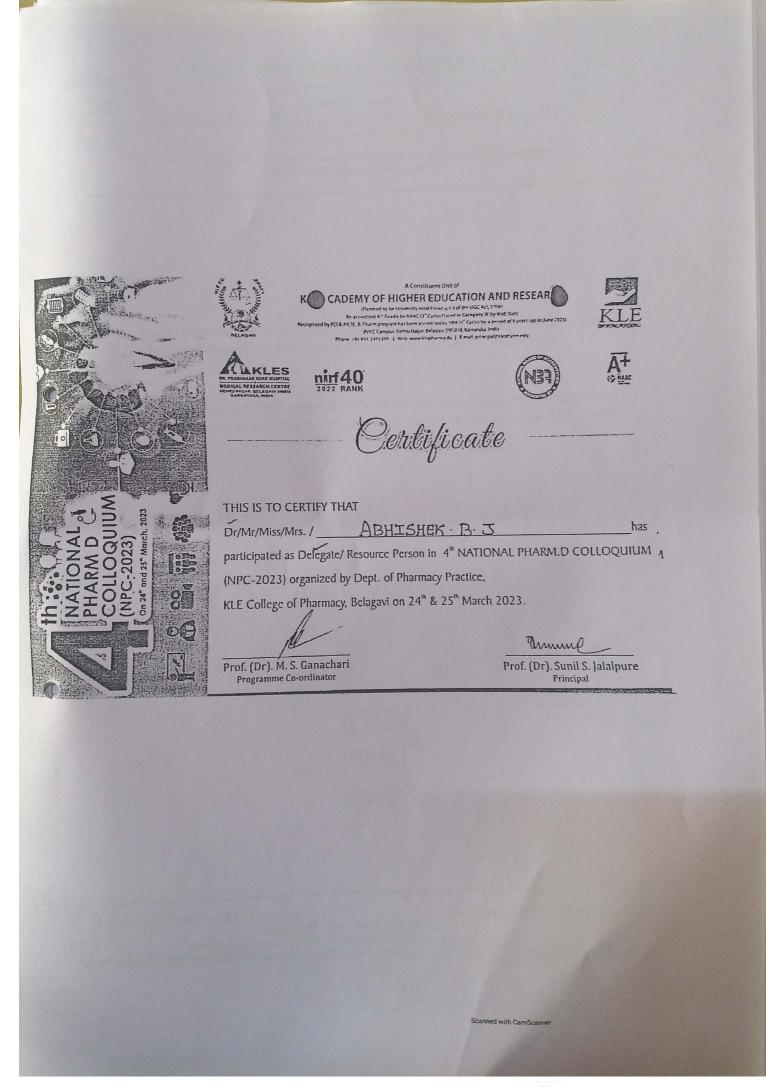
rincipal

Principal KLES College of Pharmady (A constituent unit of KLE Academy of Hinner Edwation & Research)

Accredited 'A⁴' Grade by NAAC (3nd Cycle) Recognized by Government of Katnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi

Scanned with CamScann









HIMBLITT FORANT Promitalin



A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed to be University)

E: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org. Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Dr. Abhishek B J, Asst. Prof. attended 4th National Pharm D. Colloquium Organized by Department of Pharmacy Practice KLE College of Pharmacy Belagavi on 24th & 25th March 2023 as a Delegate. He has received Rs1900/- from the Institution/University.

Principal

Princip 38 KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research - · #RALLI 580 031



Placed in Category 'A' by MHRD (Gol) Accredited 'A*' Grade by NAAC (3rd Cycle) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



Scanned with CamScanned

LE ACADEMY OF HIGHER EDUCATION AND RE RCH Ind the TILLE MA AT OB 1022 RANK Certificate THIS IS TO CERTIFY THAT Dr/Mr/Miss/Mrs. / BHAVYA D.B. has participated as Delegate/ Resource Person in 4" NATIONAL PHARM.D COLLOQUIUM (NPC-2023) organized by Dept. of Pharmacy Practice, KLE College of Pharmacy, Belagavi on 24th & 25th March 2023. 0 June Prof. (Dr). M. S. Ganachari Prof. (Dr). Sunil S. Jalalpure Programme Co-ordinator Principal Scanned with Ca





03

### KLE COLLEGE OF PHARMACY

ATTT . 500 021 Kamataka * 7: ----A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



an descede and a 10836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in ancountrataire mount

> Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

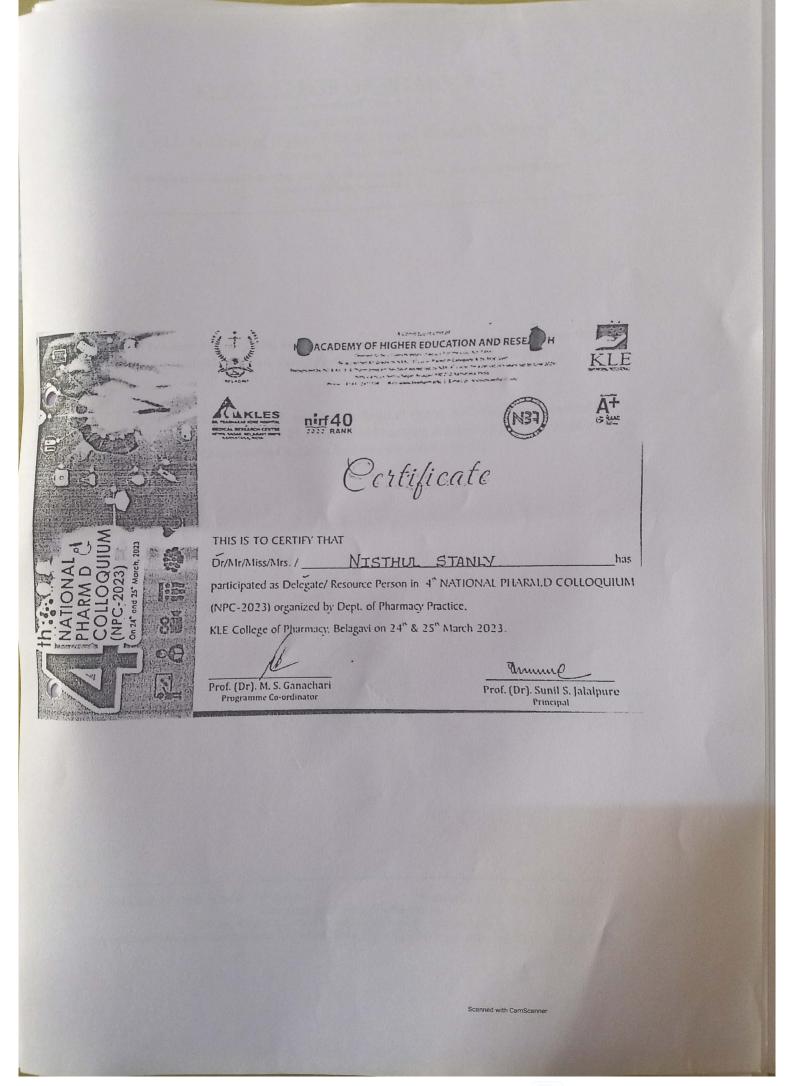
Dr. Bhavaya D B, Asst. Prof. attended 4th National Pharm D. Colloquium Organized by Department of Pharmacy Practice KLE College of Pharmacy Belagavi on 24th & 25th March 2023 as a Delegate. She has received Rs1900/- from the Institution/University.



Principat KLES College of Pharmady (A constituent unit of KLE Academy The Education & Research)

Accredited 'A*' Grade by NAAC (3nd Cycle) Placed in Category 'A' by MHRD (GoI) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi









13

### KLE COLLEGE OF PHARMACY TTT . 500 021 Varmaraly

A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



views opprover and the E: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in HARRY STREET

> Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Dr. Nisthul Stanyl, Asst. Prof. attended 4th National Pharm D. Colloquium Organized by Department of Pharmacy Practice KLE College of Pharmacy Belagavi on 24th & 25th March 2023 as a Delegate. He has received Rs1900/- from the Institution/University.



ncipal

Principal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research)

Accredited 'A*' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (Gol) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



ned with Cam



R

A Constituent Unit of CADEMY OF HIGHER EDUCATION AND RESEA S 3 of the USC ACL 1955 of in Calegory Wiby Mr ed A* Gr WIF. 91 811-7471379

nirf 40



A+

Certificate

THIS IS TO CERTIFY THAT Dr/Mr/Miss/Mrs. / JAYASHEELA S. HIREMATH has participated as Delegate/ Resource Person in 4th NATIONAL PHARM.D COLLOQUIUM (NPC-2023) organized by Dept. of Pharmacy Practice.

KLE College of Pharmacy, Belagavi on 24th & 25th March 2023.

Prof. (Dr). M. S. Ganachari Programme Co-ordinator

anne Prof. (Dr). Sunil S. Jalalpure Principal





0 0

### **KLE COLLEGE OF PHARMACY**

Videonomen THINDATTI 500.021 Vernetales A constituent unit of

KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



💼 📲 : 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Dr. Jaysheela S Hiremath, Asst. Prof. attended 4th National Pharm D. Colloquium Organized by Department of Pharmacy Practice KLE College of Pharmacy Belagavi on 24th & 25th March 2023 as a Delegate. She has received Rs1900/- from the Institution/University.



Printipal

Principal KLES College of Pharmaoy (A constituent unit of KLE Academy of Higher Education & Research) Viduonacer HUBBALLI 580 031

Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



EMPOWERING PROFESSIONAL C Since 1968 hemizing Pharma Education **KLE College of Pharmacy**  $\bigcirc$ Belagavi **WLE ACADEMY OF HIGHER EDUCATION & RESEARCH, BELAGAVI** (Deemed-to-be University established u/s 3 of the UGC Act, 1956), Re-accredited A+ Grade by NAAC (3rd Cycle); Placed in Category 'A' by MoE (Gol) Certificate Dr./Mr./Ms. POOJA N. GOUDA of KLE college of pharmacy vidya nagar Hubballi he actively participated as a Resource person/ Delegate in workshop on HPTLC : An Analytical Technique in Herbal Drug Industry 6 on IIth April 2023 organized by Department of Pharmacognosy, KLE College of Pharmacy, Belagavi. gunne CHIEF CO-ORDINATOR Prof. (Dr.) Sunil S. Jalalpure Principal PROGRAMME COORDINATOR Prof. (Dr.) Kalpana Patil Head, Dept. of Pharmacognosy Mr. Akshay K Patil Asst. Prof., Department of Pharmacognosy N.N. Cating PROGRAMME COORDINATOR



GI

6

### KLE COLLEGE OF PHARMACY

Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi and (Deemed-to-be-University)



and a state of the princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Pooja Gouda, Asst. Prof. attended Workshop entitled, HPTLC an analytical technique in Herbal Drug industry on 11th April 2023 organized by Department of Pharmacognosy KLE College Pharmacy, Belagavi as a Delegate. She has received Rs 650/- from the Institution/University.

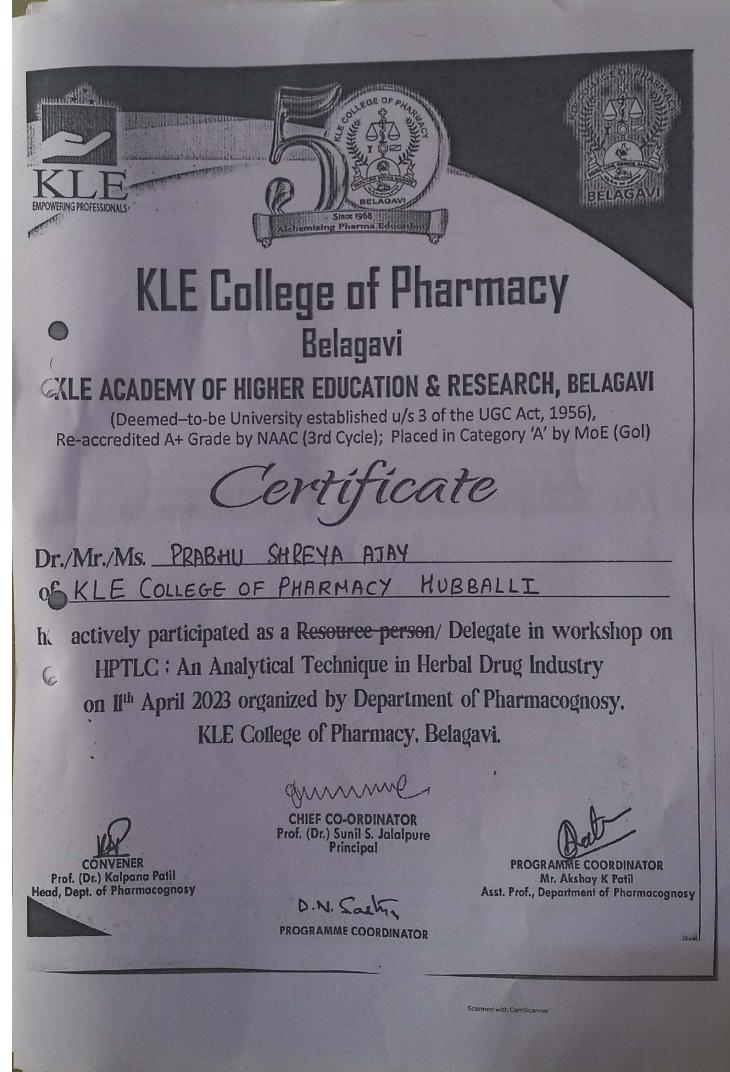


Principa Рппсира

KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidvanager, HUBBALLI 580 031

Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi









Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of - KLE Academy of Higher Education and Research, Belagavi and (Deemed-to-be-University) -



kesseph origitation and the second original second and second princpharmhbl@kledeemeduniversity.edu.in

> Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Ms. Prabhu Shreya Ajay, Asst. Prof. attended Workshop entitled, HPTLC an analytical technique in Herbal Drug industry on 11th April 2023 organized by Department of Pharmacognosy KLE College Pharmacy, Belagavi as a Delegate. She has received Rs 650/- from the Institution/University.



Principal

Phncipal KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidyanager, HUBBALLI 580 031

Accredited 'A+' Grade by NAAC (3nd Cycle) Placed in Category 'A' by MHRD (Gol) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



RINGPROFESSIONALS WAR Yold Internising Pharma **KLE College of Pharmacy** Belagavi **CILE ACADEMY OF HIGHER EDUCATION & RESEARCH, BELAGAVI** (Deemed-to-be University established u/s 3 of the UGC Act, 1956), Re-accredited A+ Grade by NAAC (3rd Cycle); Placed in Category 'A' by MoE (Gol) Certificate Dr./Mr./Ms. Ms. POOJA KOGANOLE & KLE college of Phanmacy vidya nagas Hubballi It J actively participated as a Resource person/ Delegate in workshop on HPTLC : An Analytical Technique in Herbal Drug Industry on IIth April 2023 organized by Department of Pharmacognosy, KLE College of Pharmacy, Belagavi. gunnp CHIEF CO-ORDINATOR Prof. (Dr.) Sunil S. Jalalpure Principal PROGRAMME COORDINATOR CON Mr. Akshay K Patil Prof. (Dr.) Kalpana Patil Asst. Prof., Department of Pharmacognosy Head, Dept. of Pharmacognosy D.N. Sakiry **PROGRAMME COORDINATOR** 





0,

### KLE COLLEGE OF PHARMACY

Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi . = (Deemed-to-be-University) ÷.



i: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com ロコレービアション・と、 いとピーロ princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Pooja Koganole, Asst. Prof. attended Workshop entitled, HPTLC an analytical technique in Herbal Drug industry on 11th April 2023 organized by Department of Pharmacognosy KLE College Pharmacy, Belagavi as a Delegate. She has received Rs 650/- from the Institution/University.



PHncipal

Principa KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidvanager HUBBALLI 560.031

Accredited 'A*' Grade by NAAC (3nd Cycle) Placed in Category 'A' by MHRD (Gol) Accredited 'A" Grade by NARC (3- Cycle) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



EMPOWERING PROFESSIONALS AGA Since 1968 Ichemizing Pharma Education **KLE College of Pharmacy** Belagavi KLE ACADEMY OF HIGHER EDUCATION & RESEARCH, BELAGAVI (Deemed-to-be University established u/s 3 of the UGC Act, 1956), Re-accredited A+ Grade by NAAC (3rd Cycle); Placed in Category 'A' by MoE (Gol) Certificate Dr./Mr./Ms. SUSHMITA HIREMATH College of Pharmacy, Hubball of I actively participated as a Resource person/ Delegate in workshop on HPTLC : An Analytical Technique in Herbal Drug Industry 10 on IIth April 2023 organized by Department of Pharmacognosy. KLE College of Pharmacy, Belagavi. mul CHIEF CO-ORDINATOR Prof. (Dr.) Sunil S. Jalalpure Principal PROGRAM COORDINATOR Mr. Akshay K Patil Prof. (Dr.) Kalpana Patil Asst. Prof., Department of Pharmacognosy Head, Dept. of Pharmacognosy D.N.S PROGRAMME COORDINATOR Dr. Darbha Nithyananda Sastry aller the firm Asso. Prof., Department of Pharmacognosy ARU AND Scanned with CamScanne





Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of

KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



Daties - Etter =: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org. Email: principal.klescoph@gmail.como.0xa6.2371048, Veb TSUT. HIS IT princpharmhbl@kledeemeduniversity.edu.in

> Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

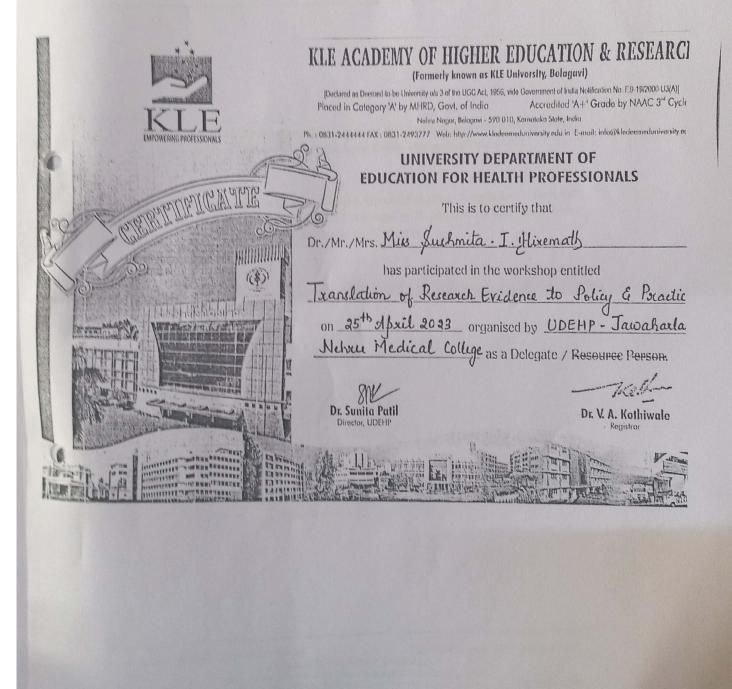
Ms. Sushmita Hiremath, Asst. Prof. attended Workshop entitled, HPTLC an analytical technique in Herbal Drug industry on 11th April 2023 organized by Department of Pharmacognosy KLE College Pharmacy, Belagavi as a Delegate. She has received Rs 650/- from the Institution/University.



Principa KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidvanager, HUBBALLI 580 031

Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (Gol) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NEA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi





canned with CamScapp



(

6

### KLE COLLEGE OF PHARMACY

Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi er

(Deemed-to-be-University) ...



seen.org. Sum 🗎 : 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com.exit.22/3045. Web. http://www.klescoph@gmail.com.exit.22/3045. Web. http://www.klescoph@gmail.com.exit.22/3045. Web. http://www.klescoph@gmail.com.exit.22/3045. Web. http://www.klescoph@gmail.com.exit.22/3045. Web. http://www.klescoph@gmail.com.e princpharmhbl@kledeemeduniversity.edu.in

> Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

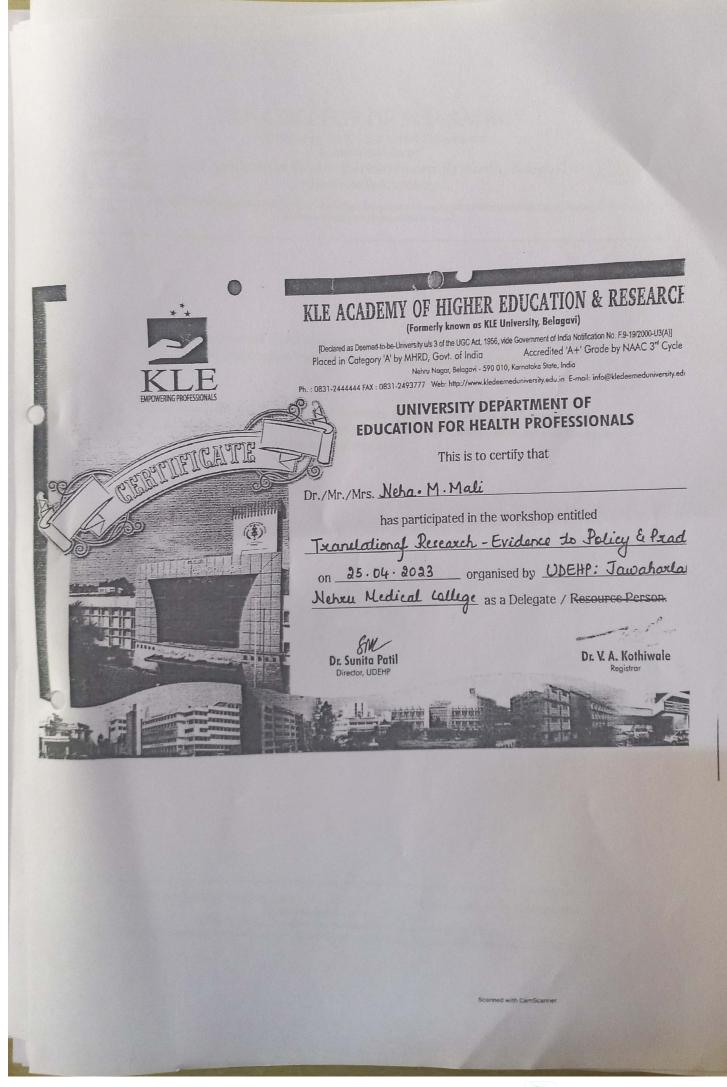
Ms. Sushmita Hiremath, Asst. Prof. attended Workshop entitled, Translation & Research evidence to policy & Practice on 25th April 2023 organized by JN Medical College, Belagavi as a Delegate. She has received Rs650/- from the Institution/University.



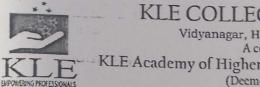
KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Vidvanager, HUBBALL1 580 031

Accredited 'A*' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (Gol) Accredited 'A*' Grade by NAAC (3-Cycle) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi









(0

### KLE COLLEGE OF PHARMACY

Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavian (Deemed-to-be-University) -



Artheologic Deniore, Emit 📲 : 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com.ztdu. 2011042, Web: http://www.klescoph.org, 2011042, Web: http://www.klescoph@gmail.com.ztdu. 2011042, Web: http://www.klescoph@gmail.com.ztdu. 2011042, Web: http://www.klescoph@gmail.com.ztdu. 2011042, Web: http no ile rou n princpharmhbl@kledeemeduniversity.edu.in

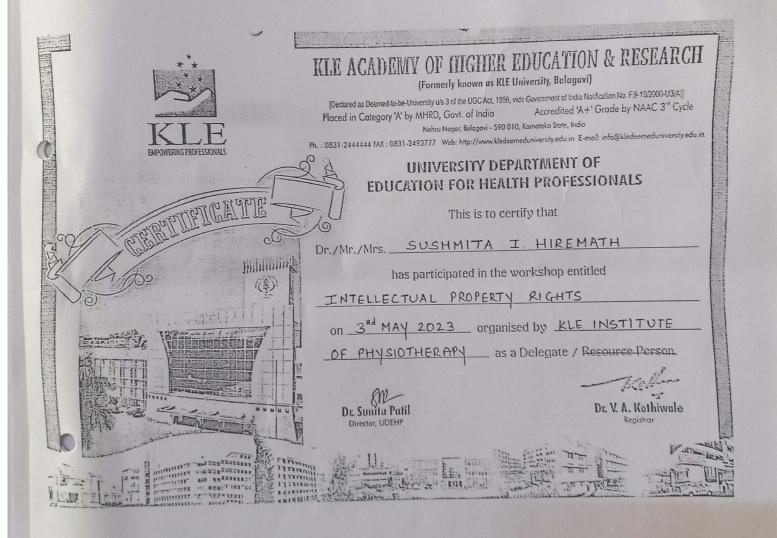
> Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Neha Mali, Asst. Prof. attended Workshop entitled, Translation & Research evidence to policy & Practice on 25th April 2023 organized by JN Medical College, Belagavi as a Delegate. She has received Rs650/- from the Institution/University.



KLES College of Pharmacy (A constituent unit of KLE Academy of Higher Education & Research) Victionarier, HUBBALLI, 580.031

Accredited 'A*' Grade by NAAC (3nd Cycle) Placed in Category 'A' by MHRD (Gol) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



ned with CamScar





### KLE COLLEGE OF PHARMACY

A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

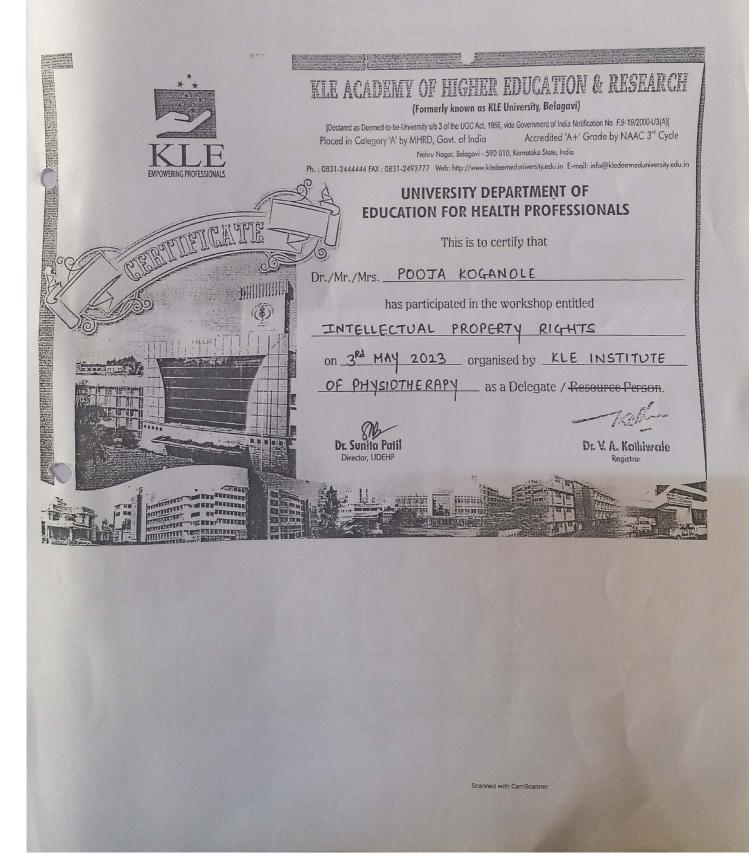
Ms. Sushmita Hiremath, Asst. Prof. attended Workshop entitled, IPR on 3rd May 2023 Organized by KLE Institute of Physiotherapy Belagavi as a Delegate. She has received Rs625/from the Institution/University.



Principal KLES College of Pharmady (A constituent unit of KLE Academy of Higher Education & Research) Mitvanager HUBBALLI 560.031

Accredited 'A+' Grade by NAAC (3nd Cycle) Placed in Category 'A' by MHRD (Gol) Accredited 'A' Grade by HARC (C' Colley) Recognized by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi









**KLE COLLEGE OF PHARMACY** Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



E: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Pooja Koganole, Asst. Prof. attended Workshop entitled, IPR on 3rd May 2023 Organized by KLE Institute of Physiotherapy Belagavi as a Delegate. She has received Rs 625/- from the Institution/University.

Accredited 'A ' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognised by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



	BELAGAVI & RESEARCH Maia Notification No. F9-19/2000-U3(A)] Accredited 'A'+ Grade by NAAC 3rd Cycle	ricology	vation Pedagogy"	אדאץ from kit נטוונקנ סר has participated a <del>s resource person</del> in Workshop	30° August 2023 at KLE College	g.M. Kandogi	Chief Convener Prof.(Dr.) Panchaxari M. Dandagi KLE College of Pharmacy, Belagavi
BELTAUN	KLE COLLEGE OF PHARMACY, BELAGAVI KLEACADEMY OF HIGHER EDUCATION & RESEARCH KLEACADEMY OF HIGHER EDUCATION & RESEARCH [Declared as Deemed-to-be-University u/s 3of the UGC Act, 1956, vide Government of India Notification No. F9-19/2000-U3(A)] aced in Category 'A' by MHRD, Gover. of India CERTIFICATE OF PARTICIPATION CERTIFICATE OF PARTICIPATION	Department of Pharmacology & Toxicology	'The Future of Higher Education in Innovation Pedagogy"	PRABHU SHREYA ATAY LI has participated a	on The Future of Higher Education in Innovation Pedagogy on 30° August 2023 at KLE College of Pharmacy, Belagavi	Y	
	KLE COLLEG KLEACADEN [Declared as Deemed-to-be-University u/s Placed in Category 'A' by MHRD, Govt. of India		"The Future of	This is to certify that <u>Ms.</u> <b>PRABHU</b> <b>PHARMACY</b> , <b>HUBBALLI</b>	on The Future of Higher	Ammin	Chief Co-ordinator         Prof.(Dr.) Sunil S       Jalalpure         Principal       Rtincipal         KLE College of Pharmacy, Belagavi

O Scanned with OKEN Scanner



**KLE COLLEGE OF PHARMACY** Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



EMPOWERING PROFESSIONA : 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Prabhu Shreya Ajay, Asst. Prof. attended Workshop entitled, the Future of Higher Education in Innovation of Pedogogy on 30th Aug 2023 Organized by KLE COP, Belagavi as a Delegate. She has received Rs470/- from the Institution/University.



RINCIPA COLLEGE OF PHARMACY YUBLL

Accredited 'A' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognised by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA). Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



MORKPLACE WELLINESS FOR HEALTH PROPESSIONALS Ph. : 0831-244444 FAX : 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu in KLE ACADEMY OF HIGHER EDUCATION & RESEARCH Accredited A+ Grade by NAAC 3° Cycle organised by DEMATMENT OF [Declared as Deemed-to-be-University u/s 3 of the UGC Act, 1956, vide Government of India Notification No. F 9-19/2000-U3(A)] Dr. M. S. Ganachari as a Delegate / Resource Person. Cegistror EDUCATION FOR HEALTH PROFESSIONALS has participated in the workshop entitled UNIVERSITY DEPARTMENT OF (Formerly known as KLE University, Belagavi) Nehru Nagar, Belagari - 590 010, Karnataka State, India POOTA N. GOUDA This is to certify that Placed in Category 'A' by MHRD, Govt. of India On 06- 11-2023 ROLIC MEALTH Dr. Sunita Patil Director, UDEHP Dr./Mr./Mrs. 6 3 200 EMPOWERING PROFESSIONALS 

**O**₿

Scanned with OKEN Scanner



Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



a: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Pooja N Gouda, Asst. Prof. attended UDHEP Workshop entitled, Workplace wellness for Health professionals on 6th Nov 2023, Organized by Department of Public Health, Belagavi as a Delegate. She has received Rs625/- from the Institution/University.



RUNCIP ERSITY COLLEGE OF PHARMACY AUBLL

Accredited 'A' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognised by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New



C Scanned with OKEN Scanner

Ph.: 0831-2444444 FAX : 0831-2493777 Web, http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in KLE ACADEMY OF HIGHER EDUCATION & RESEARCH WORPHALE WELLNESS FOR HEALTH PROFESSIONALS Accredited A+ Grade by MAAC 3" Cycle [Declared as Deemed-to-be-University uls 3 of the UGC Act. 1956, vide Government of India Notification No. F.3-19/2006-USIA.] Dr. Mr.S. Gonachan as a Delegate / Resource Person. organised by DEPARTMENT lequition EDUCATION FOR HEALTH PROFESSIONALS T. KSHATRIYA has participated in the workshop entitled **UNIVERSITY DEPARTMENT OF** (Formerly known as KLE University, Belagavi) Nehru Nagar, Belagani - 590 010, Karnataka State, India This is to certify that KAMALADEVI Placed in Category 'A' by MHRD, Govt. of India 06-11-2023 PUBLIC HEALTH Dr. Sunita Patil Director, UDEHP Dr./Mr./Mrs._ on 6) Production 600 2000 -SUPPRINC PROFESSION L 22 0



Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



E: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Kamaladevi T Kshatriya, Asst. Prof. attended Workshop entitled, Workplace wellness for Health professionals on 6th Nov 2023, Organized by Department of Public Health, Belagavi as a Delegate. She has received Rs625/- from the Institution/University.



RINCIPAL, AL UNIVERSITY COLLEGE OF PHARMACY NUBLL

Accredited 'A' ' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognised by Government of Karnataka B Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi





### KLE COLLEGE OF PHARMACY, BELAGAVI KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH A Constituent Unit of

Re-accredited A+ Grade by NAAC (3" Cycle), Accredited by NBA (4" Cycle)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka, India.









DITT39

Organized by

## **DEPARTMENT OF PHARMACY PRACTICE**

This is to certify that

Mr/Miss/Dr. Proble Shreyo a forghing has participated as Delegate/ Resource Person' Presented Poster in

"WORKSHOP ON COMMUNITY PHARMACY MANAGEMENT SKILLS"

Conducted on 24th November 2023

Prof. (Dr.) M. S. Ganachari Department of Pharmacy Practice, KLE College of Pharmacy, Belagavi Head of the Department

munuf

Prof. (Dr.) Sunil S. Jalalpure KLE College of Pharmacy, Belagavi

Principal



KLE COLLEGE OF PHARMACY Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



a: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Prabhu Shreya Ajay, Asst. Prof. attended Workshop entitled, Community Pharmacy Management skills on 24th Nov 2023, Organized by Department of Pharmacy Practice, Belagavi as a Delegate. She has received Rs150/- from the Institution/University.

HUBBAL

RINCIPAL, ALE UNIVERSITY **GOLLEGE OF PHARMACY** YUBLI

Placed in Category 'A' by MHRD (Gol) Accredited 'A ' Grade by NAAC (3rd Cycle) Recognised by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



ANI ANI Ani Ani Ani Ani Ani Ani Ani Ani Ani Ani	E		50	Muuuu Principal Prof. (Dr.) Sunil S. Jalalpure A.E. College of Pharmacy, Belagan	
E COLLEGE OF PHARMACY, BELAGAVI A Constituent Unit of KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH Re-accredited by NAAC (3" Cycle). Accredited by NBA (4" Cycle) JANK Campus, Nehru Nagar, Belagavi-550 010, Karnataka, India.	ate	Y PRACTICE	Dr. Popla This is to certify that Dr. Popla N. Gpuda has participated as Delegate/ Resource Person/ Presented Poster in "WORKSHOP ON COMMUNITY PHARMACY MANAGEMENT SKILLS" Conducted on 24" November 2023	Prof. (Dr.) Sunil S. J.	
	Certificate	DEPARTMENT OF PHARMACY PRACTICE	Popla This is to certify that Popla N. Gpuda has participated as Delegate/ Resource Person/ Presented Poster in KSHOP ON COMMUNITY PHARMACY MANAGEMENT SK Conducted on 24 th November 2023		
KLE COLLEGE OF AC KLE ACADEMY OF HIGHI Re-accredited A* Granded by JANC Campus, Netrul	0	DEPAR	Mr/Miss/Dr. Popula has participated as Dele "WORKSHOP ON COMMU	Head of the Department Prof. (Dr.) M. S. Ganachari Department of Pharmacy Prectice. RLE College of Pharmacy Belagan	
KE	A ALLES A ALLES A KILLES B ALLES B ALES B ALLES B ALLE	Dirf39	Ϋ́	Pro Pro	

O Scanned with OKEN Scanner



Vidyanagar, HURBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi



: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

(Deemed to be University)

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Ms. Pooja N Gouda, Asst. Prof. attended Workshop entitled, Community Pharmacy Management skills on 24th Nov 2023, Organized by Department of Pharmacy Practice, Belagavi as a Delegate. She has received Rs150/- from the Institution/University.



The LINE PERSON ) **COLLEGE OF PHARMACY** HUBLL

Accredited 'A'' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (Gol) Recognised by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi





## KLE COLLEGE OF PHARMACY, BELAGAVI A Constituent Unit of

De C

1- CE

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH Re-accredited A+ Grade by NAAC (3" Cycle), Accredited by NBA (4" Cycle)

JNMC Campus, Nehru Nagar, Belagavi-590 010, Kamataka, India.

Certificate





Organized by

## **DEPARTMENT OF PHARMACY PRACTICE**

This is to certify that

JAYASHEELA S. HIREMATH Mr/Miss/Dr...

has participated as Delegate/ Resource Person/ Presented Poster in

# "WORKSHOP ON COMMUNITY PHARMACY MANAGEMENT SKILLS"

Conducted on 24th November 2023

Head of the Department Prof. (Dr.) M. S. Ganachari Department of Pharmacy Practice, MLE College of Pharmacy, Belagavi

annul

Principal Prof. (Dr.) Sunil S. Jalalpure NLE College of Pharmacy, Belagaw



**KLE COLLEGE OF PHARMACY** Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



a: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and Towards Membership Fee of Professional Bodies During the Year - 2023

Dr. Jayasheela Hiremath., Asst. Prof. attended Workshop entitled, Community Pharmacy Management skills on 24th Nov 2023, Organized by Department of Pharmacy Practice, Belagavi as a Delegate. She has received Rs150/- from the Institution/University.



COLLEGE OF PHARMAC' HUBLI

Accredited 'A' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognised by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi



E OF PHARMACY, BELAGAVI A Constituent Unit of F HIGHER EDUCATION AND RESEARCH ed A+ Grade by NAAC (3 rd Cycle), Accredited by NBA (4 rd Cycle) Campus, Nehru Nagar, Belagavi-590 010, Kamataka, India.	CADEMIC TRAINING PROGRAMME	MACY PRACTICE	) that the	elegate in <b>ompetency Workshop</b> ".	ovember 2023	Junne	Principal Prof. (Dr.) Sunil S. Jalalpure KLE College of Pharmacy, Belagavi	
KLE COLLEGE OF PHARMACY, BELAG, A Constituent Unit of A Constituent Unit of KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH Re-accredited A Grade by NAAC (3 rd Cycle), Accredited by NBA (4 rd Cycle) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka, India.	ADVANCED ACADEMIC TRAINING PROGRAMME Theme: "Basic Medical Procedure Skill Competency Workshop" <b>Certificate</b>	Organized by DEPARTMENT OF PHARMACY PRACTICE	This is to certify that Mt/Mjss/Dr Ady ad heel a Uthink and the	has participated as Delegate in "Basic Medical Procedure Skill Competency Workshop".	Conducted on 20 th to 25 th November 2023	e a	Head of the Department Prof. (Dr.) M. S. Ganachari Department of Pharmacy Practice, KLE College of Pharmacy, Belagavi	-
A CARACTERISTICS OF A CARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTICARACTERISTIC			Tank	E	)		He Prof NLE G	



Vidyanagar, HUBBALLI - 580 031, Karnataka A constituent unit of KLE Academy of Higher Education and Research, Belagavi (Deemed-to-be-University)



a: 0836-2373174, Fax No.0836-2371048, Web: http://www.klescoph.org, Email: principal.klescoph@gmail.com princpharmhbl@kledeemeduniversity.edu.in

Teachers Provided with Financial Support to Attend Conferences/Workshops and **Towards Membership Fee of Professional Bodies During the Year - 2023** 

Dr. Jayasheela Hiremath, Asst. Prof. attended Workshop entitled, Basic Medical Procedure Skill Competency on 20-25th Nov 2023 as a Delegate. He has received Rs1,375/- from the Institution/University.



RINCIPAL C.E. UNIVERSITY COLLEGE OF PHARMACY YUBLL

Accredited 'A'' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (GoI) Recognised by Government of Karnataka B.Pharm. Course Accredited by National Board of Accreditation (NBA) Approved by Pharmacy Council of India (PCI) & All India Council for Technical Education (AICTE), New Delhi





÷,

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

1. Name	Rajashellar. S. Chavan
2. Qualification	M. Phoram
3. Designation	Amistant profenor
4. Department	Phisma cology
5. Institution	13. L. E College & Pharmony Benglin
6. Email ID	Rojeyhekan Uharan 18@9Nom). LON
7. Date of joining the Institution	05/06/2023 Begaluny, 01/08/2016 B1
8. Objectives of the Conference / Seminar / Symposium	Conference.
<ol> <li>Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium</li> </ol>	Please enclose a separate sheet.
10. Assignment in the aforesaid Conference / Seminar / Symposium	<ul> <li>a) Contributing a scientific paper (poster or oral)</li> <li>b) Delivering a guest lecture</li> <li>c) Others, if any, specify.</li> </ul>
<ol> <li>Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)</li> </ol>	Conferences
a) Title of the Conference / Seminar / Symposium	Translational Research in Dry Derugement
b) Date of conduct	2-4 Novimber 2023
c) Level of Conference (State / Zonal / National)	Nahoren)
d) Venue	Manupal college 9 Phonalubian science, NAHE
e) Financial support extended by the University	
f) Copy of the sanction letter to be enclosed	Encloyd
ote:The faculty member is eligible for financial apport to attend <u>one State / Zonal</u> and <u>one National onference in a calendar year.</u>	
. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	Confirmence MLOPS-MAITE
a) Name of the Organizer	MUOPS-MAITE
b) Title of the program	Franslahoval 2+12 archin Dry Durlo proment
c) Place	Manipal
d) Duration	03 daugs
e) Date	2-4 November 11,332/
f) Amount claimed	11,332/-





KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956] - 2 -

	enses involved towards attending the Conference:	Nanipal
b)	Mode of journey	•
	Fare	BUS TO Banglor 403×08 = 3122
c)		from Monglor 403× US = 3,22
	To and Fro expenses	J-1, - TUSG) - 644
	Registration / Delegation Fee	3,541
	Accommodation charges	1,344
	Total Expenses	11,332
14. Do	cuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	Endored
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Envina
	DECLARAI	TION
_ 1	hereby declare that :	
	• I have furnished the information in this application which	is true to the best of my knowledge and belief.
	<ul> <li>I am not getting any financial assistance / support from agency for attending the aforesaid Conference,</li> </ul>	
	<ul> <li>I shall produce necessary bills / receipts along-with Atter University from the date of attending the aforesaid Confe</li> </ul>	ndance / Participation Certificate within fifteen days to prence,
	• I shall conduct a seminar for the benefit of the faculty	members of the Department / Institution to share
	<ul> <li>I shall conduct a continue gained from attending the aforest of the shall reimburse the amount to the University in excess of the shall reimburse the amount to the University in excess of the shall reimburse the amount to the University in excess of the shall be s</li></ul>	
	• I shall reimburse the amount to the oniversity in excess t	
Date :	1212/2023 Sig	nature of the faculty member
	10. KAI-1ER/23-24/D-09122304	Date: 17/12/20 23
	N. <u>NARO RES.</u>	
To The F	Registrar,	
KAHE		
Belga	um.	
Deer	Sir,	
Dear		you Teacher in the prescribed format for grant
	We are enclosing herewith the application of the ab	to gran
	We are enclosing herewith the application of the ab cial support for presentation scientific paper (poster o	or oral) / delivering a guest lecture to attend
financ	We are enclosing herewith the application of the ab cial support for presentation scientific paper (poster of erence for kind consideration.	or oral) / delivering a guest lecture to attend
financ	cial support for presentation scientific paper (poster o	or oral) / delivering a guest lecture to attend t
finano Confe	cial support for presentation scientific paper (poster or erence for kind consideration. Thanking you,	or oral) / delivering a guest lecture to attend to Yours faithfully,
finano Confe	cial support for presentation scientific paper (poster or erence for kind consideration. Thanking you,	or oral) / delivering a guest lecture to attend t
financ Confe	cial support for presentation scientific paper (poster of erence for kind consideration. Thanking you, Thanking You,	Yours faithfully,
financ Confe	cial support for presentation scientific paper (poster or erence for kind consideration. Thanking you,	or oral) / delivering a guest lecture to attend t



 ***
 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

 KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

 Ceemed-to-be-University established u/s 3 of the UGC Act, 1956)

 Accredited A⁺ Grade by NAAC (3rd Cycle)

 Placed in Category 'A' by MoE (Gol)

 JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India

 *: 0831-244444

Ref. No. KAHER/23-24/D- 09122304

30th October, 2023

### ORDER

Sub: Approval of Grant of financial support.

Ref: Your office letter Ref. No. KLECOPBLR/2023-24/157 dated 19th October, 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 'TRDDCON-2023' to be held on 2nd and 4th November, 2023 in Manipal College of Pharmaceutical, Manipal.

SL.	Name	Designation	Department
No.			
1	Mr. Rajashekar S Chavan	Assistant Professor Gr I Department of Pharmacology,	KLE College of Pharmacy, Bengaluru.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Dr. M. S. Ganachari Registrar

To,

The above staff member.

CC to:

1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.

2. The Principal, KLE College of Pharmacy, Bengaluru.

3. The Finance Officer, KAHER, Belagavi



Photo SI no Content Poster Presentation at TRDDCON-2023 held on 2nd to 01 4th November 2023 in Manipal College of Pharmaceutical Manipal Enclosed 3,540/-Registration 02 1,344/-Accommodation Enclosed 03 As pre university revised policy Fare To Bangalore 403 X 08 = 3224 /-Enclosed

From Manipal 403x08 = 3224 /-

Total

11,372/-

### Conference Participate Details: TRDDCON-2023 held on 2nd to 4th November 2023 Manipal College of Pharmaceutical, Manipal

1

Signature g - A-A-A Rajashekar S.C



**Transaction Successful** 07:05 AM on 02 Nov 2023

# Paid to



MAHE HOSTEL
MAHE HOSTEL (Arronodertion) (Arronodertion)
dereres

₹1,344

5			-		
				Data	
	Ξ	Iran	STer	Deta	$\mathbf{IS}$
•		nun	0101	Detta	
-					

Transaction ID

T2311020705016984220347

# Debited from



XXXXXXXXXX2909

₹1,344

UTR: 330614827878

Powered by LIPIN VYES BANK





ACADEMY of HIGHER EDUCATION

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

### e-Receipt

. .

.

Registration No:	RCOPMA0119_000008
Order ID:	O_PTCOPMA0119_000007
Transaction ID:	2023100901090000918192326890114118
Receipt No:	recCOPMA0119_000006
Date:	09 Oct 2023
Institution/Department:	Department of Pharmacology, KLE College of Pharmacy, Bangalore.
Name:	rajashekar s chavan
Fee amount(in figures):	3540.0000
Fee amount(words):	Three Thousand Five Hundred Forty Only

÷ .





rajashekar chavan <rajashekarchavan18@gmail.com>

### Acceptance of Abstract TRDDCON-2023 Manipal

1 message

Abstracts TRDD [MAHE-MCOPS] <abstracts.trdd@manipal.edu> To: rajashekar chavan <rajashekarchavan18@gmail.com>

Mon, Oct 16, 2023 at 7:18 PM

Dear Rajashekar S. Chavan,

### Greetings from MCOPS, MAHE, Manipal

Your abstract has been accepted for the poster presentation at TRDDCON-Congratulations 2023.

We are attaching the template and guidelines for poster presentation with this mail. Make the poster in the given template on proposed guidelines. Strictly adhere to the guidelines.

Note: Registration is mandatory thus, kindly complete the registration formalities at the earliest. If already registered, please ignore. Abstract ID will be available at the Venue.

Thank you.

Kind Regards,

- Scientific Committee

National Conference on Translational Research in Drug Development TRDDCON - 2023

Organizers: Manipal College of Pharmaceutical Sciences, Manipal Academy of Higher Education.

Dates: 2nd – 4th November 2023.

For more details, click on the following link.

https://conference.manipal.edu/TRDDCON2023/Home.aspx#

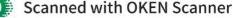
Disclaimer: This email and any files transmitted with it are privileged and confidential material of Manipal Academy of Higher Education (MAHE). They are intended to named recipient(s) only. If you are not the intended recipient of this message, please contact the sender and delete the message. This Email message including attachment(s), if any, is believed to be free of any virus. However, it is the responsibility of the recipient to ensure that it is virus-free, and MAHE accepts no liability for any loss or damage arising in any way from its use. Please consider the environment before printing this email.

### 2 attachments

- **TRDDCON 2023 Poster guidelines.docx** D) 66K
- **TRDDCON 2023 Poster Template.pptx** 3 376K

https://mail.google.com/mail/u/0/?ik=12552f56cb&view=pt&search=all&permthId=thread-f:1779967343687405562&simpl=msg-f:1779967343687...





# Momordica charantia, Nigella sativa, and Anethum graveolens as potential combination therapy for the management of Metabolic Syndrome: An in silico and in vitro study

### reditioners action factorialist frances are

Repushekan & Chinem Neyrem A. Khatib, Vishal Patil, Hariprasad M.G. Moqbel Ali There is a sufficient Demarment of Pharmacology, KLE College of Pharmacy, Bangalore, Department of Phononecology, RLE College of Phononex, Belogavi, RLE Academy of Higher

Solucation and Research, Nielins Nagar, Bellapori, Karnataka, India A grant which and there are "A grant and a state

### A There were

Background Memordica charantia (MC), Nigella sativa (NS), and Anethum grammolene (AG) are well-known medicinal plants possess anti-diabetic and antiallowing properties. However, the molecular mechanisms for reporting their inhibitory afflects on paracreatic lipase, alpha-glaconidane, and HMG-CoA reductase remain amonghored. Alona & objectives This study arread to elucidate the efficacy of NS, MC, and AC extracts blends in targeting aforementioned targeting via utilizing an integrative approach combining in some assessments and molecular modeling techniques. Methods & factorial design matrix generated eight distinct concentration combinations of NS, MC, and AG, were screened for enzyme inhibition by in ozro-Melaestar docking, molecular dynamics simulations, MMPDUA calculations, and principal eximponent analysis ware exacting to other the interaction of compounds done tok, tall, and his against prioritized target enzymes. Results A formulation animations SR MC AG as a 113-50 M and make showed significant infulntion of 217 Au 27 parton adheatanty infidiation both a glucosciluon (1014). In (1004) at any mill and address is an internet and the strain of the property of the second strong builting affinity accepting an draw singurary, compared in their extramous standard composition datagoant, becompationed and dronganic showed funding substation of -22.3). 4.4, and 7.7.9 Isodianal with purchasing lippon, applicatelying, and highlid R.



100

respectively. Further, 100 ns molecular dynamics simulations revealed the formation and stable non-bonded interactions between the compounds and the active site residues. Conclusion Through the application of in vitro and molecular modeling methodologies, the study reports potent inhibitory activity of the NS:MC:AG mixture (at a ratio of 215:80:35 µg/mL) and specifically MC compounds to possess significant contribution in targeting pancreatic lipase, a-glucosidase, and HMGCR. This study concludes, NS, MC, and AG as potent anti-diabetic and anti-obesity plants and could be the valuable source for therapeutic development for metabolic syndrome.

Keywords: Momordica charantia, Anethum graveolens, Nigella sativa, Pancreatic lipase, Molecular docking, Molecular dynamics simulation



Gmail - Fwd: Booking Confirmation



34 AM

rajashekar chavan <rajashekarchavan18@gmail.com>

### Fwd: Booking Confirmation

1 message

rajashekar chavan <rajashekarchavan18@gmail.com> To: rajashekar chavan <raj18chavan@gmail.com> Wed, Nov 29, 2023 at 2:33 AM

### Mr.Rajashekar S chavan

M.Pharma in Pharmacology Assistant Professor Department of Pharmacology KLEU'S college of Pharmacy Rajajinagar, Bengaluru -10 Mobile no- 9739338050,8904968759

From: <donotreply@ksrtc.in> Date: Thu, Nov 2, 2023 at 4:21 PM Subject: Booking Confirmation To: <rajashekarchavan18@gmail.com>

						h	
		ಇ-ಟಿಕೆಟ್ /	ಮೀಸಲಾ	ತಿ ಚೀಟಿ / E-Ticket/Reserva	ation V	oucher	
ಕರ್ನಾಟಕ ರಾಜ ಕೇಂದ್ರ ಕಛೇರಿ, 7 ROAD, Bengal	ವಾರಿಗೆ ಭವನ	ನ ಕ ಹಚ್ ೦ಗ	ມ, ພ <b>ບ</b> ∩ຈະ	<b>AKA STATE ROAD TRANSF</b> ೂರು -560027, ಕರ್ನಾಟಕ, ಭಾ	PORT 0ರತ / (	CORPORATION Central Office, Tran	
'ದೂರವಾಣಿ ಸಂ	ಖ್ಯೆ /	080-2222132	21 / 080-2	6252625			5 m
Telephone No.	menage	ksrtc.karnata	ka.gov.in	or www.ksrtc.in			
ಎನ್ಆರ್ ಸಂಖೆ, NR Number	,	997323		ಪ್ರಯಾಣದ ದಿನಾಂ Date of Journey :	0र <i>।</i>	04-Nov-2023	
NR Number ವ್ರಿವ್ ಕೋಡ್ / Tric	Code 202	1MNPBNG		ಸೇವೆಯ ವರ್ಗ / C Service :		NON AC SLEEPE	ĒR
ದ್ರಾರಂಭ ಸ್ಮಳ / Si ಗೂಡ :	tart MA	NIPAL		ಪ್ರಯಾಣಿಕರು ಹತ ಸ್ಮಳ / Boarding Po		MANIPAL BUS S	TAND
ಿರ್ಗಮನ ವೇಳೆ / Departure Time :	20:	21		ಅಂಕಣ ಸಂಖ್ಯೆ / Platform No :			
1ಮ್ಮ ಸ್ಥಳ / End F	Place : BE	NGALURU		ಸ್ಥಳ / Alighting Po	ಪ್ರಯಾಣಿಕರು ಇಳಿಯುವ ಸ್ಥಳ / Alighting Point :		
ಒಟ್ಟು ಆಸನಗಳು/ Seats :		Adults: 1 Ch	nildren: 0	ಆಸನ ಸಂಖ್ಯೆ / Sea No(s) :	at	6	
ವ್ಯವಹಾರ ಗುಪ್ಪಪ Txn Password:	ය/ 399	والمتحمد والمراجع	The American State and Marine and States				
	depicture of a conservation of a second s	ವ್ರಂ	ಭಾಣಿಕರ	ಮಾಹಿತಿ / Passenger Inform	nation		
ಹೆಸರು / Name	ವಯಸ್ಸು / Age	ವಯಸ,ರು / ಮಕ್ಕಳು / Adult/Child	ව්ori / Gender	ರಾಫಿ _ಟ ್ರೇಯತೆ/Nationality	DOB	ಪಾಸ್ರೋರ್ಟ್ ಸಂಖ್ಯೆ/Passport No	ವಿಳಾಸ/Address
RAJASHEKAR S CHAVAN	37	ADULT	Male	IN-INDIA			
ಶ್ರ <b>ಯಾಣ ದರ ವಿ</b> ಮೂಲ ಪ್ರಯಾಣ ರಿಯಾಯಿತಿ ಮೊತ್ತ ಕಾಯ್ದಿರಿಸುವಿಕೆ ಶ ಇತರೆ ಶುಲ್ಕಗಳು /   ಪಿಎಸ್ಟಿ / GST : [ ಒಟ್ಟು ಪ್ರಯಾಣದ	යය / Basic ( / Concess රට, / Reser Levies : මිනි මී0.0	Fore: 2822 Ion Fee : 20 Vation Fee : 2 56.0	.0 .0 20.0				

https://mail.com/mail/u/D/?ik=12552/56cb&view=bt&search=all&bermthid=thread=f-17814401485814014808.simnt=msd-a+124763200205...

1/4



rajashekar chavan <rajashekarchavan18@gmail.com>

### **Booking Confirmation**

2 messages

donotreply@ksrtc.in <donotreply@ksrtc.in> To: rajashekarchavan18@gmail.com

Tue, Oct 31, 2023 at 8:01 PM

-				0		tion V	oucher	
		ಇ-ಟಿಕೆಟ್ / ಇ	ಮೀಸಲಾ.	ම අදස් /	E-Ticket/Reserva			
<b>ಕರ್ನಾಟಕ ರಾ</b> 2 ಕೇಂದ್ರ ಕಛೇರಿ, 7 ROAD, Bengali	ಸಾರಿಗೆ ಭವಸ	ನ, ಕೆ ಹಚ್ ರಸ್ತ	, ಬಂಗಳೂ	.KA STAT ೨ರು -5600	'E ROAD TRANSP 027, ಕರ್ನಾಟಕ, ಭಾ	ರತ/೧	Central Office, Trans	
್-ದೂರವಾಣಿ ಸಂ Telephone No.		080-2222132		6252625				
ಮುಖಪುಟ / Ho	mepage :	ksrtc.karnata	ka.gov.in (	or www.ks				
ಪಿಎನ್ಆರ್ ಸಂಖ್ಯೆ PNR Number	s / J96	965683			ಪ್ರಯಾಣದ ದಿನಾಂ Date of Journey :		01-Nov-2023	M CLASS (AC
ಟ್ರಿಪ್ಕೋಡ್ / Trip	^{o Code} 210	0BNGCDP			ಸೇವೆಯ ವರ್ಗ / Cl Service :	lass of	AMBAARI DREA SLEEPER)	
: ಪ್ರಾರಂಭ ಸ್ಥಳ / S ⁻ Place :	tart / BEI	NGALURU			ಪ್ರಯಾಣಿಕರು ಹತ ಸ್ಥಳ / Boarding Po		NAVARANG PAR	K 9008752232
ನಿರ್ಗಮನ ವೇಳೆ /	21:	10			ಅಂಕಣ ಸಂಖ್ಯೆ / Platform No :		PARK	
Departure Time : ಗಮ್ಯ ಸ್ಥಳ / End F	Place :	UPI			ಪ್ರಯಾಣಿಕರು ಇಳಿ ಸ್ಥಳ / Alighting Po		UDUPI BUSSTAN	ID
ಒಟ್ಟು ಆಸನಗಳು/ Seats :	Total 1 (	Adults: 1 Ch	ildren: 0	)	ಆಸನ ಸಂಖ್ಯೆ / Se No(s) :	at	34	
ವ್ಯವಹಾರ ಗುಪ್ರಪ Txn Password:	ಟದ / 424							
		ಪ್ರಯ	ಭಾಣಿಕರ	ಮಾಹಿತಿ	Passenger Infor	nation		
ಹೆಸರು / Name	 ವಯಸ್ಸು / Age	ವಯಸ್ಕರು / ಮಕ್ಕಳು / Adult/Child	ಲಿಂಗ / Gender	ರಾಷ್ಟ್ರೀ	ಯತೆ/Nationality	DOB	ಪಾಸ್ಪೋರ್ಟ್ ಸಂಖ್ಯೆ/Passport No	ವಿಳಾಸ/Address
RAJASHEKAR S CHAVAN	37	ADULT	Male		IN-INDIA			
ಪ್ರಯಾಣ ದರ ವಿ ಮೂಲ ಪ್ರಯಾಣ ರಿಯಾಯಿತಿ ಮೊತ್ತ ಕಾಯ್ದಿರಿಸುವಿಕೆ ಶ ಇತರೆ ಶುಲ್ಕಗಳು / ಜಿಎಸ್ಟಿ / GST : [ ಒಟ್ಟು ಪ್ರಯಾಣದ ಮಾರ್ಗ ಮಧ್ಯೆ ಉನ	ದರ / Basic 3 / Concess ಎಲ್ಕ / Reser Levies : ಮಾ 65.0	Fare : 2119 ion Fee : 20. vation Fee : 2 78.0	0.0 .0 20.0	ehment S	tops : Hotel Food	Cultur	re 2245	
ಗುರುತಿನ ಚೀಟೆಗ ಕಾರ್ಡ್, ರೇಷನ್ ಅಥವಾ ಛಾಯಾ ಕಂಪೆನಿಗಳಿಂದ ಪ್ ವಿತರಿಸಿರುವ ಮು ಮುಖಾಂತರ ಹಾ ಯನ್ನು ಗುರುತಿನ the passenger b Card, Senior Cit / Original with P the Education In (Soft Copy) pres	ಕಾಯ್ದಿರಿಸಿ (ಳು :- ಚಾಲ ಕಾರ್ಡ್, ಹಿಗ ಪ್ರತಿ/ ಸಕಾ ಲ್ರೋಟೋ ಸ ಂಲ ಗುರುತಿ ಜರುಪಡಿಸ. ನ ಮಾನ್ಯ ಪ ooked on a izen card w hoto identi stitutions/ eented thro	ದ ಪ್ರಯಾಣಿಕ ಎನಾ ಪರವಾನ ರಿಯ ನಾಗರಿಕ Fರಿ ಇಲಾಖೆಗಳ ಮೇತ ವಿತರಿಸಿ ವೆ ಚೀಟಿ/ ಫೊ ಎವ ಆಧಾರ್ ಕ ಎರಾವೆಯಾಗಿ : an e-ticket:- D vith photogra fication card Original with ugh Digilocke	ರ ಪೈಕಿ 2 ನಗಿ, ಚುನಾ ಲೆ ಗುರುತಿ ಳಿಂದ ಫೊ ಸಿರುವ ಮ (ಟೋ ಇ ಡ್F, ಪ ತೋರಿಸ2 ph /Origin issued by Photo do er App co	ಎದಣ ಗುಂ ವಿನ ಚೀಟಿ ೧೯೬೫ ಗುಂ ರುವ ಮು ರಾನ್ಕಾಡ ಎಹುದಾಗ cense, Vo nal Identi y Private ebit / crea	, ಪ್ರಯಾಣಿಕರ ಫೊ ನಮೇತ ವಿತರಿಸಿರುವ ನುತಿನ ಚೀಟಿ/ ಶಿಕ್ಷಣ ೧೮ುತ್ರದೆ. Valid IDs oter Identity Card Companies/ Orig dit cards/ Aadhaa as valid proof of	o ಕಠದ ನೇಟೊ ವ ಮು ನ್ ಕಾರ ನಾ ಪರ to be , PAN y the G inal w r, PAN f ident		(, ಆಧುರಿ ಮೂಲ ಚೀಟಿಯ ಮೂಲ ಬೆ / ಖಾಸಗಿ ನ್ ಆಪ್ ಚೀಟಿ (ಸಾಫ್ಟ್ ಪ್ರತ journey by one o adhar, Ration rtments with pho Card issued by License Identity
(Soft Copy) pres	ented thro	ugh Digilock	er App co	onsidered	as valid proof of	luein	9254012&simpl=msa	



1/4



dr. subhas s karki <subhasskarki@gmail.com>

### ICDD2022- Registration confirmation

2 messages

### International Conference Drug Discovery <icdd2022@goa.bits-pilani.ac.in> To: subhasskarki@gmail.com

16 September 2022 at 20:10

8 March 2023 at 10:19

Dear Participant,

Congratulations! You have registered successfully for the International Conference on Drug Discovery 2022: Success Stories - From Computation to Clinical Trials. Your registration number is **1170**.

Reg. number	Name	Bank ref no	Email ID	Registration type
1170	Dr. Subhas S Karki	DUJ7067105	subhasskarki@gmail.com	ICDD 22-Faculty

You will get a separate email if you have opted for Poster Presentation soon. Please check the website (https://www.schrodinger.com/ICDD-2022) for conference updates. In case of any query, feel free to contact us at icdd2022@goa.bits-pilani.ac.in.

In general, Goa will be busy from November due to the International Film festival and destination wedding events, <u>We advise you to book your travel and</u> <u>accommodation immediately</u>. To facilitate finding hotels near to the venue we have tied up with DPSC hospitality who will help to book your accommodation and Schrodinger would provide the transportation free from those hotels.

Looking to seeing you here, ICDD2022 Team.

The information contained in this electronic communication is intended solely for the individual(s) or entity to which it is addressed. It may contain proprietary, confidential and/or legally privileged information. Any review, retransmission, dissemination, printing, copying or other use of, or taking any action in reliance on the contents of this information by person(s) or entities other than the intended recipient is strictly prohibited and may be unlawful. If you have received this communication in error, please notify us by responding to this email or telephone and immediately and permanently delete all copies of this message and any attachments from your system(s). The contents of this message do not necessarily represent the views or policies of BITS Pilani.

dr. subhas s karki <subhasskarki@gmail.com> To: Kle Pharmacy <klepharmacy.blr@gmail.com> Cc: "rajamma A.J" <abburjayaramu6@gmail.com>

[Quoted text hidden]

Subhas S. Karki, Ph D Professor & Head KLE College of Pharmacy (A Constituent unit of KAHER-Belagavi) Head, Dept. of Pharm. Chemistry Project Manager, BSRC Off campus Rajajinagar, 2nd Block, Bangalore-560010 +91 80 23325611 (off) +91 80 23425373 (fax) subhasskarki@gmail.com, https://orcid.org/0000-0002-5599-3594 Scopus Author ID: 7004600123



Principal KLE College of Pharmacy

Bengaluru-560 010

ver
COVE
ŭ
isc
$\cap$
rug
-
5
C
0
ference
Ŭ
č
-
y.
21
L'
<b>Conference on</b>
Ö
$\mathbf{O}$
_
0
السار ا
ā
nternationa
à anna
<u>e</u>
C

1

Nov. 10th & 11th 2022, BITS Pilani, K K Birla Goa Campus

Certificate



This is to certify that

has successfully participated in International Conference on Drug Discovery

held at BITS-Pilani K K Birla Goa Campus on 10th & 11th Nov. 2022

and presented a poster.

R. Raghu

Kurt Prof. Suman Kundu Constant of

CLE College of Pharmy Bengaluru-560 010

Principal

 $\left( \overbrace{O}^{\sim}\left( \begin{array}{c} B,B,No,1062 \\ B, \\ \neg \exists alun_{-10} \end{array} \right) \right)$ 

**BITS Pilani** K K Birla Goa Campus

Schrödinger .

Director, BITS Pilani, K.K. Birla Goa Campus

Vice President

	ce: IXIFT00006552883		
CIN : UE	UES TECHNOLOGY LIMITED 33000HR2006PLC071540 tor 53, Golf Course Road, Gurgaon, Haryana	ı <b>, 12200</b> 2	2
Booking Id : IF22101427993772 Details Of Service Provider : Le Travenues Technology Limited GSTIN : 06AABCL1932G1ZV SAC Code : 998551	Invoice date and time : Fri Oct 14 202 Place of Supply : Haryana		
Details Of Receiver (Billed To) Name :	Subhas Karki		
Fare (Incl of All taxes)			5089.0
Airlines Ancillary Charges (Incl of All taxes)			0.0
Net Other Service charges & Fees (a)			0.0
Other Service charges & Fees			319.0
Reversal of Other Service charges & Fees			-319.0
Coupon Discount:			- 191.0
CGST @9% on (a):			0.0
SGST @9% on (a):			0.0
IGST @18% on (a):			0.0
Total Payable			4898.0
Invoice Total (In Words) : Rupees Four Thousand Eight Hundred Ninety Eight Only		<b>Invo</b> 4898	ice Total : 3
Certified that the particulars above are true and correct and the amoun 1) Represents the price actually charged and that there is no additional cons 2) No tax is payable under reverse charge for this invoice.	t indicated : sideration directly or indirectly.		
TERMS OF SALE : a) Any disputes shall be subject to the exclusive jurisdiction of courts at Gurg b) All taxes charged on Actual basis. c) Total payable is inclusive of Fare & other services collected on behalf of th company etc for which they are responsible for charging GST & issuing resp d) Convenience Fee & Travel insurance charges are non refundable.	he airline/Other service providers/Insurance	TEC	LE TRAVENUES HNOLOGY LIMITED



Principal KLE College of Pharmacy Bengaluru-560 010

	KIFT00006401796	
CIN : U630001	ECHNOLOGY LIMITED HR2006PLC071540	2000
Second Floor, Veritas Building, Sector 53	, Golf Course Road, Gurgaon, Haryana, 12	22002
Booking Id : IF22091527223057 Details Of Service Provider : Le Travenues Technology Limited GSTIN : 06AABCL1932G1ZV SAC Code : 998551	Invoice date and time : Thu Sep 15 2022 · Place of Supply : Haryana	11:24:26 IST
Details Of Receiver (Billed To) Name :	Subhas Karki	
Fare (Incl of All taxes)		4744.00
Net Other Service charges & Fees (a)		7.62
Other Service charges & Fees		307.62
Reversal of Other Service charges & Fees		-300.00
CGST @9% on (a):		0.69
SGST @9% on (a):		0.69
IGST @18% on (a):		0.00
Total Payable		4753.00
Involce Total (In Words) : Rupees Four Thousand Seven Hundred Fifty Three Only		Invoice Total : 4753
Certified that the particulars above are true and correct and the amount indi 1) Represents the price actually charged and that there is no additional considera 2) No tax is payable under reverse charge for this invoice.		
TERMS OF SALE : a) Any disputes shall be subject to the exclusive jurisdiction of courts at Gurgaon b) All taxes charged on Actual basis. c) Total payable is inclusive of Fare & other services collected on behalf of the air company etc for which they are responsible for charging GST & issuing respective d) Convenience Fee & Travel insurance charges are non refundable.	line/Other service providers/Insurance	For LE TRAVENUES TECHNOLOGY LIMITED



Principal KLE College of Pharmacy Bengaluru-560 010



# Fwd: ICDD BITS PILANI- Hotel Avisha Residency-Subhas Karki-9448017123-BIT/988.

3 messages

My Hotels Bookings <afterbookings@gmail.com> To: "subhasskarki@gmail.com" <subhasskarki@gmail.com> 27 October 2022 at 18:52

Dear Sir/Madam,

Greetings from DPSC Hospitality !

Please find below reservation details

Hotel Name : Hotel Avisha Residency Address : behind state bank of India, Pixem Dongri, Vaddem, Vasco da Gama, Goa 403802 MAP Link : https://goo.gl/maps/9HSJNJ9W1wxn2oB28 Reception No : 9738360260 / 9172999922

Guest name: Subas Karki Check in :09/11/22 @ 12:00hrs Check out : 12/11/22 @ 10:00hrs No. Of person : 2 No. Of rooms : 1 Total cost : INR 6300 Inclusion : AC room Without breakfast

To confirm the reservation you need to pay INR 2000 and balanced at the time of check in

Bank Name : AXIS BANK Account Name : DPSC HOSPITALITY Account No. : 917020079087534 IFSC Code : UTIB0003183 Branch : Caranzalem, Panaji

Standard Terms & Conditions:

1) Each member of the group must carry a valid ID proof at the time of check in, as per Government regulation.

2) Early check in or late check out are subject to availability on additional cost.

3) At present, we are not blocking rooms. Reservations will be offered on a first confirmation basis as we have made multiple offers or will be subject to availability on confirmation. Booking will be confirmed after paying advance payment.

4) The GST bill can be provided by paying an additional 12% on the booking amount.

Your Sincerely,

Sneha

**Reservation Manager** 



KLE College of Pharmacy Bengaluru-560 010

Dr. karki. S - financial support

01		Particulars - CAMABAD MAKBCHG	thane digh tha daga Ch No.	निकासी Withdrawals	orteftal Deposits	èn Balance	Stremen Initia
2 7 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	36/03/2023 19/03/2023 - E	Y CONSTANTANTANTAN LUBUKAIR-06/00/ SALANY SIG:CUN ACCT SIC-CTTY UNION B SIK LTS, Iguna	09133369		1,01,572.00 17,350.00	,33,962.51 1,51,312.51	n St
5 5 5 5 8	13/03/2023	KLE CONTRACTORS PAYME NT ECS RACPC MALLESHWARA	000000000		16000.00	167312.51	
3 4 5 6	15/03/2023	M Fund Transfer Debit	9 <b>620230</b> 3 0	22963.00	4208.00	144349.51 148557.51	
And an and the second sec							
normalitation of the second							
na na manana na manana na manana amin'ny kaodim-paositra dia kaodim-paositra dia kaodim-paositra dia kaodim-pao							
<ul> <li>A second se second second s</li></ul>							
er sondens van Perens Aussi als gaargeese							



Principal CLE College of Pharmacy Bengaluru-560 010



tificate

# BioLEAGUES

**10th World Conference on** 

PRECIATIO

# **Pharmaceutical Science and Drug Manufacturing**

06th & 07th July 2023 | Virtual Conference

This is to certify th	nat Ms/Mr/Mrs/Dr	I	Dimple Pirgal	of
	Session - Drug Discov	very and Development		nas won First Prize for the
Oral Presentation	titledSynthesis, Anticancer	and Molecular Docking Stu	udies of Resveratrol Derivatives	
				in the
"10 th World Conf	erence on Pharmaceutical Sci	ience and Drug Manufa	acturing" organized by Asso	ociation of Pharmaceutical
	Research	$n(APR)$ held on $06^{th}$ & 0	7 th July 2023.	
	Heren P	arack	ley	adre .
10 ^e World Conference on PHARMAceutical Science S	Dr. Nahlah Elkudssiah Ismail Professor and Dean Bursar and	Dr. Sergey Suchkov Professor in Medicine &	Dr. Por Choo Shiuan Acting Deputy Dean	Mr. Rudra Bhanu Satpathy Founder & CEO,
<b>DRUG manufacturing</b> 6"- 7" july 2023•Virtual conference	Council Member Malaysia	Immunology Russia	Chairman - Quality Assurance and Enhancement Malaysia	Association of Pharmaceutical Research (APR), India



### Statement for A/c 8693101158500 Between 14-Sep-2023 and 14-Sep-2023

Client Name Address	41100508 DIMPLE PIRGAL 5, P V N LANE, 2ND CROSS THIGALARPET BANGALORE 560002 KARNATAKA	Branch Code Branch Name Address	8693 BANGALORE TOWN HALL WELFAR CANARA BANK 112, J C ROAD HEAD OFFICE BUILDING BANGALORE MICR Code : 560015002
Phone	919964922315	IFSC Code	CNRB0008693

Date	Particulars	Withdrawals	Deposits	Balance
		Opening Bal	ance	1,15,583.74
14-09-2023	UPI/DR/362301536158/ABDUL MUN/YESB/**75141@YBL/PAYMENT //YBL572CE7768F8B4AEC8B6731F3FF34763C/14/09/2 023 07:19:47	26.00		1,15,557.74
14-09-2023	UPI/CR/325735978343/ANJALI SI/BARB/**N19- 1@OKSBI/UPI//SBIC4FFCF7E66E843B4BDEBF14D7B B81BD8/14/09/2023 10:29:55		150.00	1,15,707.74
14-09-2023	UPI/CR/325736050394/BHAGYA V/SBIN/**KUMAR@OKSBI/KAVYA//SBI95A31596F0D04 5E7B5C1101A77F5A5E2/14/09/2023 10:31:21		150.00	1,15,857.74
14-09-2023	UPI/DR/325770589312/MALAGOUDA/CNRB/**993- 1@OKAXIS/PAYMENT //YBL6D10826F27474AE6B8131151FCD82FD0/14/09/2 023 10:35:18	101.00		1,15,756.74
14-09-2023	UPI/CR/325723038317/PREETHI G/SBIN/**B.MMM@OKICICI/KAVYA//ICIDD1EE5365C7 D4E399A9D616A11B1EAE8/14/09/2023 10:35:54		150.00	1,15,906.74
14-09-2023	KLE BELAGAVI		4,500.00	1,20,406.74
14-09-2023	UPI/CR/325797479060/MAMATHA A/CNRB/**THA- 3@OKAXIS/KAVYA//AXI05E7B41B45F341CCA4649AD F8DC0F8D6/14/09/2023 14:26:10		150.00	1,20,556.74
14-09-2023	UPI/DR/362373863827/MR VYJAYA/IDIB/**05300@YBL/PAYMENT //YBLD280F38130B040BDA5C66CA40A53A222/14/09/2 023 17:25:11	200.00		1,20,356.74
15-09-2023	UPI/DR/362451449903/ABDUL MUN/YESB/**40499@YBL/PAYMENT //YBL4E67B41371834FE98DF550375BB3F869/15/09/20 23 06:21:00	62.00		1,20,294.74
15-09-2023	UPI/DR/362427706855/PAVITHRA /YESB/**20987@YBL/PAYMENT //YBLDDB431D5EAEF43B7A267432EBB9C485A/15/09/ 2023 08:09:46	225.00		1,20,069.74

Page 1 of 2

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23 J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39

Ref:KAHER/Accts/2022-23/D- 2-9-03

The Chief Manager

To,

6-----

NEFT cleared an 13/03/2023

Date: 10.03.2023

# Subject: Payment Through RTGS / NEFT - Financial Assistance

# Dear Sir,

Please Debit A/c No. 217-39 for Rs. 4,43,641.00 (Rupees Four Lakh Forty Three Thousand Six Hundred Forty One Only). We request you to do the following payments to our Faculties towards

7 m 4	המני	Name of the Employee	Bank Name	Branch	Ac Type	Place	Ac No	IFSC Code	Sanctioned
7 m 4	10.03.2023	Dr.Snehal Dharmayat	Canara Bank	Nehru Nagar	SB	Belagavi	05042010025835	CNRB0010504	16,000.00
ω 4	10.03.2023	Dr.Prashant Naik	Canara Bank	Nehru Nagar	SB	Belagavi	05042010107894	CNRB0010504	16,000.00
4	10.03.2023	Dr.Preeti Salve	Canara Bank	Nehru Nagar	SB	Belagavi	05042010119698	CNRB0010504	8,000.00
-	10.03.2023	Dr.Shankar Alegaon	Canara Bank	Nehru Nagar	SB	Belagavi	05042190003372	CNRB0010504	
S	10.03.2023	Dr.Madhumati Patil	Canara Bank	Nehru Nagar	SB	Belagavi	05042010062420	CNRB0010504	16,000.00
9	10.03.2023	Dr.Pramodha Hurakadle	Canara Bank	Nehru Nagar	SB	Belagavi	05042200000393	CNRB0010504	8,000.00
7	10.03.2023	Dr.Deepti Kadeangadi	Canara Bank	Nehru Nagar	SB	Belagavi	05042010023359	CNRB0010504	16,000.00
∞	10.03.2023	Dr.B.P.Belafdavar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010004968	CNRB0010504	8,000.00
6	10.03.2023	Dr.Laxmi Deshpande	Canara Bank	Nehru Nagar	SB	Belagavi	110031110613	CNRB0010504	8,000.00
10	10.03.2023	Dr.Rajesh Mane	Canara Bank	Nehru Nagar	SB	Belagavi	05042010028160	CNRB0010504	8,000.00
11	10.03.2023	Dr.Deepa Mane	State bank of INDIA	Sadashiv Nagar	SB	Belagavi	64167198039	SBIN040965	16,000.00
12	10.03.2023	Dr Vinita Metgudmath	Canara Bank	Nehru Nagar	SB	Belagavi	05042190002820	CNRB0010504	8,000.00
13	10.03.2023	Dr.Rajesh Havaldar	Canara Bank	Nehru Nagar	SB	Belagavi	05042610005688	CNRB0010504	6,717.00
14	10.03.2023	Dr.Sagar Jalihal	Axis bank	Neharu Nagar	SB A/c	Belagavi	919010058953752	UTIB0001690	8,000.00
15	10.03.2023	Dr.Preeti Hajare	Canara Bank	Nehru Nagar	SB	Belagavi	05042180001132	CNRB0010504	8,000.00
16	10.03.2023	Dr.Vishwanth S Wasedar	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	004002300000078	IBKL0101BZR	8,000.00
17	10.03.2023	Dr.Supriya Kulkarni	Canara Bank	Nehru Nagar	SB	Belagavi	05042180028540	CNRB0010504	5,000.00
18	10.03.2023	Dr.Vinay Bannur					110057235943		8,000.00
19	10.03.2023	Dr.P.G.Jadar	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	004002300000039	IBKL0101BZR	8,000.00
20	10.03.2023	Mr.Sanjay Ugare	Canara Bank	Nehru Nagar	SB	Belagavi	05042180017956	CNRB0010504	8,000.00
21	10.03.2023	Dr Rinku Porwal	Canara Bank	Bhagya Nagar	SB	Belagavi	110000298230	CNRB0010549	16,000.00
22	10.03.2023	Dr.Anilkumar Harugoppa	Canara Bank	Nehru Nagar	SB	Belagavi	05042010004075	CNRB0010504	8,000.00
23	10.03.2023	Dr.Jang Bahudur	Canara Bank	NEHRU NAGAR	SB	Belagavi	0504260000047	CNRB0010504	16,000.00
24	10.03.2023	Dr.Peeyoosha Gurudutt	Canara Bank	Nehru Nagar	SB	Belagavi	05042180001210	CNRB0010504	3,000.00

NO.	Date	Name of the Employee	Bank Name	Branch	Ac Type	Place	Ac No	IFSC Code	Sanctioned
25	10.03.2023	Mrs.Sujay Hulylakar	Canara Bank	Nehru Nagar	SB	Belagavi	05042610006081	CNRB0010504	16,000.00
26	10.03.2023	Dr.Bhaskar Kurangi	Canara Bank	Nehru Nagar	SB	Belagavi	05042180024616	CNRB0010504	16.000.00
27	10.03.2023	Dr.Deepti Bagewadi	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	004002300000639	IBKL0101BZR	8.000.00
28	10.03.2023	Dr Abhilasha Sampagar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010046625	CNRB0010504	16.000.00
29	10.03.2023	Mr Jagadeesh Hubballi	CANARA BANK	KLE HOSPITAL	SB	BELGAVI	85151108006078	CNRB0008515	5,900.00
8	10.03.2023	Dr.V.A.Kothiwale	CANARA BANK	Nehru Nagar	SB	Belagavi	05042010003821	CNRB0010504	16,000.00
31	10.03.2023	Mr.Umesh Nandagaon	STATE BANK OF INDIA	M M EXTN.	SB	BELGAVI	30259680408	SBIN0008789	5,900.00
32	10.03.2023	Mrs Nirmala Dsouza	CANARA BANK	NEHRU NAGAR	SB	BELGAVI	05042010091109	CNRB0010504	5,900.00
33	10.03.2023	Dr Sanjiv Kumar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010039164	CNRB0010504	16.000.00
34	10.03.2023	Dr.Pramod Hurkadale	Canara Bank	Nehru Nagar	SB	Belagavi	05042200000393	CNRB0010504	16,000.00
35	10.03.2023	Dr.Subhas Karki	CANARA BANK	Bengaluru	Savings	Bengaluru	8418101080439	CNRB0008418	16.000.00
36	10.03.2023	Dr Ranjana Ranade	CANARA BANK	SDM Dharwad	SB	Dharwad	12412200021930	CNRB0011247	18.000.00
37	10.03.2023	Dr Prajna KS							
38	10.03.2023	Ms Rohini Kavalapur	Canara Bank	Nehru Nagar	SB	Belagavi	05042180024880	CNRB0010504	8,000.00
39	10.03.2023	Dr.Manisha Chougale	CANARA BANK	SDM Dharwad	SB	Dharwad	12472180016187	CNRB0011247	4.056.00
4	10.03.2023	Dr.Chitra BR	CANARA BANK	Bangalore	SB	Bangalore	0474101040137	CNRB0000474	5.056.00
41	10.03.2023	Dr.Drakshayini Kakati	CANARA BANK	Vidyanagar HBL	SB	Hubballi	12412010002461	CNRB0011241	4,056.00
42	10.03.2023	Dr.Supriya Novel Tony	CANARA BANK	HUBLI	SB	HUBLI	05092200106344	CNRB0011267	4.056.00
43	10.03.2023	Dr Basavaraj Motimath	Canara Bank	Nehru Nagar	SB	Belagavi	05042180004350	CNRB0010504	16,000.00
44	10.03.2023	Dr Dhaval Chivate	Canara Bank	Nehru Nagar	SB	Belagavi	,05042010126830	CNRB0010504	16,000.00
			To	Total Rs.					A 47 C 44 00

10

Admin. Assistant

Verified By





Registrar

### KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University)

(Deemed-to-be-University established u/s 3 of the UGC Act, 1956)

Placed in Category 'A' by MoE (GoI) Accredited  $A^+$  Grade by NAAC (3rd Cycle) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India EDING DROFFSSIONALS 🖀: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

05122211 Ref. No. KAHER-/2022-23/D-

03rd December, 2022

ORDER

Sub

Permission to participate in the International Conference.

Request letter of the applicant forwarded through the concerned HoD, Ref KLE Institute of Physiotherapy, Belagavi.

With reference to the above, the request of Dr.Snehal Dharmayat, Associate Professor, Department of Community Physiotherapy, KLE Institute of Physiotherapy, Belagavi.. For attending '8th International Symposium on ICF and also Invited as resource person for (Panel Discussion and deliver a lecture ) to be held at Mohali, Punjabi from 30th November to 2nd December, 2022, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate. Photograph and original bills/ vouchers as per university rules.



Thill

Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

CC to:

- 1. The PA to Hon. Chancellor, KAHER, Belagavi.
- 2. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 3. The Principal, KLE Institute of Physiotherapy, Belagavi
- 4. The Finance Officer, KAHER, Belagavi

### **KLE UNIVERSIT** (Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)] VIVERSITY APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal) A. To be filled by the faculty member: 1. Name 2. Qualification đ. 3. Designation 4. Department 5. Institution 6. Date of joining the Institution 0 7. Objectives of the Conference / Seminar / Symposium 0 X lesea J. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 9. Assignment in the aforesaid Conference / Seminar / a) Chairing a scientific session. Symposium b) Contributing a scientific paper (poster or oral) c) Delivering a guest lecture d) Others, If any, specify. Laa AHAA 10. Particulars of the financial support extended by the University for the 1st time to attend the similar Conference (s) during the current financial year (1st April to 31st March) a) Title of the Conference / Seminar / Symposium b) Date of conduct cos c) Venue d) Financial support extended by the University Q e) Copy of the sanction letter to be enclosed 11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium a) Name of the Organizer b) Title of the program poe C) Place d) Duration 1

TOWA.

20

e) Date

i

2. Expenses involved towards attending the Confer	
a) Place	
b) Mode of journey	- Poor Mohan
c) Fare	High
To and Fro expenses	Phys wool = 14 + 1 A
Registration / Delegation Fee	RS 14, 1001-+6,0001- Actornal
Total Expenses	Rs 22,5001-
B. Documents to be submitted:	
<ul> <li>a) Copy of the letter of invitation from the orga</li> <li>b) Copy of the full text of documents / abstract prepared by the applicant for presentation.</li> </ul>	
<ul> <li>I am not getting any financial assistance / sup agency for attending the aforesaid Conference,</li> </ul>	with Attendance / Pertinination Continues of
<ul> <li>I shall conduct a seminal for the benefit of the knowledge and experience gained from attending</li> </ul>	the faculty members of the Department / Institution to share the high the aforesaid Conference.
• I shall conduct a seminal for the benefit of the knowledge and experience gained from attendir • I shall reimburse the amount to the University in e:	the faculty members of the Department / Institution to share the high the aforesaid Conference.
<ul> <li>I shall conduct a seminal for the benefit of the knowledge and experience gained from attending I shall reimburse the amount to the University in</li> </ul>	the faculty members of the Department / Institution to share the high the aforesaid Conference.
<ul> <li>I shall conduct a seminal for the benefit of the knowledge and experience gained from attending.</li> <li>I shall reimburse the amount to the University in 22/0/2022</li> <li>No</li></ul>	Ad conference, the faculty members of the Department / Institution to share the ing the aforesaid Conference. Inexcess of the eligibility. Signature of the faculty member Date: 22/11/2000 R
<ul> <li>I shall conduct a seminal for the benefit of the knowledge and experience gained from attendir</li></ul>	the above Teacher in the prescribed format for grant of
<ul> <li>I shall conduct a seminal for the benefit of the knowledge and experience gained from attending.</li> <li>I shall reimburse the amount to the University in 22/0/2022</li> <li>No</li></ul>	the above Teacher in the prescribed format for grant of insideration.

*

KLE (Formerly known as KLE Established under Section 3 of the UGC	E UNIVERSITY E Academy of Higher Education & Research) Act, 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]
(To be submitted to the U	RT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES
A. To be filled by the faculty member:	tiversity through the concerned HoD & Principal)
1. Name	
2. Qualification	Dr. Frashant Naik
3. Designation	Marter R
4. Department	Manters in Physiotherapp MPT Assistant Proventor
5. Institution	ADISTUIT Dada
6. Date of joining the Institution	Community Physiotherapy & Rehabilit
7. Objectives of the Owner	KIE Institute of Physiotherapy
7. Objectives of the Conference / Seminar / Sympos	
Benefits to be derived from participation in the afor Conference / Seminar / Symposium	resaid Please enclose
Assignment in the aforesaid Conference / Sen	separate sheet.
- Juposium	
	Contributing a scientific manual
	and lecture - range is a
Particulars of the financial support extended by University for the 1 st time to attend the sli Conference (s) during the current financial (1 st April to 31 st March)	- Nervarie ICISO
a) Title of the Conference / Seminar / Symposium	
b) Date of conduct	
) Venue	3
) Financial support extended by the University	
Copy of the sanction letter to be enclosed	
	16000K
Name of the Organizer	10001
Title of the program	Ray at 4 Bahra university and each
Place	a mana proposition and a
Duration	Juliana University of the
Date /	4 2nd Decard
	Both Nov, 1st 4 2rd December 2022
	ALCUMBER LOOT
	그는 그는 것 같은 것 같



4

.

# **KLE UNIVERSITY**

Ŷ

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1955 vide Government of India Notification No.F.9-19/2000-U.3(A)]

12. Expenses involved towards attending the C	Conference:
a) Place	Chandigarh
b) Mode of journey	Flight
c) Fare	
To and Fro expenses	£ 24,000
Registration / Delegation Fee	45 2400 A
Total Expenses	1.26400-
3. Documents to be submitted:	
<ul> <li>a) Copy of the letter of invitation from the</li> <li>b) Copy of the full text of documents / at prepared by the applicant for presenta</li> </ul>	ostract / paper
<ul> <li>I have furnished the information in this ap</li> <li>I am not getting any financial assistance agency for attending the aforesaid Confe</li> </ul>	pplication which is true to the best of my knowledge and belief. a / support from the sponsorers of the Conference or any other fundin prence,
<ul> <li>I shall produce necessary bills / receipts University from the date of attending the</li> </ul>	atoresaid Conference, fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference.
<ul> <li>I shall produce necessary pills / receipts in University from the date of attending the involved of the seminal for the benefic knowledge and experience gained from a lishall reimburse the amount to the Universite in the University in the involved of the involved of the seminal for the University is a seminal for the University for the University is a seminal for the Uni</li></ul>	atoresaid Conference, fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference. Insity in excess of the eligibility.
<ul> <li>I shall produce necessary pills / receipts University from the date of attending the solution of the benefic terms of t</li></ul>	fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference. Insity in excess of the eligibility. Signature of the faculty member
<ul> <li>I shall produce necessary pills / receipts University from the date of attending the solution of the benefic knowledge and experience, gained from a lishall reimburse the amount to the Universite state: <u>28/11/22</u></li> <li>A. No</li></ul>	atoresaid Conference, fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference. Insity in excess of the eligibility. Signature of the faculty member Date: Date: Date:
<ul> <li>I shall produce necessary pills / receipts University from the date of attending the source of the benefic terms of terms of the benefic terms of the benefic terms of terms o</li></ul>	atoresaid Conference, fit of the faculty members of the Department / Ir stitution to share the attending the aforesaid Conference. Insity in excess of the eligibility. Signature of the faculty member Date: Date: Date:
I shall produce necessary pills / receipts University from the date of attending the shall conduct a seminal for the benef knowledge and experience gained from a o I shall reimburse the amount to the Univer- ate : <u>28</u> <u>11</u> <u>22</u> of No e Registrar, E University, Igaum. ar Sir, We are enclosing herewith the applicat ancial support to attend the Conference for kin Thanking you,	tion of the above Teacher in the prescribed format for grant of ind consideration.
I shall produce necessary pills / receipts University from the date of attending the solution of the benefic knowledge and experience gained from a listall reimburse the amount to the Universite stress of the second stress of the benefic form a listall reimburse the amount to the Universite stress of the second stress of the benefic form a listall reimburse the amount to the Universite stress of the second stress of the second stress of the benefic form a listall reimburse the amount to the Universite stress of the second s	tion of the above Teacher in the prescribed format for grant of ind consideration.

 $\mathbf{T}$ 

4

**KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23** J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39

1 Pater 10,08,2023

To, Ref:KAHER/Accts/2023-24/D- 96

The Chief Manager

# NEFG Unaved an 44/08/2023 Subject: Payment Through RTGS / NEFT - Financial Assistance

Please Debit A/c No. 217-39 for Rs. 2,84,850.00 (Rupees Two Lakh Eighty Four Thousand Eight Hundred Fifty Only). We request you to do the following payments to our Faculties towards

Financial Assistance through RTGS/NEFT. All the required information is also provided in connection with each party.

5	Data	Name of the Employee	Bank Name	Branch	Ас Туре	Place	Ac No	
NO.	Date				£	Belagavi	05042180017599	CNRB0010504
4	10.08.2023	Mr.Sanjay Kumar Yadav	Canara Bank	NERRO INAGAN	3 6	Dologovi	05042180004200	CNRB0010504
N	10.08.2023	Dr.Vanishree S Bubanale	Canara Bank	NEHRU NAGAK	e de	Delagavi	0001110000122	CNRB0010504
ω	10.08.2023	Dr.R.B.Uppin	Canara Bank	NEHRU NAGAR	SB	Belagavi	05042010002033	CNRR0010504
-	100000	Tre chails kathiwala	Canara Bank	NEHRU NAGAR	SB	BELGAVI	0504201009007	CIVILOCA
4	10.08.2023		Canara Rank	NEHRU NAGAR	SB	BELGAVI	05042010074634	CNRB0010504
თ	10.08.2023	Dr.Jeba Chitra	Canara bank		3		05042180001210	CNRB0010504
6	10.08.2023	Dr.PEEYOSHA Gurudat	Canara Bank	NEHRU NAGAR	SB	BELGAVI	02042100001210	CNRR0010504
1 c	10.00.2020	Dr. Aprti Wolling	Canara Bank	NEHRU NAGAR	SB	BELGAVI	07050102050	CINNDUCT
-	10.08.2023			NEHRII NAGAR	SB	BELGAVI	05042180025955	CNRB0010504
∞	10.08.2023	Dr.Pamela D'silva	Calliard Dallin		ŝ	REIGAVI	110031240767	CNRB0010504
9	10.08.2023	Dr.Nikita Pawar	Canara Bank		ŝ	RELGAVI	05042010126811	CNRB0010504
10	10.08.2023	Dr.Vinuta Deshapande	Canara Bank		3 6	DELCAVI	05042010107841	CNRB0010504
11	10.08.2023	Dr.Varun Naik	Canara Bank	NEHRU NAGAR	U U U	DELGAVI	05047610005654	CNRBO010504
1.1	10.08.20.23	Dr. Raiu Gadad	Canara Bank	NEHRU NAGAR	SB	BELGAVI	05042610005054	CNINDOOL
37	10.00.2023	dr Shukra Chivate	Canara Bank	NEHRU NAGAR	SB	BELGAVI	05042010126850	CINKBUUTUDU4
t	10.00.2020			KLE Hospital		Relagavi	8515101001898	CNRB0008515
	10.08.2023	Mar Acha V Bhat	Callara Dalix	Branch		(		
14		MIS. Aslid V Dilat	Casara Dank	KIF Society	SB	Bangalore	8418101086988	CNRB0008418
15	10.08.2023	Dr.Bhagya V Rao	Canara balik	KIE Society	G G	Bangalore	1199101024436	CNRB0008418
16	10.08.2023	Mrs Kavya M	Canara Bank	NLE SUCIELY	3	Delegani	163/1010080/47	CNRB0010538
17	10.08.2023	Dr.Jessica Monteiro	Canara Bank	Govaves	SR	Delagavi		CNRR0010303
18	10 08 2023	Mr. Pooia Gouda	CANARA BANK	DEVIKERI	SB	SIRS	0303221003022	
5	10.00.2020		CANABA BANK	AQUEM	SB	GOA	3905101001610	CNRBUUUSSUS
19	10.08.2023	Ms.Prabhu Shreya Ajay	CANAKA BANK	ndor	, c		12402180003601	
	10.08.2023	-	CANARA BANK	COLLEGE BRANCH	SB	HUBLI		CNRB0011240
20	10.00.2020	Dr.F.S.Dasankoppa			t	DHARW/AD	0510101035011	CNRB0000510
21	10.08.2023	Dr.Namratha Kulkarni	CANARA BANK	MALMADDI,			64097733	SRINDOD7967
3	10 08 2023	Dr.Santosh kumar Shetti	SBI	HUBLI	SB	HUBLI	04001/00100	
L.L.	10.00.0010	D- Contach Lumar Chatti	SBI	HUBLI	SB	HUBLI	64081/66133	



# **INSTITUTE OF PHYSIOTHERAPY**

A Constituent Unit of **KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH** (Declared as Deemed -to-be-University u/s 3 of the UGC Act, 1956) Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (Gol) NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA email: principalkipt@gmail.com, Web: klekipt.edu.in

Office -0831-2473906, Fax - 0831 -2474727

Date: 24/01/2023

Ref. No/KAHER/ KIPT/22-23/10 79

To, The Registrar, KAHER, Belagavi.

Sub: - Grant of financial assistance for attending the International Conference at Mumbai. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application for grant of financial assistance for attending as a resource person at International Conference of Physical Therapy [ICPT] -2023 on 28th & 29th January 2023 at Mumbai.

Kindly acknowledge the same.

Thanking you,

Yours truly,

SIL

Principal, KLE Institute of Physiotherapy, Belagavi.



Encl: Prescribed format along with supportive documents.

°/c



1

# **KLE UNIVERSITY**

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1956 vide Government of Indie Notification No.F.9-19/2000-U.3(A)] i

### APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

1

(To be submitted to the University through the concerned HoD & Principal).

A. To be filled by the faculty member:	
1. Name	Dr. Sanjivkumar
2. Qualification	MPT, Ph.D
3. Designation	Principal
4. Department	Neuro-Physiotherapy
5. Institution	KLE. Institute of Physiotherapy. Belief
6. Date of joining the Institution	05-06-2000 110
7. Objectives of the Conference / Seminar / Symposium	Reconnect Phys; otherapy word P
6. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet. <u>R'ésource</u> Person
<ol> <li>Assignment in the aforesaid Conference / Seminar / Symposium</li> </ol>	<ul> <li>a) Chairing a scientific session.</li> <li>b) Contributing a scientific paper (poster or oral)</li> <li>c) Delivering a guest lecture</li></ul>
0. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	
a) Title of the Conference / Seminar / Symposium	59th CAP International conference
b) Date of conduct	6th to 9th May 2022
c) Venue	Kolkata
d) Financial support extended by the University	
e) Copy of the sanction letter to be enclosed	
Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	
) Title of the program	
) Place	
) Duration	

# **KLE UNIVERSIT**

(Formerly known as KLE Academy of Higher Education & Research) [Established under Section 3 of the UGC Act, 1955 vide Government of India Notification No.F.9-19/2000-U.3(A)]

Exp	Citers involved towned and	
81)	enses involved towards attending the Conference: Place	
6)	Mode of journey	Mumbay .
c)	Fare	Car B18/1cm
	To and Fro expenses	17,000 -
	Registration / Delegation Fee	
	Total Expenses	17,0001-
Do	cuments to be submitted:	14/00-1
8)	Copy of the letter of invitation from the organizers.	
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	
	DEGLARAT	ION

I hereby declare that :

• I have furnished the information in this application which is true to the best of my knowledge and belief.

- . I am not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary oills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- . I shall conduct a seminar for the benefit of the faculty members of the Department / Ir stitution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

02 8 1

Signature of the faculty member

No.

Registrar, E University,

gaum.

ar Sir.

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of ncial support to attend the Conference for kind consideration.

MGF

Thanking you,

nature of the HoD

CATION & RESEAR Sea

Yours faithfuily.

Principal

Date:



### **INSTITUTE OF PHYSIOTHERAPY**

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Declared as Deemed -to-be-University u/s 3 of the UGC Act, 1956)

Accredited 'A*' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (Gol) NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA

 Construction
 Construction

 Office -0831-2473906, Fax - 0831 -2474727
 email: principalkipt@gmail.com, Web: klekipt.edu.in

Ref. No/KAHER/ KIPT/22-23/1247

Date: 09/03/2023

To, The Registrar, KAHER , Belagavi.

Sub: - Regarding financial assistance for attending conference by staff members. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staff for grant of financial assistance for attending conference by faculty members.

. 3.	Charles and the state of the state of the		Conference
Department	Name of the Staff	Designation	Conterence
		Drefessor	National Level
OMT	Dr. Santosh Metgud	Professor	
	Department	Department Name of the Staff	Department         Name of the Staff         Designation           Professor         Professor         Professor

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

SIL

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.

Encld: Application & copy of Certificates.



11/3/23

OC



Ref.No.KAHER/22-23/D- 23032303

16th March, 2023

### ORDER

- Approval of Grant of financial support for attending the National Sub: Conference at Bhuvneshwar, Odissa from 23rd to 25th March 2023.
- Your office letter Ref. No. KIPT / 2022-23/1263 dated 13th March February Ref: 2023.

With reference to the above, the following faculty members are hereby permitted to attend the National Conference [National Level Conference on 'Effect of plyometric exercises on balance in children with juvenile diabetes Miletus; A RCT] and also presenting Paper presentation to be held at Bhuvneshwar, Odisha from 23rd to 25th March, 2023:

SL. No	Name	Designation	Department
1	Dr.Shukra Chivate	Assistant Professor	
2	Dr.Vinuta	Assistant professor	Paediatric
	Deshpande		

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof Dr.V.A.Kothiwale Registrar

To. The above staff member.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 1. The Principal, Institute of Physiotherapy, Belagavi.
  - 3. The Finance Officer, KAHER, Belagavi

SIL



### **INSTITUTE OF PHYSIOTHERAPY**

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Declared as Deemed -to-be-University u/s 3 of the UGC Act, 1956)



(Declared as Deemed -to-be-University u/s 3 of the UGC Act, 1956)
 Accredited 'A+' Grade by NAAC (3rd Cycle)
 NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA
 Office -0831-2473906, Fax - 0831 -2474727
 email: principalkipt@gmail.com, Web: klekipt.edu.in

Ref. No/KAHER/ KIPT/22-23/1306

Date: 25/03/2023

To, The Registrar, KAHER , Belagavi.

Sub: - Regarding financial assistance for attending conference by staff members. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staffs for grant of financial assistance for attending conference by faculty members.

Sl Department		Name of the Staff	Designation	Conference		
<u>No</u> 1	Orthopedic	Dr. Peeyoosha Gurudut	Associate Professor	National Level		
2	Orthopedic	Dr. Aarti Welling	Assistant Professor	National Level		
3	OMT	Dr. Pamela D'silva	Assistant Professor	National Level		
4	Oncology	Dr. Nikita Pawar	Assistant Professor	National Level		

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

Salir

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.

Encld: Applications.



orc



### INSTITUTE OF PHYSIOTHERAPY

A Constituent Unit of KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Declared as Deemed -to-be-University u/s 3 of the UGC Act, 1956) Accredited "A+" Grade by NAAC (3rd Cycle) Placed in Category "A' by MHRD (Gol)



 NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA

 Office -0831-2473906, Fax - 0831 -2474727
 email: principalkipt@gmail.com, Web: klekipt.edu.in

Ref. No/KAHER/ KIPT/23-24 1162

Date: 30/05/2023

To, The Registrar, KAHER , Belagavi.

Sub: - Regarding financial assistance for attending conference by staff members. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staffs for grant of financial assistance for attending conference by faculty members.

SI Department		Name of the Staff	Designation	Conference		
1	Sports	Dr. Basavaraj Motimath	Professor	National Level		
2	Sports	Dr. Dhaval Chivate	Assistant Professor	National Level		

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.

**Encld:** Applications.



0/c

23



### INSTITUTE OF PHYSIOT HERAPY A Constituent Unit of KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH



(Declared as Deemed -to-be-University u/s 3 of the UCC Act, 1956) Placed in Category 'A' by MHRD (Gol) Accredited 'A+' Grade by NAAC (3rd Cycle) NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA email: principalkipt@gmail.com, Web: klekipt.edu.in

The office -0831-2473906, Fax - 0831 -2474727

Date: 07/06/2023

Ref. No/KAHER/ KIPT/23-24/193

To, The Registrar, KAHER, Belagavi.

Sub: - Regarding financial assistance for attending conference by statemembers. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th Fet mary 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staffs for grant of financial assistance for attending conference by faculty

member	s.	Name of the Staff Designation	Conference	
Sl No 1	Department CVTS	Dr. Ganesh. B.R.	Professor	National Level

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

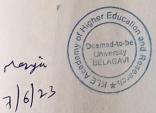
Sayir

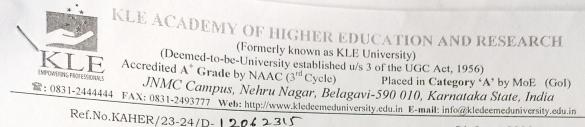
PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.

Encld: Applications.



0/0





Ref.No.KAHER/23-24/D- 1206 2315

8th June, 2023

#### ORDER

- Sub: Approval of Grant of financial support for attending the National Conference at Jaipur from 17th and 18th June 2023.
- Ref: Your office letter Ref. No. KIPT / 2023-24/1618 dated 30th May 2023.

With reference to the above, the following faculty members are hereby permitted to deliver guest lecture at National Conference [JURJ PHYSIOS COLLOQUIUM] to be held at Jaipur from 17th and 18th December 2023.

SL. No.	Name	Designation	Department				
1	Dr. Basavaraj Motimath	Professor	Sports Physiotherapy				
2	Dr.Dhaval Chivate	Assistant Professor	Sports Physiotherapy				

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof Dr.V.A.Kothiwale Registrar

To. The above staff members.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KLE Institute of Physiotherapy, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi

Admi			27		25	24	NO.
Admin. Assistant		10.08.2023	10.08.2023	10.08.2023	10.08.2023	10.08.2023	Date
Verified By	-	Dr.Deepak Tangadi	Dr.Nimisha V	Dr.Mahalaxmi Petimani	Dr.Amrut Dambal	Dr Ranjana Ranade	Name of the Employee
		SBI	SBI	SBI	BANK OF INDIA	Canara Bank	Bank Name
	Total Rs.	KALABURAGI	TELLICHERRY	MANGALORE UNIVE	HYDRABAD	SDM DHARWAD	Branch
Finance Officer		SB	SB		SB	SB	Ас Туре
IT CUNCAS	0	KALABURAGI	TELLICHERRY	MANGALORE U	HYDRABAD	SDM DHARWA	Place
HE Academy of Higher Educed University BELAGAN * J. 1988 892 pue		39835046834	0000020279284224	32257509450	5/101631000034	12412200021930	Ac No
		26//TOONIGS	SEINDONAZO	SBINUUU8U34	BRIDDODD2/10	CNRBUUII24/	IFSC Code
Registrar	2,84,850.00	3,000.00	5,000.00	5,000.00	5,000.00		Ammount



### **KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH**

(Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (GoI) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India S: 0831-2444444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref. No. KAHER-/2022-23/D- 07022302

3rd February, 2023

ORDER

Sub Permission to participate in the Annual Conference.

Ref Request letter of the applicant forwarded through the concerned HoD, KLE : Institute of Physiotherapy, Belagavi

With reference to the above, the request of Dr. Jeba Chitra , Professor, KLE Institute of Physiotherapy, Belagavi , For attending '7th Annual conference of Society of Indian Physiotherapist' and also delivered a guest lecture to be held Bhubaneswar from 23rd March to 25th March 2023, has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

CC to:

G PROFESSIONALS

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KAHER Institute of Physiotherapy, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi.



# **INSTITUTE OF PHYSIOTHERAPY**

**Constituent Unit of** 

· A' by I

India

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Declared as Deemed -to-be-University u/s 3 of the UGC Act, 1956) Placed in Category 'A' by MHRD (Gol) Accredited 'A' Grade by NAAC (2nd Cycle) NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA The office -0831-2473906, Fax - 0831 -2474727: Email: principalkipt@gmail.com: Web: klekipt.edu.in

KIPT/2022-23/1086

Dtate-25-01-2023

To,

The Registrar, KAHER, Belagavi.

Sub: Grant of financial assistance for attending the Conference at Bhubaneswar. Ref: Your Letter No-KAHET/2019-20/D-280220002, dated-20th February 2020.

Sir,

With reference to the subject cited above, herewith I am forwarding the application for grant of financial assistance for below mentioned staff attending the Conference of "SIPCON- 2023" held OFFICE OF THE REGISTRAR on 23th to 25th March 2023 at Bhubaneswar. ademy of Higher Education

S.No	Name	KLE Academy of Higher Educa & Research, BELAGAVI
1	Dr.Jeba Chitra, Professor,	- 7 IAN 2023

Kindly acknowledge the same.

Thanking you,



110

Principal KLE. Institute of Physiotherapy, Belagavi

Yours truly,

Encl: Prescribed format along with supportive documents

As for nome

JAN 2023

Slan

15

Inward No.....

EUNIVERSITY

E A cademy of Higher Education & Research) 1956 vide Government of India Notification No.F.9-19/2000-U.3(A)]

mask 12

FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

ed to the University through the concerned HoD & Principal) he

inculty member	
To be filled by the faculty member:	JEBA CHITRA
T. Name	MPT
2. Qualification	PROFESSOR
3. Designation	NEUROPHYSIOTHERAPY
4. Department	KLE INSTITUTE OF PHYSIOTHERAPY
5. Institution	RUE INSTITUTE OF PHISTO
6. Date of joining the Institution	11th AUGUST 2004
7. Objectives of the Conference / Seminar / Symposium	
d. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
9 Assignment in the aforesaid Conference / Seminar / Symposium	<ul> <li>a) Chairing a scientific session.</li> <li>b) Contributing a scientific paper (poster or oral)</li> <li>c) Delivering a guest lecture</li> <li>d) Others, if any, specify.</li> </ul>
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	
a) Title of the Conference / Seminar / Symposium	April 29, 308 May 1 2022
b) Date of conduct	April 29, 308 May 2022
c) Venue	Chennai
d) Financial support extended by the University	Yes
e) Copy of the sanction letter to be enclosed	Approved Online
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Dr. P.P. Mohanty, Dr. NitestiBharsal
b) Title of the program	THANNUAL CONFERENCE OF SOCIETY OF
c) Place	JITANNUAL CONFERENCE OF SOCIETY OF Bhubaneswar INDIAN PHYSIOTHORAPIS
d) Duration	3 DAYS
e) Date	23rd March - 25th March 2023

3

# **KLE UNIVERSITY**

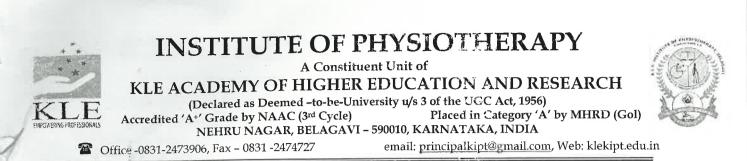
Formerly known as KLE Academy of Higher Education & Research)

fanses involved to	owards attending the Conference	
Place		Bhubaneswar
b) Mode of journey		Brs, flight
c) Fare		
To and Fro exp	enses	15,0001-
Registration / D	elegation Fee	5,470/-
Total Expenses		20 4701- 10
. Documents to be s	ubmitted:	20, 4701- ASpert
a) Copy of the lette	er of invitation from the organize	15
	text of documents / abstract / pa applicant for presentation.	aper Enclosed
	DECLAI	RATION
I hereby declare th	at:	
		which is true to the best of my knowledge and belief.
I am not getting	any financial assistance / support	from the sponsorers of the Conference or any other fundir
agency for attan	ding the avoresaid Conference.	non the openedicity of the openedicities of any opidi fution
shall produce n	ding the aforesaid Conference, ecessary pills / receipts along-with,	Attendance / Participation Cartificate within fifteen days to it
<ul> <li>I shall produce n University from the</li> </ul>	ecessary cills / receipts along-with he date of attending the aforesaid C	Attendance / Participation Certificate within fifteen days to it Conference,
<ul> <li>I shall produce n University from the shall conduct a knowledge and e</li> </ul>	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, iculty members of the Department / Institution to share the e aforesaid Conference.
<ul> <li>I shall produce n University from the shall conduct a knowledge and e</li> </ul>	ecessary oills / receipts along-with he date of attending the aforesaid C a seminal for the benefit of the fa	Attendance / Participation Certificate within fifteen days to it Conference, iculty members of the Department / Institution to share the e aforesaid Conference.
<ul> <li>I shall produce n University from ti</li> <li>I shall conduct a knowledge and a</li> <li>I shall reimburse</li> </ul>	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to the Conference, iculty members of the Department / Institution to share the aforesaid Conference. ress of the eligibility.
agency for attant • I shall produce n University from th • I shall conduct a knowledge and e • I shall reimburse • I shall reimburse	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, iculty members of the Department / Ir stitution to share the aforesaid Conference. ress of the eligibility. Signature of the faculty member
<ul> <li>I shall produce n University from ti</li> <li>I shall conduct a knowledge and a</li> <li>I shall reimburse</li> </ul>	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to the Conference, iculty members of the Department / Institution to share the aforesaid Conference. ress of the eligibility.
e : <u>d5 1123</u> No.	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, iculty members of the Department / Ir stitution to share the aforesaid Conference. ress of the eligibility. Signature of the faculty member
e : <u>dt 123</u> No	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, iculty members of the Department / Ir stitution to share the aforesaid Conference. ress of the eligibility. Signature of the faculty member
e : <u>dt 123</u> No	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, iculty members of the Department / Ir stitution to share the aforesaid Conference. ress of the eligibility. Signature of the faculty member
<ul> <li>agency for attant</li> <li>I shall produce n University from til</li> <li>I shall conduct a knowledge and e</li> <li>I shall reimburse</li> <li>attant</li> <li>attant</li> <li>attant</li> <li>agency for attant</li> <li>I shall produce n</li> <li>I shall conduct a</li> <li>I shall c</li></ul>	ecessary oills / receipts along-with , ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending th	Attendance / Participation Certificate within fifteen days to it Conference, incuity members of the Department / Ir stitution to share the e aforesaid Conference. mess of the eligibility. Signature of the faculty member
<ul> <li>agency for attant</li> <li>I shall produce n University from til</li> <li>I shall conduct a knowledge and e</li> <li>I shall reimburse</li> <li>a shall reimburse</li> <li>a shall reimburse</li> <li>a shall reimburse</li> <li>Base of the shall reimburse</li> <li>I shall reimburse<td>ecessary oills / receipts along-with the date of attending the aforesaid C a seminar for the benefit of the fa experience gained from attending the the amount to the University in exc</td><td>Attendance / Participation Certificate within fifteen days to it conference, aculty members of the Department / ir stitution to share it as aforesaid Conference. Tess of the eligibility. Signature of the faculty member</td></li></ul>	ecessary oills / receipts along-with the date of attending the aforesaid C a seminar for the benefit of the fa experience gained from attending the the amount to the University in exc	Attendance / Participation Certificate within fifteen days to it conference, aculty members of the Department / ir stitution to share it as aforesaid Conference. Tess of the eligibility. Signature of the faculty member
e : <u>d5 11 23</u> No Registrar, University, aum.	ecessary oills / receipts along-with the date of attending the aforesaid C a seminar for the benefit of the fa experience gained from attending the the amount to the University in exc	Attendance / Participation Certificate within fifteen days to it conference, aculty members of the Department / ir stitution to share it is aforesaid Conference. Tess of the eligibility. Signature of the faculty member
e : <u>d5 11 23</u> No Registrar, University, aum.	ecessary oills / receipts along-with, ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending the the amount to the University In exc herewith the application of the the Conference for kind conside	Attendance / Participation Certificate within fifteen days to it conference, aculty members of the Department / Ir stitution to share the aforesaid Conference. The aforesaid
e : <u>251123</u> No Registrar, University, jaum. r Sir, We are enclosing	ecessary oills / receipts along-with, ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending the the amount to the University In exc herewith the application of the the Conference for kind conside	Attendance / Participation Certificate within fifteen days to it conference, aculty members of the Department / Ir stitution to share the aforesaid Conference. The aforesaid
e : <u>d5 1123</u> No Registrar, University, aum. No ere enclosing cial support to attend	ecessary oills / receipts along-with, ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending the the amount to the University In exc herewith the application of the the Conference for kind conside	Attendance / Participation Certificate within fifteen days to it conference, acuity members of the Department / Ir stitution to share the a foresaid Conference. The aforesaid
e : <u>d5 1123</u> No Registrar, University, jaum. r Sir, We are enclosing	ecessary oills / receipts along-with the date of attending the aforesaid C a seminar for the benefit of the fa experience gained from attending the the amount to the University in exc herewith the application of the the Conference for kind consider	Attendance / Participation Certificate within fifteen days to it conference, aculty members of the Department / ir stitution to share the aforesaid Conference. Pass of the eligibility. Signature of the faculty member
<ul> <li>agency for attant</li> <li>I shall produce n University from til shall conduct a knowledge and e</li> <li>I shall reimburse</li> <li>I shall reimbu</li></ul>	ecessary oills / receipts along-with the date of attending the aforesaid C a seminar for the benefit of the fa experience gained from attending the the amount to the University in exc herewith the application of the the Conference for kind consider	Attendance / Participation Certificate within fifteen days to it conference, acuity members of the Department / Ir stitution to share the e aforesaid Conference. ress of the eligibility. Signature of the faculty member
e : <u>d5 1123</u> No Registrar, University, jaum. r Sir, We are enclosing	ecessary oills / receipts along-with, ne date of attending the aforesaid C a seminal for the benefit of the fa experience gained from attending the the amount to the University In exc herewith the application of the the Conference for kind conside	Attendance / Participation Certificate within fifteen days to it conference, aculty members of the Department / ir stitution to share the aforesaid Conference. Pass of the eligibility. Signature of the faculty member

÷,

Ţ

21.8



Ref. No/KAHER/ KIPT/22-23/1306

Date: 25/03/2023

To, The Registrar, KAHER , Belagavi.

Sub: - Regarding financial assistance for attending conference by staff members. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staffs for grant of financial assistance for attending conference by faculty members.

Sl No	Department	Name of the Staff	Designation	Conference
1	Orthopedic	Dr. Peeyoosha Gurudut	Associate Professor	National Level
2	Orthopedic	Dr. Aarti Welling	Assistant Professor	National Level
3	ОМТ	Dr. Pamela D'silva	Assistant Professor	National Level
4	Oncology	Dr. Nikita Pawar	Assistant Professor	National Level

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.

Encld: Applications.



Jespinsn

Fals &	ica:	1211	F THE IV of Hi arch, B	than Bel	FTRAR Seation VI
	Ż	7	MAR	202 <mark>3</mark>	
р - 11 - 14 - 14		6	25	4	_

KLE UN	VERSITY
	ny of Higher Education & Research) se covernment of India Notification No. F.9-19/2000-U.3(A)]
APPLICATION FOR FINANCIAL SUPPORT TO AT (To be submitted to the University th	TEND STATE / ZONAL / NATIONAL CONFERENCES
To be filled by the faculty member:	
Name.	DR.PEFYOOSHA GURUDUT
2. Qualification	Associate Profession
3. Designation	MPT (PL, DC)
1. Department	Osthopedic Physiothere
5. Institution	Kit Institute of Physiotherapy
. Date of joining the institution	10-08-2007
Objectives of the Conference / Seminar / Symposium	Physio conclane - PGI chardersh
Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet
Assignment in the aforesaid Conference / Seminar / Symposium	<ul> <li>a) Chairing a scientific session,</li> <li>b) Contributing a scientific paper (poster or oral)</li> <li>c) Delivering a guest lecture</li> <li>d) Others, if any, specify.</li> </ul>
Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	None
a) Title of the Conference / Seminar / Symposium	Physicoconclane
b) Date of conduct	
c) Venue	DE D Chandian April 2023
d) Financial support extended by the University	191 Chandigosh
e) Copy of the sanction letter to be enclosed	
Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	PGI, Chandicart
b) Title of the program	Physio conclaime
c) Place	Chard cost
d) Duration	1st 4 sid ADDI 2023

- / F

ł.

19.00

2

	1	
	10 10	
and in		
	- 1 3 1 m	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	*1.75
1	and the second	285
	April 10	13
The second	atternet.	5.
diam's being	11. 19. 19	in the second
17	1	A PAL
1 1 1	1.	
	2 ALC 1	0 869 A
UNIT	VERS	VIIV.
Charles in the	1.2	1
	office.	THE REAL PROPERTY AND

KLE UNIVERSITY (Formerly known as KLE Academy of Higher Education & Research) (Established under Section's of the UGC Act, 1956 vide Covernment of India Notification No.F.9-19/2000-U/3(A))

Pre Con

0

0

Dr.NS

Scier

EXT

C

CON

C

Expenses involved towards atte	ending the Conferences	
a) Place	Belagan -> Goa	+> Chandigarh
b) Mode of journey		A Product of the second second
c) Fare		1 Flight & Jaki [Goa Do Bgr
To and Fro expenses	1	Flight - 212, 7911- Taxi- 9 cm/
Registration / Delegation F	ee	
Total Expenses	NZ /	
. Documents to be submitted:		R3-18,471
<ul> <li>a) Copy of the letter of invitation</li> <li>b) Copy of the full text of doct prepared by the applicant for the second second</li></ul>	Iments / obstract / server	ATTACHED
V LOUGH DIOCHEO DOCODON AND	5/ receipts along with Attaon	
University from the date of att • I shall conduct a seminar fo knowledge and experience ge • I shall reimburse the amount to ie : <u>23/3</u> 2023	r the benefit of the faculty alred from attending the alon to the University in excess of	members of the Department / Institution to share the said Conference.
<ul> <li>I shall conduct a seminar to knowledge and experience ge</li> <li>I shall reimburse the amount to</li> </ul>	r the benefit of the faculty alred from attending the alon to the University in excess of	members of the Department / Institution to share the
<ul> <li>I shall conduct a seminar for knowledge and experience gates in a seminar for the amount of the seminar for the semin</li></ul>	r the benefit of the faculty alred from attending the alon to the University in excess of	members of the Department / Institution to share the esaid Conference. the eligibility: afure of the faculty member
<ul> <li>I shall conduct a seminar for knowledge and experience gate is a shall reimburse the amount of the seminar is a standard set. <u>23/3/2023</u></li> <li>No</li></ul>	r the benefit of the faculty in the of the atom to the University in excess of Sign	members of the Department / Institution to share the psaid Conference. The eligibility: afture of the faculty member Date:
<ul> <li>I shall conduct a seminar for knowledge and experience gates in the amount of the seminar for the seminar of the semi</li></ul>	e application of the aboy	members of the Department / Institution to share the peald Conference. The eligibility: afture of the faculty member Date: Pate:
<ul> <li>I shall conduct a seminar for knowledge and experience gate is a shall reimburse the amount of the seminar of the sem</li></ul>	e application of the above ince for kind consideration	members of the Department / Institution to share the peak Conference. The eligibility: ature of the faculty member Date: re Teacher in the prescribed format for grant of tr
<ul> <li>I shall conduct a seminar for knowledge and experience gate is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the seminar is a labe</li></ul>	e application of the above ince for kind consideration	members of the Department / Institution to share the peak Conference. The eligibility: ature of the faculty member Date: re Teacher in the prescribed format for grant of tr
<ul> <li>I shall conduct a seminar for knowledge and experience gate is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the seminar is a labe</li></ul>	e application of the above ince for kind consideration	members of the Department / Institution to share the peak Conference. The eligibility: ature of the faculty member Date: re Teacher in the prescribed format for grant of tr
<ul> <li>I shall conduct a seminar for knowledge and experience gate is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the amount of the seminar is a label reimburse the seminar is a labe</li></ul>	e application of the aboy	members of the Department / Institution to share the peak Conference. The eligibility: ature of the faculty member Date: re Teacher in the prescribed format for grant of tr
<ul> <li>I shall conduct a seminar for knowledge and experience gate in the amount of the seminar for the seminar of the semin</li></ul>	e application of the above ince for kind consideration	members of the Department / Institution to share the peak Conference. The eligibility: ature of the faculty member Date: re Teacher in the prescribed format for grant of tr

#### Date: 12/04/2023

From: Dr. Aarti Welling Assistant Professor, KAHER Institute of Physiotherapy Belagavi

To, The Registrar, KAHER Belagavi - 590010

[Through proper channel]

Sub: Requesting release of funds as incentive towards presenting research paper and being Chairperson at National level conference

Respected Sir,

With reference to the subject cited above, I presented an oral paper during National level conference organized by Dept. of Physiotherapy, PGIMER at Chandigarh on 1st and 2nd April 2023.

I had submitted an application form for approval of release of funds attached with conference brochure, registration proof, abstract submitted for presentation [Ref. No. KIPT/22-23/1306 dated 25/03/2023]. Presently, I have attached the certificates of paper presentation as well as recognition as chairperson during the conference along with the travel expenditures as proof. In this regard, I would request you to kindly release the incentive amount for the same.

1.1.2428

Ser. The

Kindly consider and do the needful.

Thanking you,

Yours' Sincerely

Awell

(Dr. Aarti Welling)

1 Startes

Following are the payment & bank details: Account holder name: Aarti Anand Welling Account number: 05022010009070 Account type: Savings IFSC: CNRB0010504 Branch address: JNMC campus, Nehru Nagar, Belagavi From: Dr. Pamela D'Silva Assistant Professor, KAHER Institute of Physiotherapy Belagavi

To, The Registrar, KAHER Belagavi - 590010

#### [Through proper channel]

Sub: Requesting release of funds as incentive towards presenting research paper and being Chairperson at National level conference

Respected Sir,

With reference to the subject cited above, I presented an oral paper during National level conference organized by Dept. of Physiotherapy, PGIMER at Chandigarh on 1st and 2nd April 2023.

I had submitted an application form for approval of approval of release of funds attached with conference brochure, registration proof, abstract submitted for presentation [Ref. No. KIPT/22-23/1306 dated 25/03/2023]. Presently, I have attached the certificates of paper presentation as well as recognition as chairperson during the conference along with the travel expenditures as proof. In this regard, I would request you to kindly release the incentive amount for the same.

Kindly consider and do the needful.

Thanking you,

Yours' Sincerely

(Dr. Pamela D'Silva)

Following are the payment & bank details: Account holder name: Dr. Pamela D'Silva Account number: 05042180025955 Account type: Savings IFSC: CNRB0010504 Branch address: JNMC campus, Nehru Nagar, Belagavi

Date: 12/04/2023

From: Dr. Nikita Pawar Assistant Professor, KAHER Institute of Physiotherapy Belagavi

To, The Registrar, KAHER Belagavi - 590010

#### [Through proper channel]

Sub: Requesting release of funds as incentive towards presenting research paper and being Chairperson at National level conference

Respected Sir,

With reference to the subject cited above, I presented an oral paper during National level conference organized by Dept. of Physiotherapy, PGIMER at Chandigarh on 1st and 2nd April 2023.

I had submitted an application form for approval of approval of release of funds attached with conference brochure, registration proof, abstract submitted for presentation [Ref. No. KIPT/22-23/1306 dated 25/03/2023]. Presently, I have attached the certificates of paper presentation as well as recognition as chairperson during the conference along with the travel expenditures as proof. In this regard, I would request you to kindly release the incentive amount for the same.

Kindly consider and do the needful.

Thanking you,

Yours' Sincerely

(Dr. Nikita Pawar)

Following are the payment & bank details: Account holder name: Dr. Nikita Pawar Account number: 110031240767 Account type: Savings IFSC: CNRB0010504 Branch address: JNMC campus, Nehru Nagar, Belagavi (12)

Date: 8th March 2023

Dr. Vinuta Deshpande Assistant Professor KLE Institute of Physiotherapy Belagavi

To The Registrar KAHER Belagavi

From

#### **Through Proper Channel**

#### Subject: Financial Assistance to attend national Conference

Respected Sir,

Society of Indian Physiotherapist is organizing a national level Conference "SIPCON- 2023" at Bhuvneshwar, Odissa, India from 23rd to 25th March 2023. In this conference Manuscript titled "Motor development profile of South Indian Children on Peabody Developmental of Motor Scale- 2: A Cross Sectional Study" has been selected for the paper presentation. In this regard I kindly request you to provide financial assistance to attend the a fore said conference.

Thanking you in Anticipation

Yours Sincerely

Vinnlap.

Dr. Vinuta Deshpande

Enclosed:

- 1. Online application form
- 2. Brochure of the conference
- 3. Objectives of the conference
- 4. Benefits of attending the conference
- 5. Abstract of the manuscript

mail done 24/4/23. Informed all the condidates. ASPERFORM M

# OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

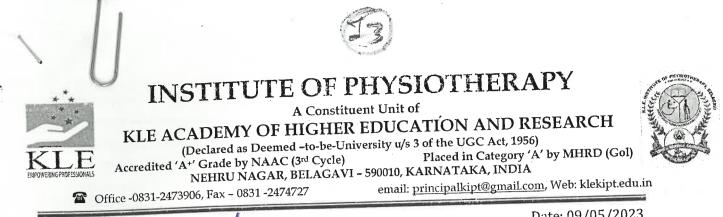
FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

applie (10 be et	
To be filled by the faculty member:	
To be in	Dr. Vinuta. peshpande. BPF, MPT (PhD).
North	
anation	Assistant Professor.
Department	Paediarne Physiotherapy.
i, Institution	Pordiarne Physiotherapy. KLE Institute of Physiotherapy Vinutadeshpande@klekipt.edu.in
Email ID	vinutadeshpande@ klekipt.edurin
. Date of joining the Institution	20th Anguer 2015 Enclosed.
. Objectives of the Conference / Seminar / Symposium	Enclosed.
. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
0. Assignment in the aforesaid Conference / Seminar / Symposium	<ul><li>a) Contributing a scientific paper (poster or oral)</li><li>b) Delivering a guest lecture</li></ul>
- J posta	c) Others, if any, specify.
<ol> <li>Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December)</li> </ol>	
a) Title of the Conference / Seminar / Symposium	Society of Indian Physiotherapit Co. 23th - 25th March 2023.
b) Date of conduct	23th - 25th March 2023.
c) Level of Conference (State / Zonal / National)	National.
d) Venue	Bhuvaneshneak
e) Financial support extended by the University	16.0001
f) Copy of the sanction letter to be enclosed	Will be Submitted Post Attending
Note : The faculty member is eligible for financial support to attend <u>one State / Zonal</u> and <u>one National</u> Conference in a calendar year.	J
2. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Society of Indian Physiotherapis
b) Title of the program	SIPCON- 2023.
c) Place	Bhuvaneshwar.
d) Duration	D aays
<ul><li>d) Duration</li><li>e) Date</li></ul>	3 days. 23 ¹⁹ -25 th March 2023.

# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

-	- 2 -	
13. Exp	enses involved towards attending the Conference:	
a)	Place	Bhuvaneshway.
b)	Mode of journey	Flight.
c)	Fare	16000/
	To and Fro expenses	16000/
	Registration / Delegation Fee	NIL.
	Accommodation charges	9000
	Total Expenses	25000/
14. Doo	cuments to be submitted:	
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclosed.
	DECLARAT	TION
11	<ul> <li>hereby declare that :</li> <li>I have furnished the information in this application which</li> <li>I am not getting any financial assistance / support from agency for attending the aforesaid Conference,</li> <li>I shall produce necessary bills / receipts along-with Atter</li> </ul>	the sponsorers of the Conference or any other funding adance / Participation Certificate within fifteen days to the
	<ul> <li>University from the date of attending the aforesaid Confe</li> <li>I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforest of the second second</li></ul>	members of the Department / Institution to share the bresaid Conference.
Date :	8 ¹⁷ March 2023. Sig	nature of the faculty member
Ref. No	D	Date:
To The Re KAHER Belgau	<u></u> ,	
Dear Si	ir,	
	We are enclosing herewith the application of the ab	ove Teacher in the prescribed format for grant of
financia	al support for presentation scientific paper (poster o	or oral) / delivering a guest lecture to attend the
Confere	ence for kind consideration.	
Signatu	Thanking you, Jure of the HoD	Yours faithfully, <u> Silver</u> Principal

W WAAN



Ref. No/KAHER/ KIPT/23-24/112

Date: 09/05/2023

Same

To, The Registrar, KAHER, Belagavi.

Sub: - Regarding financial assistance for attending conference by staff members. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staffs for grant of financial assistance for attending conference by faculty members.

Sl	Department	Name of the Staff	Designation	Conference	
No			Associate Professor	International	
1	CVTS	Dr. Varun Naik	Associate Professor	Level	

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL, KLE INSTITUTE OF PHYSIOTHERAPY BELAGAVI.

Encld: Applications.



OF	FICE O Acadan & Rees	F THE ny of Hig Porch, B	REGISTR Iher Educa ELAGAVI	AR tion
ð.	89	MAY	2023	
Inwa	and No	24	Man L	_

non

Course of				a a sa a	and a second second	and the second of the	
T7	100	T	TT			SITY	
<b>L</b>	S 6 6.	H		INTER	/ HIK		
	1 2	1 1	1.1				
A. A	-						

nerly known as KLE Academy of Higher Education & Research) Ished upder Section 3 of the UGC Act, 1956 vide Government of India Notification No. F.9-19/2000-U.3(A)]

# PLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES

(To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member:	
1. Name	DR. VARUN NAIK
2. Qualification	MPS
3. Designation	ASSOCIATE PROFESSOR
4. Department	CUTS PHYSIOTHERAPY
5. Institution	ICAHER INSTITUTE OF PHYSIOT
6. Date of joining the Institution	12.06.2013
7. Objectives of the Conference / Seminar / Symposium	RESOURCE PERSON
8. Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium	Please enclose a separate sheet.
<ol> <li>Assignment in the aforesaid Conference / Seminar I Symposium</li> </ol>	<ul> <li>a) Chairing a scientific session.</li> <li>b) Contributing a scientific paper (poster or oral)</li> <li>c) Delivering a guest lecture</li> <li>d) Others, if any, specify.</li> </ul>
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	
a) Title of the Conference / Seminar / Symposium	INTERNATIONAL CONFERENCE CHET
b) Date of conduct	12.05.2023
c) Venue	CHENNAI
d) Financial support extended by the University	NIL
e) Copy of the sanction letter to be enclosed	N) L
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	CHETTINAD SCHOOL OF PHYSIOTHERE
b) Title of the program	CHET PHYSIDCON
c) Place	CHENNAL
d) Duration	2.30 pm - 3.15 pm
e) Date	12.05.2023

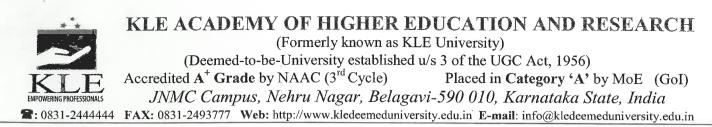
ł

12. Expenses involved towards attending the Conference:	
a) Place	CHENNA
b) Mode of journey	FLIGHT
c) Fare	
To and Fro expenses	12,484
Registration / Delegation Fee	
Total Expenses	12,484
13. Documents to be submitted:	The second secon
<ul> <li>a) Copy of the letter of invitation from the organizer</li> <li>b) Copy of the full text of documents / abstract / papered by the applicant for presentation.</li> </ul>	
	itch is true to the best of my knowledge and belief. rom the sponsorers of the Conference or any other funding
<ul> <li>I shall produce necessary bills / receipts elong with A University from the date of attending the aforesaid Go</li> <li>I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the</li> <li>I shall reimburse the amount to the University in exce</li> </ul>	rom the sponsorers of the Conference or any other funding thendance / Participation Gertificate within fifteen days to the onference, ulty members of the Department / Institution to share the aforesaid Conference
<ul> <li>I shall produce necessary bills / receipts elong with A University from the date of attending the aforesaid Go</li> <li>I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the</li> <li>I shall reimburse the amount to the University in exce</li> </ul>	rom the sponsorers of the Conference or any other funding thendance / Participation Certificate within fifteen days to the onference, with members of the Department / Institution to share the aforesaid Conference. iss of the eligibility.
<ul> <li>I shall produce necessary bills / receipts along with A University from the date of attending the aforesaid Go</li> <li>I shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the shall reimburse the amount to the University in exce</li> <li>I shall reimburse the amount to the University in exce</li> </ul>	rom the sponsorers of the Conference or any other funding strendance/Participation Certificate within fifteen days to the onference, uity members of the Department / Institution to share the aforesaid Conference. ass of the eligibility.
<ul> <li>I shall produce necessary bills / receipts elong with A University from the date of attending the aforesaid Co i shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the state is a shall reimburse the amount to the University in exceipted is 2023</li> <li>ef. No</li></ul>	rom the sponsorers of the Conference or any other funding Attendance / Participation Certificate within fifteen days to the onference, ulty members of the Department / Institution to share the aforesaid Conference, iss of the eligibility. Signature of the faculty member Date:
<ul> <li>I shall produce necessary bills / receipts along with A University from the date of attending the aforesaid Go is shall conduct a seminar for the benefit of the fac knowledge and experiance gained from attending the elishall reimburse the amount to the University in excenter: <u>DA+05</u> • 2023</li> <li>ef. No</li></ul>	above Teacher in the prescribed format for grant of
<ul> <li>I shall produce necessary bills / receipts along with A University from the date of attending the aforesaid Go i shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the elishall reimburse the amount to the University in exceipts along with A and the intervention of the another intervention of the intervention of the seminar for the benefit of the fac knowledge and experience gained from attending the elistent of the fac knowledge and experience gained from attending the elistent of the fac knowledge and experience gained from attending the elistent of the fac knowledge and experience gained from attending the elistent of the fac knowledge and experience gained from attending the elistent of the fac knowledge and experience gained from attending the elistent of the fac knowledge and experience gained from attending the elistent of the University in exce the amount to the University in exce the elistent of the fac knowledge and experience gained from attending the elistent of the elistent of the university is exceeded at the elistent of the elistent</li></ul>	above Teacher in the prescribed format for grant of
<ul> <li>I shall produce necessary bills / receipts along with A University from the date of attending the aforesaid Go i shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the elisibility in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the A isolater in the</li></ul>	above Teacher in the prescribed format for grant of
<ul> <li>I shall produce necessary bills / receipts along with A University from the date of attending the aforesaid Go i shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the elisibility in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the A isolater in the</li></ul>	above Teacher in the prescribed format for grant of
<ul> <li>I shall produce necessary bills / receipts along with A University from the date of attending the aforesaid Go i shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the elisibility in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the A isolater in the</li></ul>	above Teacher in the prescribed format for grant of
<ul> <li>I shall produce necessary bills / receipts along with A University from the date of attending the aforesaid Go i shall conduct a seminar for the benefit of the fac knowledge and experience gained from attending the elisibility in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the University in exceipts along with A isolater in the A isolater in the</li></ul>	rom the sponsorers of the Conference or any other funding thendance./ Participation Certificate within fifteen days to the onference. Suity members of the Department / Institution to share the aforesaid Conference. Signature of the faculty member Date: Date: above Teacher in the prescribed format for grant of ration.

i.

and the second

----à



Ref. No. KAHER-/2022-23/D- 07012302

31st December, 2022



#### ORDER

Sub : Permission to participate in the National Conference.

Ref : Request letter of the applicant forwarded through the concerned Principal, KAHER Institute of Physiotherapy, Belagavi

With reference to the above, the request of Dr. Raju Gadad, Assistant Librarian, KAHER Institute of Physiotherapy, For attending 'KHSLA-2023 National Conference Karnataka Health sciences library Association' to be held Kodagu Institute of Medical Sciences, Madikeri. From 10th and 11th February, 2023 has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.

Higher Educatio Deemed-to-be University BELAGAN

Tach

Prof. Dr. V.A. Kothiwale Registrar

To, The above staff member.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KAHER Institute of Physiotherapy, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi.

1 anies	Little I
(Formerly known as KLE Academy CEstablished under Section 3 of the UGC Act, 1956 vide Gr	of Higher Education & Research) overnment of India Notification No.F.9-19/2000-U.3(A)]
APPLICATION FOR FINANCIAL SUPPORT TO ATTEN (To be submitted to the University throu	ND STATE / ZONAL / NATIONAL CONFERENCES
A. To be filled by the faculty member:	
Name	Dr. Raju Gadad MITSC PhD. MITSC, Ph. D.
2. Qualification :	MLISC Ph. D.
	A A Polostan
4. Department	fils rary.
5. Institution	Library. KAHER, Institute of Physiotherapy Belagavi
6. Date of joining the Institution	02-01-2011
7. Objectives of the Conference / Seminar / Symposium	Health informatics for health Summe librar
<ol> <li>Benefits to be derived from participation in the aforesaid Conference / Seminar / Symposium</li> </ol>	Please enclose a separate sheet.
9. Assignment in the aforesaid Conference / Seminar / Symposium	<ul> <li>a) Chairing a scientific session.</li> <li>b) Contributing a scientific paper (poster or oral)</li> <li>c) Delivering a guast lecture</li> <li>d) Others, if any, specify.</li> </ul>
10. Particulars of the financial support extended by the University for the 1 st time to attend the similar Conference (s) during the current financial year (1 st April to 31 st March)	NO
a) Title of the Conference / Seminar / Symposium	Health informatics for health Science librarian
b) Date of conduct 9t	10th & 11th Feb. 2023
c) Venue	Kodažu Jostitute of medical Sciences - madik
d) Financial support extended by the University	•
e) Copy of the sanction letter to be enclosed	Yes
11. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium	
a) Name of the Organizer	Kodague institute of medical Sciences practikeri
b) Title of the program	Health informatics for health summe librarian
c) Place	Madikeri
d) Duration	3 days
e) Date	10th & 11th Feb. 2023

0.00

and well . .



1

VIE	UNIVERSITY	÷
NLE	UNIVERDIT I	

(Formerly known as KLE Academy of Higher Education & Research)

[Established under Section 3 of the UGC Act, 1955 vide Government of India Notification No.F.9-19/2000-U.3(A)]

7 S. 1 N.		
2. Ex	penses involved towards attending the Conference:	
2)	Place	Belagavi - Mysupel - madikesi
b)	Mode of journey	Bus
C)	Fare	50001- Approximate
	To and Fro expenses	2000+
	Registration / Delegation Fee	750
	Total Expenses	70001- Approximate
3. Do	ocuments to be submitted:	
a)	Copy of the letter of invitation from the organizers.	yes
b)	Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	yes.

#### DECLARATION

I hereby declare that :

- . I have furnished the information in this application which is true to the best of my knowledge and belief.
- I am not getting any financial assistance / support from the sponsorers of the Conference or any other funding agency for attending the aforesaid Conference,
- I shall produce necessary bills / receipts along-with Attendance / Participation Certificate within fifteen days to the University from the date of attending the aforesaid Conference,
- I shall conduct a seminal for the benefit of the faculty members of the Department / Institution to share the knowledge and experience gained from attending the aforesaid Conference.
- I shall reimburse the amount to the University in excess of the eligibility.

Jate: 28-12-2022

Signature of the faculty member

Date:

tef. No.

0

The Registrar, ILE University, Jelgaum.

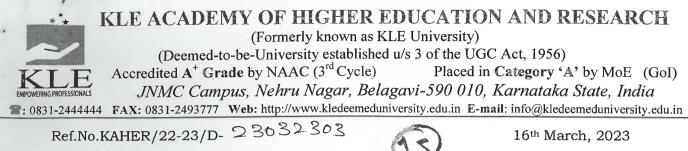
)ear Sir,

H

We are enclosing herewith the application of the above Teacher in the prescribed format for grant of

nancial support to attend the Conference for kind consideration.

Thanking you,		BRESEARCHINS	Yours faithfuily,	
		A LEAD	5110	
gnature of the HoD	SMER	Biseal Biseal	Principal	
	1 B			
	Ň	A KIE VCVO		



ORDER

- Sub: Approval of Grant of financial support for attending the National Conference at Bhuvneshwar, Odissa from 23rd to 25th March 2023.
- Ref: Your office letter Ref. No. KIPT / 2022-23/1263 dated 13th March February 2023.

With reference to the above, the following faculty members are hereby permitted to attend the National Conference [National Level Conference on '*Effect of plyometric exercises on balance in children with juvenile diabetes Miletus; A RCT*] and also presenting Paper presentation to be held at Bhuvneshwar, Odisha from 23rd to 25th March, 2023:

SL.	Name	Designation	Department	
No				1 sopla
1	Dr.Shukra Chivate	Assistant Professor	Acre	a M
2 /	Dr.Vinuta	Assistant professor	Paediatric	
1	Deshpande			N

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof Dr.V.A.Kothiwale Registrar

To, The above staff member.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, Institute of Physiotherapy, Belagavi.
- 3. The Finance Officer, KAHER, Belagavi



# **INSTITUTE OF PHYSIOTHERAPY**

A Constituent Unit of

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Declared as Deemed -to-be-University u/s 3 of the UGC Act, 1956) Accredited 'A+' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MHRD (Gol) NEHRU NAGAR, BELAGAVI - 590010, KARNATAKA, INDIA email: principalkipt@gmail.com, Web: klekipt.edu.in

The office -0831-2473906, Fax - 0831 -2474727

Date: 13/03/2023

Ref. No/KAHER/ KIPT/22-23 1263

To, The Registrar, KAHER, Belagavi.

Sub: - Regarding financial assistance for attending conference by staff members. Ref: - Your letter No. KAHER/2019-20/D - 280220002, dated 20th February 2020.

Sir,

With reference to the subject cited above, I am forwarding herewith the application of the below mentioned Teaching Staff for grant of financial assistance for attending conference by faculty members.

Sl No	Department	Name of the Staff	Designation	Conference
1	Pediatric	Dr. Shukra Chivate	Assistant Professor	National Level
2	Pediatric	Dr. Vinuta Deshpande	Assistant Professor	National Level

Kindly acknowledge receipt of the same.

Thanking you,

Yours truly,

PRINCIPAL KLE INSTITUTE OF PHYSIOTHERAPY, BELAGAVI.

Encld: Application.







tspunom

From

Date: 8th March 2023

Dr. Shukra Chivate Assistant Professor KLE Institute of Physiotherapy Belagavi

To The Registrar KAHER Belagavi

#### **Through Proper Channel**

#### Subject: Financial Assistance to attend national Conference

Respected Sir,

Society of Indian Physiotherapist is organizing a national level Conference "SIPCON- 2023" at Bhuvneshwar, Odissa, India from 23rd to 25th March 2023. In this conference Manuscript titled "Effect of plyometric exercises on balance in children with juvenile diabetes Miletus: A RCT" has been selected for the paper presentation. In this regard I kindly request you to provide financial assistance to attend the a fore said conference.

Thanking you in Anticipation

Yours Sincerely

Dr. Shukra Chivate

Enclosed:

- 1. Online application form
- 2. Brochure of the conference
- 3. Objectives of the conference
- 4. Benefits of attending the conference
- 5. Abstract of the manuscript



# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University)

[Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

### APPLICATION FOR FINANCIAL SUPPORT TO ATTEND STATE / ZONAL / NATIONAL CONFERENCES (To be submitted to the University through the concerned HoD & Principal)

A. To be filled by the faculty member: 1. Name sheetra chinali 2. Qualification MPT quistant Profesor 3. Designation 4. Department Rediatic Physiotheespe 5. Institution KLE Instituti 61 Physiothiape 6. Email ID shutivache vali @ Elekipt. edu. 7. Date of joining the Institution 8. Objectives of the Conference / Seminar / Symposium Enclored 9. Benefits to be derived from participation in the aforesaid Please enclose a separate sheet. Conference / Seminar / Symposium 10. Assignment in the aforesaid Conference / Seminar / a) Contributing a scientific paper (poster or oral) Symposium b) Delivering a guest lecture c) Others, if any, specify. 11. Particulars of the financial support already extended by the University to attend the similar Conference (s) during the current calendar year 1st January to 31st December) a) Title of the Conference / Seminar / Symposium Souly of Inchian Thysiothisp. sand - 25th march 202 b) Date of conduct c) Level of Conference (State / Zonal / National) National d) Venue Bhunonephoore e) Financial support extended by the University 16,000 f) Copy of the sanction letter to be enclosed where be submitted that longune Note : The faculty member is eligible for financial support to attend one State / Zonal and one National Conference in a calendar year. 12. Particulars of the organizers of the aforesaid Conference / Seminar / Symposium souly of malian Thypotherapst a) Name of the Organizer b) Title of the program SLPCON- 2023 c) Place Bhunarehwar d) Duration 3 days 23rd - 25 March e) Date f) Amount claimed 25000 -

KLEE EMPOMENTAL STATES

# KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH

(Formerly known as KLE University) [Deemed-to-be-University established u/s 3 of the UGC Act, 1956]

- 2 -

13. <b>Exp</b>	enses involved towards attending the Conference:	
a)	Place	Bhungarehusar
b)	Mode of journey	Flight
c)	Fare	- ] ove , 31
	To and Fro expenses	16,000[-
	Registration / Delegation Fee	4.5900 -
	Accommodation charges	-10002-
	Total Expenses	80,900/-
14. Do	cuments to be submitted:	
a) b)	Copy of the letter of invitation from the organizers. Copy of the full text of documents / abstract / paper prepared by the applicant for presentation.	Enclored.
	DECLARA	LON
Date :	<ul> <li>agency for attending the aforesaid Conference,</li> <li>I shall produce necessary bills / receipts along-with Atten University from the date of attending the aforesaid Confe</li> <li>I shall conduct a seminar for the benefit of the faculty knowledge and experience gained from attending the aforesaid</li> <li>I shall reimburse the amount to the University in excess</li> </ul>	erence, / members of the Department / Institution to share th presaid Conference.
Ref. N	0.	Date:
То	egistrar, R,	
Dear S	Sir,	
	We are enclosing herewith the application of the a	bove Teacher in the prescribed format for grant
financ	ial support for presentation scientific paper (poster	or oral) / delivering a guest lecture to attend the
Confe	rence for kind consideration.	
0	Thanking you,	Yours faithfully,

ALANGER ALANGER

# केनरा बैंक Canara Bank 📣

# सिंडिकेट Syndicate

1.0

# Statement for A/c XXXXXXXXXX1710 for the period 18-Mar-2023 to 17-Jun-2023

Customer Id Name Phone Address KARNATAKA	XXXXXXX11 MANJUNATHSOGALAD +919945795262 KOUJALAGI, H NO 998 GOKAK	Branch Code Branch Name IFSC Code Address MEDICAL COL Belagavi KARN/	10504 NEHRU NAGAR, BELGAUM CNRB0010504 JAWAHARLAL NEHRU LEGE CAMPUS NEHRU NAGAR ATAKA
------------------------------------------------------	-----------------------------------------------------------------------------	-------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

Date Particulars Deposits Withdrawals Balance

08-05-2023	UPI/DR/312812923032/SAMEER NY/KARB/**BS543@OKSBI/PAY MENT //YBL968EA631B30645A9829EC 322F6C73762/08/05/2023 14:25:26		20.00	1,039.14
	Chq: 312812923032			
08-05-2023	KLE BELAGAVI FINANCIAL ASSISTANCE	8,000.00		9,039.14
	Chq:			

# केनरा बैंक Canara Bank 📣

# सिंडिकेट Syndicate

1.0

# Statement for A/c XXXXXXXXXX1710 for the period 18-Mar-2023 to 17-Jun-2023

Customer Id Name Phone Address KARNATAKA	XXXXXXX11 MANJUNATHSOGALAD +919945795262 KOUJALAGI, H NO 998 GOKAK	Branch Code Branch Name IFSC Code Address MEDICAL COL Belagavi KARN/	10504 NEHRU NAGAR, BELGAUM CNRB0010504 JAWAHARLAL NEHRU LEGE CAMPUS NEHRU NAGAR ATAKA
------------------------------------------------------	-----------------------------------------------------------------------------	-------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------

Date Particulars Deposits Withdrawals Balance

08-05-2023	UPI/DR/312812923032/SAMEER NY/KARB/**BS543@OKSBI/PAY MENT //YBL968EA631B30645A9829EC 322F6C73762/08/05/2023 14:25:26		20.00	1,039.14
	Chq: 312812923032			
08-05-2023	KLE BELAGAVI FINANCIAL ASSISTANCE	8,000.00		9,039.14
	Chq:			



# Statement for A/c XXXXXXX6078 for the period 18-Mar-2023 to 17-Jun-2023

Customer Id Name Phone	XXXXXX83 JAGADEESH G HUBBALLI +918762813171	And the second states and an only of	8515 BELGAUM KLE'S HO EARCH CENTRE	OSPITAL &
Address NO 216 1 A 2 KARNATAKA	S O GURUBASAPPA HOUSE LIC RODA GOKAK BELAGAVI	IFSC Code Address KARNATAKA	CNRB0008515 NEHRU NAGAR	Belagavi

٦Г

Date	Particulars	Deposits	Withdrawals	Balance
28-03-2023	UPI/DR/308792441232/JAR SAVE/YESB/**NLINE@YBL/UPI/ /APLAPEA3R87C9PACFMYFA1 TVTOWGVWL6GI5/28/03/2023 12:01:08		500.00	377.75
	Chq: 308792441232			
29-03-2023	FUNDS TRANSFER DEBIT 05042170000039 - KLE ACADEMY OF HIGHE	5,900.00		6,277.75
	Chq:			

13-03-2023	UMES//HDF8B588C50DEE7418 89B26FE206D5DCB03/13/03/20 23 11:34:40		1,235.00	7,99,003.03
	Chq: 307229777557			
13-03-2023	KLE CONTRACTORS PAYMENT Chq:	5,900.00		8,04,903.03

#### 



#### Statement for A/c 8515101048908 Between 17-Mar-2023 and 17-Jun-2023

Client	110640013	Branch Code	8515
Name	VAISHALI SAMPATKUMAR	Branch Name	BELGAUM K L E HOSPITAL EXTN
Address	6699 SECTOR 10 ANJANEYA NAGAR BELAGAVI 590016 KARNATAKA	Address	CANARA BANK K L E HOSPITAL BELGAUM MICR Code : 590015012
Phone	919964299877	IFSC Code	CNRB0008515

Date	Particulars	Withdrawals	Deposits	Balance
		Opening Bal	ance	5,09,650.24
24-03-2023	BY CLG:CHN ACCT SEC-STATE BANK OF INDIA (SBI), 1		20,000.00	5,29,650.24
26-03-2023	SMS CHARGES ON ACTUAL BASIS	2.00		5,29,648.2
11-04-2023	CASH DEPOSIT VAISHALI BLGM KLE EC		15,000.00	5,44,648.2
12-04-2023	BY CLG:CHN ACCT SEC-STATE BANK OF INDIA (SBI), 1		20,000.00	5,64,648.2
21-04-2023	BY CLG:CHN ACCT SEC-STATE BANK OF INDIA (SBI), 1		20,000.00	5,84,648.2
29-04-2023	JNMC BELAGAVI APR 23		10,752.00	5,95,400.2
30-04-2023	SBINT FOR THE PERIOD FROM01-FEB-23 TO 30-APR -23		3,755.00	5,99,155.2
08-05-2023	KLE BELAGA VI FINANCIAL ASSISTANCE		8,000.00	6,07,155.2
16-05-2023	CASH DEPOSIT VAISHALI BLGM KLE EC		19,500.00	6,26,655.2
17-05-2023	BY CLG:CHN ACCT SEC-STATE BANK OF INDIA (SBI), 1		20,000.00	6,46,655.2
17-05-2023	NEFT CR-SBIN123137520602-SBIN0070242-KSDNEB /FAST/PAYMENT		24,000.00	6,70,655.2
19-05-2023	FUNDS TRANSFER DEBIT 05042010139597 - THE REG KAHER S N A		19,500.00	6,90,155.2
22-05-2023	CASH DEPOSIT VAISHALI BLGM KLE EC		30,000.00	7,20,155.2
25-05-2023	BY CLG:CHN ACCT SEC-STATE BANK OF INDIA (SBI), 1		20,000.00	7,40,155.2
31-05-2023	JNMC BELAGAVI		8,256.00	7,48,411.2

Page 1 of 2

Date	Particulars		Withdrawals	Deposits	Balance
06-06-2023	CASH DEPOSIT VAISHALI BLO	SM KLE EC		23,000.00	7,75,911.24
07-06-2023	NEFT CR-SBIN123158722969-5 /FAST/PAYMENT	BIN0070242-KSDNEB		3,050.00	7,78,961.24
08-06-2023	BY CLG-CHN ACCT SEC-STAT (SRI) 1	E BANK OF INDIA		25,000.00	8,03,961.24
		$\sim$	W		₹
Tools	Mobile View	Share	PDF to DC	DC E	dit on PC

FUNDS TRANSFER DEBIT 05042170000039 - KLE ACADEMY OF HIGHE	5,900.00	Cr	7,471.18
Chq :			

# < e-Passbook-2023-... ∅ <



## Statement for A/c XXXXXXXX6193 for the period 07-May-2023 to 06-Jun-2023

Customer Id	XXXXXX00	Branch Code	8515	
Name	SHWETA A ANGADI	Branch Name	BELGAUM KLE'S HOSPI	
Phone	+918904669742	MEDICAL RESEA	ARCH CENTRE	
Address	PLOT NO- 154,155, POTDAR	IFSC Code	CNRB0008515	
LAYOUT NEAR	SAI MANDIR, SAI NAGAR	Address	NEHRU NAGAR Be	
KANGRALI BK BE	ELAGAVI KARNATAKA	KARNATAKA		

Date	Particulars	Deposits	Withdrawals	Bala

08-05-2023	KLE BELAGAVI FINANCIAL ASSISTANCE	8,000.00
	Chq:	

# केनरा बैंक Canara Bank 🛷

# सिंडिकेट Syndicate

ר ר

## Statement for A/c XXXXXXX5643 between 10-Sep-2023 and 15-Sep-2023

Customer IdXXXXX75NameUMESH M NANDGAONPhone+919886219851AddressNURSING STAFF KLES PKHMRC BELGAUM BELGAUM KARNATAKA	Branch Code8515Branch NameBELAGAVI KLES HOSPITALAND MEDICAL RESEARCH CENTREIFSC CodeCNRB0008515AddressNEHRU NAGAR BELAGAVIKARNATAKA
--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

Date	Particulars	Deposits	Withdrawals	Balance
		Opening Balance		2,674.18
14-09-2023	KLE BELAGAVI	5,100.00		7,774.18
	Chq:		-,	
14-09-2023	KLE BELAGAVI	3,000.00		
	Chq:		3,000.00	10,774.18
		Closing Balance		10,774.18

## DISCLAIMER

UNLESS THE CONSTITUENT BRINGS TO THE NOTICE OF THE BANK ANY DISCREPANCY /ERRORS /OMMISSION /UNAUTHORISED DEBITS IMMEDIATELY, THE ENTRIES IN SUCH PASS SHEET SHALL BE DEEMED AS CORRECT AND SHALL BIND THE CONSTITUENT FOR ALL PURPOSES AND INTENTS

BEWARE OF PHISHING ATTACKS THROUGH EMAILS OR FAKE WEBSITE

IMB USERS ARE REQUESTED TO NOTE THAT CANARA BANK DOES NOT SEEK ANYINFORMATION THROUGH EMAIL.DO NOT CLICK ON ANY LINK WHICH HAS COMETHROUGH EMAIL FROM UNEXPECTED SOURCES.IT MAY CONTAIN MALICIOUS CODE OR COULD BE AN ATTEMPT TO "PHISH".ALWAYSLOGIN THROUGH www.canarabank.com PLEASEBEWARE OF PHISHING CHANGE IN THE ADDRESS OF ACCOUNT HOLDER/PA HOLDER, IF ANY, MAY PLEASE BE INFORMED TO THE BRANCH ALONG WITH ADDRESS

# DO NOT SHARE ATM PIN NUMBER, ACCOUNT DETAILS, OTP TO OUTSIDERS, EMAILS ETC

### **Details of Ombudsman:**

The Banking Ombudsman C/o. RBI, 10/3/8 Nrupatunga Road Bangalore-560001 E-mail: bobangalore@rbi.org.in

ARE YOU A MERCHANT / TRADER / RETAILER / SMALL VENDOR. USE DIGITAL PAYMENT CHANNEL TO RECEIVE PAYMENT FROM YOUR CUSTOMERS.CONTACT BRANCH

## COMPUTER OUTPUT- DOES NOT REQUIRE SIGNATURE

----- END OF STATEMENT ------

# केनरा बैंक Canara Bank

सिंडिकेट Syndicate

٦Г

#### Statement for A/c XXXXXXXXX8797 for the period 26-Aug-2023 to 25-Nov-2023

Customer Id Name Phone Address JAMAKHANDI	XXXXXXX32 MAHALING MALLIKARJUN +919986226960 GIDVEER LANE RABKAVI TQ: BAGALKOT KARNATAKA	Branch Code Branch Name IFSC Code Address MEDICAL COL BELAGAVI KAR	10504 BELAGAVI NEHRU NAGAR CNRB0010504 JAWAHARLAL NEHRU LEGE CAMPUS, NEHRU NAGAR NATAKA
-------------------------------------------------------	------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

KLE BELAGAVI

14-09-2023

8,000.00

Chq:

# केनरा बैंक Canara Bank 📣

# 🖁 सिंडिकेट Syndicate

## Statement for A/c XXXXXXXX6283 between 14-Sep-2023 and 15-Sep-2023

Customer Id	XXXXXXX97	Branch Code	8515	
Name	SUDHA C JANGANURE	Branch Name	BELAGAVI KLES HOSPITAL	
Phone	+917022966400	AND MEDICAL RESEARCH CENTRE		
Address	KLES INST OF NURSING	IFSC Code	CNRB0008515	
SCIENCES JN	MC CAMPUS NEHRUNAGAR	Address	NEHRU NAGAR BELAGAVI	
BELGAUM KARNATAKA		KARNATAKA		

Date	Particulars	Deposits	Withdrawals	Balance
14-09-2023		Opening Balance		4,845.15
	KLE BELAGAVI Chq:	5,100.00		9,945.15
		Closing Balance		9,945.15

## DISCLAIMER

UNLESS THE CONSTITUENT BRINGS TO THE NOTICE OF THE BANK ANY DISCREPANCY /ERRORS /OMMISSION /UNAUTHORISED DEBITS IMMEDIATELY, THE ENTRIES IN SUCH PASS SHEET SHALL BE DEEMED AS CORRECT AND SHALL BIND THE CONSTITUENT FOR ALL PURPOSES AND INTENTS

BEWARE OF PHISHING ATTACKS THROUGH EMAILS OR FAKE WEBSITE

IMB USERS ARE REQUESTED TO NOTE THAT CANARA BANK DOES NOT SEEK ANYINFORMATION THROUGH EMAIL.DO NOT CLICK ON ANY LINK WHICH HAS COMETHROUGH EMAIL FROM UNEXPECTED SOURCES.IT MAY CONTAIN MALICIOUS CODE OR COULD BE AN ATTEMPT TO "PHISH".ALWAYSLOGIN THROUGH www.canarabank.com PLEASEBEWARE OF PHISHING

CHANGE IN THE ADDRESS OF ACCOUNT HOLDER/PA HOLDER, IF ANY, MAY PLEASE BE INFORMED TO THE BRANCH ALONG WITH ADDRESS

# DO NOT SHARE ATM PIN NUMBER, ACCOUNT DETAILS, OTP TO OUTSIDERS, EMAILS ETC

## **Details of Ombudsman:**

The Banking Ombudsman C/o. RBI, 10/3/8 Nrupatunga Road Bangalore-560001 E-mail: bobangalore@rbi.org.in

ARE YOU A MERCHANT / TRADER / RETAILER / SMALL VENDOR. USE DIGITAL PAYMENT CHANNEL TO RECEIVE PAYMENT FROM YOUR CUSTOMERS.CONTACT BRANCH

## COMPUTER OUTPUT- DOES NOT REQUIRE SIGNATURE

----- END OF STATEMENT -----

# केनरा बैंक Canara Bank

र् सिंडिकेट Syndicate

#### Statement for A/c XXXXXXXX8622 for the period 29-May-2023 to 28-Nov-2023

Customer Id	XXXXXXX90	Branch Code	10504
Name	GAVISHIDDHAYYA BASA	Branch Name	BELAGAVI NEHRU NAGAR
Phone	+919480033476	IFSC Code	CNRB0010504
the second of the second second	KLE NURSING COLLEGE S FLAT NO 23 JNMC CAMPUS BELAGAVI KARNATAKA	Address MEDICAL COLL BELAGAVI KARN	JAWAHARLAL NEHRU EGE CAMPUS, NEHRU NAGAR, NATAKA

**KLE BELAGAVI** 

9,900.00

Chq:

25-09-2023

UPI/DR/326855403896/BHASHA SAB/PYTM/**N2UZI@PAYTM/P AYMENT

#### STATEMENT OF ACCOUNT

CANARA BANK Account Branch		8515-BELGAUM K L E HOSPITAL EXTN (	TD COOCIO	DATE: 24-11-23 16:
04:59 PM	3	0515-DELGAUM K L E HUSPITAL EXTN	TR 590010	DATE: 24-11-23 10.
	10	Children and a state of the		
IFSC	4	CNRB0008515		
MICR	4	590015012		
Account No	:	8515101050443		
Product Name		CANARA SB GENERAL		
Customer ID		123127628		
Customer Name		Mrs PRIYANKA B GUDANNAWAR		
Address		WARD NO 22 BAGALKOT ROAD		
	2.7	NAVARASPUR COLONY EWOORKER		
		BUILDING OPP DISTRICT COURT		
		BUAPUR AMC		
		KARNATAKA		
		IN		
		586101		
Nominee Reference	num :	8515003060		
Nominee Name	:	SUMEET S SHINDE		
Account Title	1	PRIYANKA B GUDANNAWAR		
Joint Holder's/Author	ised :			
Person's Name				
			Period	01-09-2023 To 24-11-2023
			Name Currents	INDIAN DUDCCO

Period 01-09-2023 To 24-11-2023 Name Currency : INDIAN RUPEES Swift code: CNRBINB8BFD

TRANS DATE	DATE	BRANCH	REF/CHQ.NO	DESCRIPTION	WITHDRAWS	DEPOSIT	BALANCE
01-SEP-23	01-SEP-23	0		B/F	0.00	405.91	405.91
01-SEP-23	01-SEP-23	8515		SLABWISE NMMB	41.00	0.00	364.91
14-SEP-23	14-SEP-23	10504	000000000000	KLE BELAGAVI	0.00	5,100.00	5,464.91
14-SEP-23	14-SEP-23	10504	000000000000	KLE BELAGAVI	0.00	3,000.00	8,464.91



Date	Particulars	Deposits	Withdrawals	Balance
00.11.0000	KLE BELAGAVI NEHRU NAGAR	0.000.00		00 500 70
29-11-2023	Chq:	8,000.00		38,539.73

MR HONNAGOUD
X X X X X X X X X X X 0 2 5 8
X X X X X X X 8 8
9,730.22
<u>Get Full Account</u> <u>Details</u>

Date	Details	Amount DR/CR	Balance
------	---------	--------------	---------

29-11-2023	KLE BELAGAVI NEHRU NAGAR	8,000.00	Cr	10,615.22
	Chq :			



#### Statement for A/c 8515108006716 for the period 25-Nov-2023 to 04-Dec-2023

I

Customer Id Name Phone Address DIST . BELGAU	71736945 MAHESH A BYALAGOUDAR +919663854701 AT/POST. SATTI TA. ATHANI JM SATTI KARNATAKA	IFSC Code	8515 BELAGAVI KLES RESEARCH CENTR CNRB0008515 NEHRU NAGAI	E
Date	Particulars	Deposits	Withdrawals	Balance

٦٢

#### 29-11-2023 KLE BELAGAVI FACULTY FINANCIAL ASSISTANC Chq:

8,000.00

8,434.37



शाखा का नाम और पता Name and address of branch BELGAUM K LE HOSPITAL EXTNOTE CANARA BANK CANARA BANK K LE HOSPITAL BELGAUM KARNATAKA-590010

Toll Free No. 18004250018

Mention 13 digit account number

for all inward RTGS/NEFT remittances and enjoy hassle free direct credit to your account

8515108005948

आधिक

Use Canara Bank Debit Card for all your purchases and avoid the risk of carrying cash. Use Debit Cards at ATMs for round the clock cash withdrawals up to Rs. 20,000/- per day.

खाता सं Account No.

#### ACCOUNT DETAILS

नाम Name(s)

JAMPA LHAMO

केनरा बैंक <

व्यवसाय Occupation

पता Address

ग्राहक आई डी Customer ID

खाता खोलने की तिथि A/c Opened on

नामांकिती का नाम Name of Nominee

नामांकन की पंजीकरण संख्या Nomination Registration No. Others • KLES INSTITUTE OF NURSING SCIENCE. STUDENT HOSTEL BELGAUM BELGAM DECOMPANY INDIA

67130802;_

23-SEP-2011

Canara Bank

29-11-2023	KLE BELAGAVI FACULTY 3FINANCIAL ASSISTANC	8,000.00	Cr
	Chq :		

# केनरा बैंक Canara Bank 🛷

#### 🖁 सिंडिकेट Syndicate

٦Г

#### Statement for A/c XXXXXXXXX1898 between 11-Aug-2023 and 11-Aug-2023

Customer Id	XXXXXX14	Branch Code	8515
Name	ASHA.VINOD.BHAT	Branch Name	BELAGAVI KLES HOSPITAL
Phone	+919731868242	AND MEDICAL R	RESEARCH CENTRE
Address	# 380, SHIVABASAV NAGAR AND 3 BELAGAVI KARNATAKA	IFSC Code Address KARNATAKA	CNRB0008515 NEHRU NAGAR BELAGAVI

Date	Particulars	Deposits	Withdrawals	Balance	
		Opening Balance		28,432.41	
11-08-2023	KLE NURSING CONTRACTOR BILL	3,780.00		32,212.41	
	Chq:				
11-08-2023	KLE BELAGAVI	16,000.00		48,212.41	
11-00-2023	Chq:				
11-08-2023	UPI/DR/322346310977/DHANUS H V/HDFC/**VB026@OKHDFCBA NK/UPI//AXI91F372EDEDED4F8 89E45704F5272806E/11/08/202 3 19:08:46		300.00	47,912.41	
	Chq: 322346310977				
		Closing Balance		47,912.41	

#### DISCLAIMER

UNLESS THE CONSTITUENT BRINGS TO THE NOTICE OF THE BANK ANY DISCREPANCY /ERRORS /OMMISSION /UNAUTHORISED DEBITS IMMEDIATELY, THE ENTRIES IN SUCH PASS SHEET SHALL BE DEEMED AS CORRECT AND SHALL BIND THE CONSTITUENT FOR ALL PURPOSES AND INTENTS

BEWARE OF PHISHING ATTACKS THROUGH EMAILS OR FAKE WEBSITE

IMB USERS ARE REQUESTED TO NOTE THAT CANARA BANK DOES NOT SEEK ANYINFORMATION THROUGH EMAIL.DO NOT CLICK ON ANY LINK WHICH HAS COMETHROUGH EMAIL FROM UNEXPECTED SOURCES.IT MAY CONTAIN MALICIOUS CODE OR COULD BE AN ATTEMPT TO "PHISH".ALWAYSLOGIN THROUGH www.canarabank.com PLEASEBEWARE OF PHISHING

CHANGE IN THE ADDRESS OF ACCOUNT HOLDER/PA HOLDER, IF ANY, MAY PLEASE BE INFORMED TO THE BRANCH ALONG WITH ADDRESS

### DO NOT SHARE ATM PIN NUMBER, ACCOUNT DETAILS, OTP TO OUTSIDERS, EMAILS ETC

#### **Details of Ombudsman:**

The Banking Ombudsman C/o. RBI, 10/3/8 Nrupatunga Road Bangalore-560001 E-mail: bobangalore@rbi.org.in

ARE YOU A MERCHANT / TRADER / RETAILER / SMALL VENDOR. USE DIGITAL PAYMENT CHANNEL TO RECEIVE PAYMENT FROM YOUR CUSTOMERS.CONTACT BRANCH

#### COMPUTER OUTPUT- DOES NOT REQUIRE SIGNATURE

----- END OF STATEMENT ------

		BELGAUM, KARNATAKA PB NO- 131 MARUTHI GALLI	Phone : 0831-2460445-4208349
Branch Email ID	:	BELGAUM BELGAUM KARNATAKA INDI belgau@bankofbaroda.com	A
MICR Code	-	590012002	IFSC : BARBOBELGAU IFifth c
Customer ID	-	ARP007814	PPO No : NA
Account No	:	04580100017677	A/C opening : 15-09-2016
Account Name	-	VIRUPAKSHAPPA AJJAPPA SAVADI	

13-09-2028 UP1/362200702806/230118/UP1/JTUTNAPPDTKECTVBT/	4500-00	41
		*
14-09-2028 NEFT-P257230267060834-KLE ACADEMY OF HIGHER EDU AN 30-00	5100.00	9

#### **INSTITUTE OF NURSING SCIENCES**



Aconstituent Unit of

KLE Academy of Higher Education and Research (Deemed-to-be-University)



Accredited 'A'' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE [MHRD] (GoI)

NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

**2:** 091-0831-2472303 **FAX:** 091- 0831-2475103 **Web:** http://kleunursingbgm.edu.in **E-mail**:principalklenursingbgv@gmail.com **Recognized by:** Indian Nursing Council (New Delhi)-Karnataka Nursing Council (Bengaluru, Karnataka)

#### Faculty involved in collaboration

Sl.n o.	Name of the faculty	Name of the program	Year	Awarding Agency
01	Dr.Sudha Raddi	ASHA Intervention to	2023	TJU
	Mr.Veereshkumar S.N.	Address Postpartum		
	Mr.Gururaj Udapi	Depression.		
	Mr.Manjunath S.			
	Mrs.Sushma Patil			
	Mrs.Uma Kole			
	Mrs.Shweta Angadi			

.....

Principal KAHER Institute of Nursing Sciences, Belagavi.

#### **INSTITUTE OF NURSING SCIENCES**



Aconstituent Unit of

KLE Academy of Higher Education and Research (Deemed-to-be-University)



Accredited 'A⁺' Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE [MHRD] (GoI)

NEHRU NAGAR, BELAGAVI-590010, KARNATAKA, INDIA

**C**: 091-0831-2472303 **FAX:** 091- 0831-2475103 **Web:** http://kleunursingbgm.edu.in **E-mail**:principalklenursingbgv@gmail.com **Recognized by:** Indian Nursing Council (New Delhi)-Karnataka Nursing Council (Bengaluru, Karnataka)

#### PFIZER-RCNi FACULTY FELLOWSHIP

Thomas Jefferson University's College of Nursing (JCN) and KLE's Institute of Nursing Science (INS) seek up to 12 post-doctoral faculty scholars for a 12-month faculty fellowship Completed in march 2023. The purpose of this fellowship is to develop a cadre of INS faculty members with the scholarly skill set to collaborate as full partners with JCN faculty on research and scholarly projects that address unmet health and healthcare needs in India.

Name Of Faculty			
Mr.Amaya Khande			
Mrs.Laxmi Kamat			
Mrs.Heikham Gineta Chanu			
Mrs.Shubharani Muragod			
Mr.Jagadeesh Hubballi			
Dr.Manjunath Sogalad			

#### List of Enrolled faculty



Principal KAHER Institute of Nursing Sciences, Belagavi.



Women's and Children's Health Research Unit Jawaharlal Nehru Medical College KLE Academy of Higher Education and Research, (Deemed-to-be-University) Belagavi Karnataka India



Ref No. MDC/JNMC/2023-24/168

Date: 27.06.2023

#### TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Gavishiddhayya Salimath, Professor & HOD of Child Health Nursing, Belagavi is involved in the research project titled "Augmented Infant Resuscitator (AIR): Transitioning a novel behavior change innovation to drive newborn ventilation skills enhancement", funded by USAID and Grand Challenges Canada as a Training Coordinator since March 03, 2023.



(Dr Shivaprasad S Goudar)

Address for Correspondence: Women's and Children's Health Research Unit J.N. Medical College, KLE Academy of Higher Education and Research, JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka Phone: +91-831-244 4190 / +91 831 244 4195; Email: jnmcru@jnmc.edu



Women's and Children's Health Research Unit Jawaharlal Nehru Medical College KLE Academy of Higher Education and Research, (Deemed-to-be-University) Belagavi Karnataka India



Ref No. MDC/JNMC/2023-24/169

Date: 27.06.2023

#### TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mrs.Vaishali Bagewadi, Asst.Professor Child Health Nursing, Belagavi is involved in the research project titled "Augmented Infant Resuscitator (AIR): Transitioning a novel behavior change innovation to drive newborn ventilation skills enhancement", funded by USAID and Grand Challenges Canada as a Training Coordinator since March 03, 2023.



(Dr Shivaprasad S Goudar)

Address for Correspondence: Women's and Children's Health Research Unit J.N. Medical College, KLE Academy of Higher Education and Research, JNMC Campus, Nehru Nagar, Belagavi-590 010, Kanataka Phone: +91-831-244 4190 / +91 831 244 4195; Email: jnmcru@jnmc.edu

#### **KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH**

#### APPLICATION DETAILS OF FACULTY FOR ATTENDING SEMINAR, WORKSHOP AND CONFERENCE

#### **APPROVAL / SANCTION OF FINANCIAL ASSISTANCE TO FACULTIES**

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
1	Dr.Snehal Dharmayat	KLE IPT	8th International Symposium on CIF held at Mohali Punjab from 30th Nov 22 to 2nd Dec 2022	Natioanl Level	16,000.00	16,000.00
2	Dr.Prashant Naik	KLE IPT	8th International Symposium on CIF held at Mohali Punjab from 30th Nov 22 to 2nd Dec 2022	Natioanl Level	16,000.00	16,000.00
3	Dr.Preeti Salve	KLE CoP Belagavi	International Conference on Drug Discovery held on 10 & 11th Nov 2022 at Goa	Natioanl Level	8,000.00	8,000.00
4	Dr.Shankar Alegaon	KLE CoP Belagavi	International Conference on Drug Discovery	Hard Copy Not rec	eived from Registra	ar Office
5	Dr.Madhumati Patil	JNMC	13th National conference of Health professional Education to 2nd ,3rd Nov 2022 from Dehradun	Natioanl Level	23,000.00	16,000.00
6	Dr.Pramodha Hurakadle	KLE CoP Belagavi	9th Convention society for Ethnopharmacology Translational research on Indian Medicinal Plants from 23-24-2022to Kolkata	State Level	8,000.00	8,000.00
7	Dr.Deepti Kadeangadi	JNMC	XIII National conference on health professions education to 2nd & 3rd Nov 2022 from Dehradun	Natioanl Level	16,000.00	16,000.00
8	Dr.B.P.Belaldavar	JNMC	South-Zone and Karnakata State AOICO-2022 17th annual conference of south-zone & 39th annual conference of Karnataka state chapter of AOL 14th- 16th october 2022 at Manipal	State Level	9,957.00	8,000.00
9	Dr.Laxmi Deshpande	JNMC	26th Chapter Microown Conference of IAMM 16th - 18th Sep 2022 at Pune	State Level	8,000.00	8,000.00
10	Dr.Rajesh Mane	JNMC	KISACON-2022 36th Annual state conference of ISA Karnataka on 16th to 18th Sept 2022 At Kalaburgi	State Level	8,000.00	8,000.00
11	Dr.Deepa Mane	KLE VKIDS	29TH National IAOMP Conference to 11th,12th & 13th Nov 2023 from Dehradun	Natioanl Level	30,709.00	16,000.00
12	Dr Vinita Metgudmath	JNMC	south-zone and Karnataka state AOICON-2022 on 14th,15th & 16th oct 2022 at Manipal	State Level	8,000.00	8,000.00
13	Dr.Rajesh Havaldar	JNMC	south-zone and Karnataka state AOICON-2022 on 14th,15th & 16th oct 2022 at Manipal	State Level	6,717.00	6,717.00

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
14	Dr.Sagar Jalihal	KLE VIKDS	26TH National IAPHD CONFERENCE from 23rd to 25th Spt 2022 at Goa	State Level	14,000.00	8,000.00
15	Dr.Preeti Hajare	JNMC	South Zone and Karnataka State AOICON-2022 from 14th-16th Octo 2022 to Manipal	State Level	12,500.00	8,000.00
16	Dr.Vishwanth S Wasedar	SHRI BMK	9th World Ayurveda Congress and Arogya Expo to 8th 2022 to 11th 2022 at Goa	State Level	21,900.00	8,000.00
17	Dr.Supriya Kulkarni	KLE Homeopathic	NCHEP-2022 to 2nd & 3rd Nov 2022 at Hydrabad	Natioanl Level	16,000.00	5,000.00
18	Dr.Vinay Bannur	ЈИМС	18TH Annual Conference of south India Medico- Legal Association to 7th-10th Octo 2022 at Manipal	State Level	13,047.00	8,000.00
19	Dr.P.G.Jadar	SHRI BMK	9th World Ayurveda Congress and Arogya Expo to 8th 2022 to 11th 2022 at Goa	State Level	11,722.00	8,000.00
20	Mr.Sanjay Ugare	KLE CoP Belagavi	7th Annual International Conferece on IPR to 15- 16th Nov 2022 at Goa	State Level	8,000.00	8,000.00
21	Dr Rinku Porwal	KLE Homeopathic	NCHEP-2022 13th National Conference on Health Professions Education to 2nd & 3rd Nov 2022 at Hydrabad	Natioanl Level	27,992.00	16,000.00
22	Dr.Anilkumar Harugoppa	JNMC	south-zone and Karnataka state AOICON-2022 on 14th,15th & 16th oct 2022 at Manipal	State Level	18,375.00	8,000.00
23	Dr.Jang Bahudur	KAHER	IASP with Collaboration with PRC Univercity of Kashmir , Srinagar to Sept 29-30 2022	Natioanl Level	22,442.00	16,000.00
24	Dr.Peeyoosha Gurudutt	KLE IPT	Swasthayu 2K22, from 17th-19th Nov 2022	State Level	3,000.00	3,000.00
25	Mrs.Sujay Hulylakar	KLE CoP,Belagavi	72nd Indial Pharmaceutical Congress,Nagapur Access to Quality & Affardable Medical Products to 20th-22th Jan -2023	Natioanl Level	16,590.00	16,000.00
26	Dr.Bhaskar Kurangi	KLE CoP,Belagavi	72nd Indial Pharmaceutical Congress, Nagapur Access to Quality & Affardable Medical Products to 20th-22th Jan -2023	Natioanl Level	18,226.00	16,000.00
27	Dr.Deepti B Bagewadi	SHRI BMK	Indian Academy of Fitness Training to 14th jan to 17th Jan 2023 from Mangalore	State Level	10,834.00	8,000.00
28	Dr Abhilasha Sampagar	JNMC	PHOCON 2022 to 18th, 19th,20th Nov 2022 at New Delhi	Natioanl Level	45,500.00	16,000.00
29	Mr Jagadeesh Hubballi	KLE INS	International Conference-2023 Emerging Competencies in Midwifery & Neonatal Practices to 11th &12th Jan 2023 at Sangli	State Level	5,900.00	5,900.00

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
30	Dr.V.A.Kothiwale	KAHER	78TH Annual conference of Association of Physicians of India on 26th,27th ,28th & 29th Jan 2023 from Gujarat	Natioanl Level	16,000.00	16,000.00
31	Mr.Umesh Nandagaon	KLE INS	International Conference-2023 Emerging Competencies in Midwifery & Neonatal Practices to 11th &12th Jan 2023 at Sangli	State Level	5,900.00	5,900.00
32	Mrs Nirmala Dsouza	KLE INS	International Conference-2023 Emerging Competencies in Midwifery & Neonatal Practices to 11th &12th Jan 2023 at Sangli	State Level	5,900.00	5,900.00
33	Dr Sanjiv Kumar	KLE IPT	59th IAP International Conference-2023 to 6th,9th, May 2022 at Kolkata	Natioanl Level	17,000.00	16,000.00
34	Dr.Pramod Hurkadale	KLE CoP,Belagavi	72nd Indial Pharmaceutical Congress, Nagapur from 20-22 Jan 2023	Natioanl Level	18,400.00	16,000.00
35	Dr.Subhas Karki	KLE CoP,Bengaluru	International conference Drug Discovery to Nov 10th & 11th 2022, from goa	State Level	19,451.00	16,000.00
36	Dr Ranjana Ranade	KAHER JGMMC	APCON-2022 Nov-30-Dec4, 2022 held at Bengaluru	Natioanl Level	18,000.00	18,000.00
37	Dr Prajna KS	KAHER JGMMC	APCON-2022 Nov-30-Dec4, 2022 held at Bengaluru	Natioanl Level	Not eligible	
38	Ms Rohini Kavalapur	KLE CoP,Belagavi	International Conference on Drug Discovery to 10 & 11th Nov 2022 from Goa	State Level	10,750.00	8,000.00
39	Dr.Manisha Chougale	KAHER JGMMC	Global congress of anatomists 69th NATCON to 9th -11th Dec -2022 Gadag	State Level	4,056.00	4,056.00
40	Dr.Chitra BR	KAHER JGMMC	Global congress of anatomists 69th NATCON to 8th -11th Dec 2022	State Level	5,056.00	5,056.00
41	Dr.Drakshayini Kakati	KAHER JGMMC	Global congress of anatomists 69th NATCON to 8th Dec -11th Dec 2022 Gadag	State Level	4,056.00	4,056.00
42	Dr.Supriya Novel Tony	KAHER JGMMC	Global congress of anatomists 69th NATCON to 8th Dec -11th Dec 2022 Gadag	State Level	4,056.00	4,056.00
43	Dr Basavaraj Motimath	KLE IPT	1st International Osteopathy & Manual Therapy Conference 20th Nov 2022 at New Delhi	Natioanl Level	16,000.00	16,000.00
44	Dr Dhaval Chivate	KLE IPT	1st International Osteopathy & Manual Therapy Conference 20th Nov 2022 at New Delhi	Natioanl Level	16,000.00	16,000.00
		Tota			585,036.00	443,641.00

Sr No	Faculty Name	Institution	Name of Conference	State Level / National Level	Bill Amount	Sanctioned
	Admin Asst	Fi	nance Officer	Dy Registrar	F	Registrar

#### KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH 22-23 J N Medical College Campus, Nehru Nagar, Belagavi - 590010 Registrar Synd S B A/c -217-39

Ref:KAHER/Accts/2022-23/D-

To, The Chief Manager

#### Date: 10.03.2023

#### Subject: Payment Through RTGS / NEFT - Financial Assistance

Dear Sir,

Please Debit A/c No. 217-39 for Rs. 4,43,641.00 (Rupees Four Lakh Forty Three Thousand Six Hundred Forty One Only). We request you to do the following payments to **our Faculties towards Financial Assistance** through RTGS/NEFT. All the required information is also provided in connection with each party.

NO.	Date	Name of the Employee	Bank Name	Branch	Ас Туре	Place	Ac No	IFSC Code	Ammount Sanctioned
1	10.03.2023	Dr.Snehal Dharmayat	Canara Bank	Nehru Nagar	SB	Belagavi	05042010025835	CNRB0010504	16,000.00
2	10.03.2023	Dr.Prashant Naik	Canara Bank	Nehru Nagar	SB	Belagavi	05042010107894	CNRB0010504	16,000.00
3	10.03.2023	Dr.Preeti Salve	Canara Bank	Nehru Nagar	SB	Belagavi	05042010119698	CNRB0010504	8,000.00
4	10.03.2023	Dr.Shankar Alegaon	Canara Bank	Nehru Nagar	SB	Belagavi	05042190003372	CNRB0010504	-
5	10.03.2023	Dr.Madhumati Patil	Canara Bank	Nehru Nagar	SB	Belagavi	05042010062420	CNRB0010504	16,000.00
6	10.03.2023	Dr.Pramodha Hurakadle	Canara Bank	Nehru Nagar	SB	Belagavi	05042200000393	CNRB0010504	8,000.00
7	10.03.2023	Dr.Deepti Kadeangadi	Canara Bank	Nehru Nagar	SB	Belagavi	05042010023359	CNRB0010504	16,000.00
8	10.03.2023	Dr.B.P.Belaldavar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010004968	CNRB0010504	8,000.00
9	10.03.2023	Dr.Laxmi Deshpande	Canara Bank	Nehru Nagar	SB	Belagavi	110031110613	CNRB0010504	8,000.00
10	10.03.2023	Dr.Rajesh Mane	Canara Bank	Nehru Nagar	SB	Belagavi	05042010028160	CNRB0010504	8,000.00
11	10.03.2023	Dr.Deepa Mane	State bank of INDIA	Sadashiv Nagar	SB	Belagavi	64167198039	SBIN040965	16,000.00
12	10.03.2023	Dr Vinita Metgudmath	Canara Bank	Nehru Nagar	SB	Belagavi	05042190002820	CNRB0010504	8,000.00
13	10.03.2023	Dr.Rajesh Havaldar	Canara Bank	Nehru Nagar	SB	Belagavi	05042610005688	CNRB0010504	6,717.00
14	10.03.2023	Dr.Sagar Jalihal	Axis bank	Neharu Nagar	SB A/c	Belagavi	919010058953752	UTIB0001690	8,000.00
15	10.03.2023	Dr.Preeti Hajare	Canara Bank	Nehru Nagar	SB	Belagavi	05042180001132	CNRB0010504	8,000.00
16	10.03.2023	Dr.Vishwanth S Wasedar	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	004002300000078	IBKL0101BZR	8,000.00
17	10.03.2023	Dr.Supriya Kulkarni	Canara Bank	Nehru Nagar	SB	Belagavi	05042180028540	CNRB0010504	5,000.00
18	10.03.2023	Dr.Vinay Bannur					110057235943		8,000.00
19	10.03.2023	Dr.P.G.Jadar	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	004002300000039	IBKL0101BZR	8,000.00
20	10.03.2023	Mr.Sanjay Ugare	Canara Bank	Nehru Nagar	SB	Belagavi	05042180017956	CNRB0010504	8,000.00
21	10.03.2023	Dr Rinku Porwal	Canara Bank	Bhagya Nagar	SB	Belagavi	110000298230	CNRB0010549	16,000.00
22	10.03.2023	Dr.Anilkumar Harugoppa	Canara Bank	Nehru Nagar	SB	Belagavi	05042010004075	CNRB0010504	8,000.00
23	10.03.2023	Dr.Jang Bahudur	Canara Bank	NEHRU NAGAR	SB	Belagavi	05042600000047	CNRB0010504	16,000.00
24	10.03.2023	Dr.Peeyoosha Gurudutt	Canara Bank	Nehru Nagar	SB	Belagavi	05042180001210	CNRB0010504	3,000.00

NO.	Date	Name of the Employee	Bank Name	Branch	Ас Туре	Place	Ac No	IFSC Code	Ammount Sanctioned
25	10.03.2023	Mrs.Sujay Hulylakar	Canara Bank	Nehru Nagar	SB	Belagavi	05042610006081	CNRB0010504	16,000.00
26	10.03.2023	Dr.Bhaskar Kurangi	Canara Bank	Nehru Nagar	SB	Belagavi	05042180024616	CNRB0010504	16,000.00
27	10.03.2023	Dr.Deepti Bagewadi	BZRCMS Bank Niyamit	Shahapur	SB	Belagavi	0040023000000639	IBKL0101BZR	8,000.00
28	10.03.2023	Dr Abhilasha Sampagar	Canara Bank	Nehru Nagar	SB	Belagavi	05042010046625	CNRB0010504	16,000.00
29	10.03.2023	Mr Jagadeesh Hubballi	CANARA BANK	KLE HOSPITAL	SB	BELGAVI	85151108006078	CNRB0008515	5,900.00
30	10.03.2023	Dr.V.A.Kothiwale	CANARA BANK	Nehru Nagar	SB	Belagavi	05042010003821	CNRB0010504	16,000.00
31	10.03.2023	Mr.Umesh Nandagaon	STATE BANK OF INDIA	M M EXTN.	SB	BELGAVI	30259680408	SBIN0008789	5,900.00
32	10.03.2023	Mrs Nirmala Dsouza	CANARA BANK	NEHRU NAGAR	SB	BELGAVI	05042010091109	CNRB0010504	5,900.00
33	10.03.2023	Dr Sanjiv Kumar	Canara Bank	Nehru Nagar	SB	Belagavi	'05042010039164	CNRB0010504	16,000.00
34	10.03.2023	Dr.Pramod Hurkadale	Canara Bank	Nehru Nagar	SB	Belagavi	05042200000393	CNRB0010504	16,000.00
35	10.03.2023	Dr.Subhas Karki	CANARA BANK	Bengaluru	Savings	Bengaluru	8418101080439	CNRB0008418	16,000.00
36	10.03.2023	Dr Ranjana Ranade	CANARA BANK	SDM Dharwad	SB	Dharwad	12412200021930	CNRB0011247	18,000.00
37	10.03.2023	Dr Prajna KS							-
38	10.03.2023	Ms Rohini Kavalapur	Canara Bank	Nehru Nagar	SB	Belagavi	05042180024880	CNRB0010504	8,000.00
39	10.03.2023	Dr.Manisha Chougale	CANARA BANK	SDM Dharwad	SB	Dharwad	12472180016187	CNRB0011247	4,056.00
40	10.03.2023	Dr.Chitra BR	CANARA BANK	Bangalore	SB	Bangalore	0474101040137	CNRB0000474	5,056.00
41	10.03.2023	Dr.Drakshayini Kakati	CANARA BANK	Vidyanagar HBL	SB	Hubballi	12412010002461	CNRB0011241	4,056.00
42	10.03.2023	Dr.Supriya Novel Tony	CANARA BANK	HUBLI	SB	HUBLI	05092200106344	CNRB0011267	4,056.00
43	10.03.2023	Dr Basavaraj Motimath	Canara Bank	Nehru Nagar	SB	Belagavi	'05042180004350	CNRB0010504	16,000.00
44	10.03.2023	Dr Dhaval Chivate	Canara Bank	Nehru Nagar	SB	Belagavi	'05042010126830	CNRB0010504	16,000.00
			Тс	otal Rs.					443,641.00

Admin. Assistant

Verified By

Finance Officer

Registrar

6		
11-Aug-2023	NEFT/P223230260138807/CNR B/KLE ACADEMY OF HIGHE	 5000.00

#### 11 August 2023

Dear Customer, INR 5,000.00 credited to your A/c No XX6834 on 11/08/2023 through NEFT with UTR P223230260138810 by KLE ACADEMY OF HIGHE, INFO: KLEBELAGAVI-SBI

08:41 PM BX-SBIPSG

11-AUG-2023

₹ 5,000.00(Cr)

BY TRANSFER-NEFT*CNRB0010504*P223230260138808*KLE ACADEMY OF H-

2023		IGAPZXFSV9-	2209820IXGBCUF ZS2 TRA	00.1
11 Aug 2023	2023	BY TRANSFER- NEFT*CNRB0010504*P223230 260138809*KLE ACADEMY OF H-		5,000.00

KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) JNMC Campus, Nehru Nagar, Belagavi-590 010, Karnataka State, India FAX: 0831-244444

Ref. No. KAHER-/2022-23/D-29032302

27th March, 2023

#### ORDER

Sub : Permission to participate in the National Conference.
Ref : Request letter of the applicant forwarded through the concerned HoD, KAHER's JGMM Medical College, Hubballi.

With reference to the above, the request of Dr.Namratha Kulkarni, Assistant professor ,Department of Community Medicine KAHER's JGMM Medical College, Hubballi. For attending 'IPHA National Conference 2023' and also presenting two scientific paper presentation to be held at Kolkata from 06th to 09th April 2023 has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



Prof. Dr. V.A. Kothiwale Registrar

To,

The above staff member.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KAHER's JGMM Medical College, Hubballi ..
- 3. The Finance Officer, KAHER, Belagavi.

#### KLE ACADEMY OF HIGHER EDUCATION AND RESEARCH (Formerly known as KLE University) (Deemed-to-be-University established u/s 3 of the UGC Act, 1956) Accredited A⁺ Grade by NAAC (3rd Cycle) Placed in Category 'A' by MoE (Gol) JNMC Campus, Nehru Nagar, Belagavi-590,010, Karnataka State, India *: 0831-244444 FAX: 0831-2493777 Web: http://www.kledeemeduniversity.edu.in E-mail: info@kledeemeduniversity.edu.in

Ref.No.KAHER/23-24/D-18042326

15th September 2023

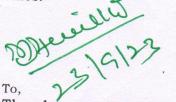
#### ORDER

- Sub: Approval of Grant of financial support for attending the KAPCON 2023-49th Annual Conference of KCIAPM.
- Ref: Your office letter Ref. No. JGMMMC / 2023-24/396 dated 11th August 2023.

With reference to the above, the following faculty member is hereby permitted to participate in the 49TH Annual Conference of the Karnataka Chapter, Indian Association of Pathologists and Microbiologists (KCIAPM) to be held at father muller Medical College, Mangalore from 6th to 8th October,2023 and also contributing a scientific paper entitled 'KAPCON 2023-Bridge to the future'.

SL. No.	Name	Designation	Department
1	Dr. Priyanka S Murgod	Associate Professor, KLE JGMM Medical College Hubballi.	Pathology

The KAHER shall consider the release of financial grant only after submission of the attendance certificate, Photograph and original bills/ vouchers as per university rules.



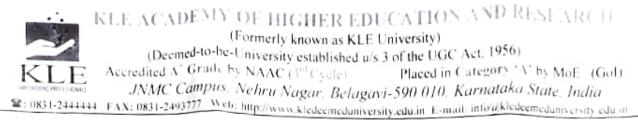


Prof Dr.M.S.Ganachari Registrar

The above staff member.

CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KLE JGMM Medical College, Hubballi.
- 3. The Finance Officer, KAHER, Belagavi



Ref. No. KAHER-/2022-23/D- 2202 2307 9th February, 2023

#### ORDER

Sub : Permission to participate in the Annual Conference. Ref : Request letter of the section

 Request letter of the applicant forwarded through the concerned HoD. Principal KAHER's JGMM Medical College, Hubballi.

With reference to the above, the request of **Dr. Ranjana Ranade**, Associate Professor, Department of Pathology, KAHER's JGMM Medical College Hubballi. For attending '16th Annual conference and CME and ISRTP-2023' to be held **MPUH**, Nadiad, Gujarat from 17th to 19th February, 2023 has been approved by the competent authority of the University.

The KAHER shall consider the release of financial grant only after submission of the attendance certificate. Photograph and original bills' vouchers as per university rules.



To. The above staff member.

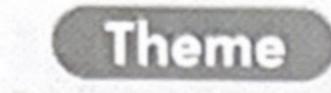
CC to:

- 1. The Special Officer to Hon. Vice-Chancellor, KAHER, Belagavi.
- 2. The Principal, KAHERs JGMM Medical College, Hubballi.
- 3. The Finance Officer, KAHER, Belagavi.

2/2/23



JSS College of Phormacy Mysuru



FUTURE CHALLENGES OF PHARMACOLOGY FOR HEALTH & WELL BEING



JAUNUAL Ibm

CONFERENCE





of

52nd Annual Conference

of Indian Pharmacological Society

23rd to 25th February 2023

Organized by JSS College of Pharmacy, Mysuru JSS Academy of Higher Education & Research, Mysuru



In association with Indian Pharmacological Society Mysuru local Chapter

# CERTIFICATE OF PARTICIPATION

This is to Certify that

Prof./Dr./Mr./Ms. /Mrs Santoshkumar Ashok Shetti

KAHER's Jagadguru Gangadhar Mahaswamigalu Moorusavirmath Medical College, Hubballi , Karnataka.

presented a Paper in Oral Session in the 52rd Annual Conference of Indian Pharmacological Society 2023 (52rd IPSCON 2023) held at JSS College of Pharmacy, Mysuru, JSS Academy of Higher Education &

Research, Mysuru, India from 23rd to 25th February 2023.

Title of the presentation: A Study of teaching module on Intravenous drug administration & Communication skills

in Pharmacology according to CBME Curriculum.

Dr. Shivprakash Rathnam Dr. T.M. Tainod Kumar President, IPS Organizing Chairman Organizing Secretary, IPS Organizing Secretary Scanned with CamScanner









**SDM** College of Medical Sciences & Hospital

DEPARTMENT OF BIOCHEMISTRY, SDMCMS&H, DHARWAD

8TH STATE LEVEL CONFERENCE OF ASSOCIATION OF MEDICAL BIOCHEMISTS - KARNATAKA CHAPTER Under the Aegis of AMBI

# AMBKCCON SDMCMS&H 2023

CERTIFICATE

This is to certify that

# Dr. Rekha Walwekar

Sciences Hospital, Sattur, Dharwad ists-Karnataka Chapter AMBKCCON SDMCMS&H 2023 held on 19th to 20th May 2023 at SDM College of Medica JGMMMC, Hubballi has Presented Oral paper in 8th State Level Conference Of Association of Medical Biochem-Bearing Reg. No 101004 Registered with Karnataka Medical Council Address: Asst. Prof. Pharmacology, KAHER

Title of Presentation: Diagnostic strategies of liver abscesses.

Vulgepert Dr. Vidya S. Patil

Dr. Vidya S. Patil Organizing Secretary

Dr. Meera S. President, AMBKC

Una. B.R 19/5: 20/5/2023

KMCCME Accreditation Committee Zonal Chairman

Relacions

Dr. Rathnamala M. Desai Principal, SDMCMS&H



## The Royal College of Surgeons of England Senior Clinical Fellowship Scheme

#### THIS IS TO CERTIFY THAT

# Puneeth Poojar Jayakumar

has successfully completed the **DMH Clinical Fellowship in Laryngology** approved by RCS England and the ENT UK at Deenanath Mangeshkar Hospital, Pune, India between January 2021 and March 2022

Maran

Mr A.M. Nanu RCS England Council Member Chair, RCS England Senior Clinical Fellowship Scheme



#### 100 10 SRI BALAJI IDYAPEETH DEEMED UNIVERSITY ACCREDITED BY NAAC Declared U/S 3 of UGC Act, 1956 WITH 'A' GRADE X Pillaiyarkuppam, Pondicherry - 607 402 MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE CERTIFICATE NO: 23 / 1353 UIN 2201295002 **PROVISIONAL CERTIFICATE** This is to certify that KARTHIK SRINIVAS has qualified for the FELLOWSHIP IN ULTRASOUND GUIDED REGIONAL ANAESTHESIA (FUGRA), he / she having been examined in the above Examination held in NOVEMBER 2023 and declared to have passed the Examination. S. Simanyaray **CONTROLLER OF EXAMINATIONS** REGISTRAR Place : PUDUCHERRY Date : 21.11.2023

		NIVERSITY UGC ACT, 1956 Communication PILLAIYARKUPPAM, PONDICH	(ERRY - 607 402.	NAAC	
	MAHATMA GANDH		EGE and RESEAR	CH INSTITUTE	
	23 / 5162	STATEMENT OF N	TTTT//////////////////////////////////	1.11.2023	K
	KARTHIK SRINIVAS		annan annan annan anna anna anna anna	2201295002	X
	ANAESTHESIA (FUGRA)	MARKS OBTAINED	held in NO	MAXIMUM MARKS	A
R	THEORY	72 PASS	45	100	
	PRACTICAL VIVA TOTAL STATUS	40 30 70 PASS	- - 45	60 40 100	
	GRAND TOTAL OVERALL STATUS	142 PASS	100	200	
		********	1		
	SRIBAL				
		J. Firange		and the second s	